




# Effectiveness of Cognitive-Behavioral Play Therapy on Social Anxiety and Academic Self-Efficacy in Elementary School Students with Learning Disabilities

Mahla. Shabani<sup>1</sup>, Mitra. Sadoughi<sup>2\*</sup>, Eshagh. Samkhaniani<sup>3</sup>

<sup>1</sup> Master's Student in Educational Psychology, Department of Psychology, Tonekabon Branch, Islamic Azad University, Tonekabon, Iran

<sup>2</sup> Assistant Professor, Department of Educational Sciences, Tonekabon Branch, Islamic Azad University, Tonekabon, Iran

<sup>3</sup> Assistant Professor, Department of Psychology, Tonekabon Branch, Islamic Azad University, Tonekabon, Iran

\* Corresponding author email address: sadoughi\_mitra@yahoo.com

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### ABSTRACT

The present study aimed to determine the effectiveness of cognitive-behavioral play therapy on social anxiety and academic self-efficacy in elementary school students with learning disabilities. This research employed a quasi-experimental design with a pretest-posttest and control group. The research population consisted of all female elementary school students with learning disabilities in the second and third grades of schools in Qods City during the first half of 2024. Thirty participants were selected through simple random sampling and divided into two groups: the experimental group (receiving cognitive-behavioral play therapy interventions) and the control group (receiving no therapeutic intervention). The research tools included the Conover Social Anxiety Questionnaire (2000) and the Jink and Morgan Academic Self-Efficacy Questionnaire (1999). To analyze the data and test the research hypotheses, Multivariate Analysis of Covariance (MANCOVA) and Univariate Analysis of Covariance (ANCOVA) were used. The results indicated a significant difference between the intervention and control groups in terms of mean scores on the variables of social anxiety and academic self-efficacy ( $p < 0.001$ ). The findings favored the experimental group. Overall, the results showed that cognitive-behavioral play therapy reduced social anxiety and increased academic self-efficacy in elementary school students with learning disabilities.

**Keywords:** social anxiety, academic self-efficacy, cognitive-behavioral play therapy, learning disabilities.

## 1. Introduction

Learning disabilities are among the most common psychiatric disorders in children. Despite having normal intelligence and central nervous systems, children with learning disabilities face difficulties in one or more areas, such as reading, writing, and mathematics. The prevalence of this disorder is reported to be approximately 5% in elementary school students, with 3.5% affected by reading disabilities, 2.5% by mathematical and writing disabilities (Sadock et al., 2015). In Iran, this rate has been reported as 12%. Mihandoost and colleagues conducted a study on 600 third, fourth, and fifth-grade students in Iran and found a prevalence rate of 11.4% (Narimani & Soleimani, 2013). Approximately 1% of elementary school students, particularly girls, struggle with mathematical skills, such as learning numbers, symbols, and mathematical calculations. About 4% of students, especially boys, face difficulties in writing skills, such as punctuation, essay writing, spelling, and grammar rules, and have poor handwriting. The remaining children with learning disabilities also experience problems in reading fluency, spelling, phonological awareness, auditory memory, and naming (Ali Bakshi et al., 2018; Malekzadeh et al., 2024).

One of the common issues faced by these students is anxiety (Nelson & Harwood, 2011). Although a certain level of anxiety is necessary for performing daily activities, when it exceeds the normal threshold, it becomes a significant barrier to task performance (Delavar et al., 1993). One of the most prevalent anxiety disorders in these individuals is social anxiety disorder, which is defined as an emotional state characterized by persistent and visible worry and fear of being evaluated in social situations (Mohamadinia et al., 2018). Social anxiety is a common, disabling, and costly disorder that has numerous negative impacts on various aspects of life, including personal and social life, academic performance, quality of life, and mental health (Armstead et al., 2019). It is one of the most influential disorders in psychological pathology and is often associated with other anxiety disorders, low self-esteem, fear of evaluation, deteriorating health, decreased quality of life, and the use of maladaptive coping strategies (Ren & Li, 2020).

One of the areas influenced by social anxiety in elementary school children is academic self-efficacy. Self-efficacy beliefs are not simple predictions of behavior and are not related to the belief "I want to do this," but instead are related to the belief "I can do this" (Abd Khodaei et al., 2008; Shengyao, 2024; Wibowo, 2024). One aspect of self-

efficacy is academic self-efficacy, which refers to the belief in one's ability to achieve goals in a specific academic domain. These beliefs influence a person's thinking, feelings, motivation, or behavior. Family and social environments play a crucial role in nurturing talents, which in turn fosters a belief in self-efficacy. According to self-determination theory, social factors are seen as mediators and facilitators in the fulfillment of human needs, desires, and potential, emphasizing that receiving appropriate support from the environment increases a sense of competence and facilitates the development of inherent inclinations and self-regulation (Alzabidi et al., 2024; Fatimah et al., 2024). Social support, by providing positive experiences, stability, and a sense of self-worth in one's social life, leaves a significant and beneficial impact (Karademas, 2006). Social support can affect academic self-efficacy through various means, such as encouragement and punishment during engagement in activities. The beliefs others convey to an individual about their capabilities can enhance academic self-efficacy and influence how the individual perceives themselves and their abilities in academic tasks (Solberg & Torres, 2001).

In the field of child psychotherapy, there is a strong emphasis on using evidence-based therapeutic approaches. Cognitive-behavioral therapy (CBT) is one of the most commonly used approaches that focuses on changing maladaptive thoughts and behaviors (McCarty & Weisz, 2007). Elementary school children may not possess the cognitive abilities required to learn conventional CBT techniques, which are often centered around perception and cognition; therefore, they may show a stronger preference for using experiential techniques, often implemented through play therapy (Grave & Blissett, 2004). Cognitive-behavioral play therapy is considered one of the direct play therapy methods, which is an appropriate therapeutic approach for children aged 3 to 8 years, based on cognitive-behavioral theories, psychological pathologies, and interventions related to these theories (Ashouri & Dalalzadeh Bidgoli, 2018). During this process, children are actively involved in implementing therapeutic changes and overcoming their problems (Springer et al., 2012). This method uses a variety of toys, art materials, puppets, and other play equipment to change and modify ineffective beliefs and cognitions (Prins & Ollendick, 2023; Raudenska et al., 2023). Recently, Jalali et al. (2012) demonstrated in their research on children aged 5 to 11 years that group-based cognitive-behavioral play therapy led to a reduction in social anxiety scores at post-test and even follow-up stages

(Jalali et al., 2011). Beirami Nia and Manzari Tavakoli (2016) also showed the effectiveness of cognitive-behavioral play therapy in reducing social anxiety in children with autism (Beirami Nia & Manzari Tavakoli, 2016).

Given the above points, the present study aims to investigate the effectiveness of cognitive-behavioral play therapy on social anxiety and academic self-efficacy in elementary school students with specific learning disabilities. In addition to evaluating the effectiveness of this therapy on each of these variables separately, this research, for the first time, examines the close relationship between social anxiety and academic self-efficacy. The study aims to explore whether cognitive-behavioral play therapy is effective in reducing social anxiety and increasing academic self-efficacy in elementary school students with learning disabilities.

## 2. Methods and Materials

### 2.1. Study Design and Participants

The research method of this study is semi-experimental (quasi-experimental) and applied, with a pre-test-post-test design and a control group. The research population consisted of all female elementary school students diagnosed with learning disabilities in the second and third grades in the city of Qods during the first half of the year 2024. The total sample size was 294 individuals. This sample was selected through interviews and family assessments regarding the students, as well as filling out diagnostic criteria based on DSM-5, and referrals from teachers who identified students with difficulties in reading, writing, and mathematics. Initially, individuals who met the inclusion criteria were selected, which included: 1) meeting the diagnostic criteria for learning disabilities, 2) willingness to participate in the study, 3) parental consent, and 4) no concurrent psychological or therapeutic interventions. After assessing the inclusion criteria, 204 individuals remained in the pre-test phase. In the pre-test phase, participants completed the Academic Self-Efficacy Scale by Jinks and Morgan (1999) and the Social Anxiety Questionnaire by Connor et al. (2000). Afterward, individuals who scored above the cutoff point (40) on the social anxiety scale and below the cutoff point (62) on the academic self-efficacy scale were selected. A total of 138 participants met these criteria. From this group, 30 participants were selected using purposive sampling, and randomly assigned to the experimental group (those who received cognitive-

behavioral play therapy interventions) and the control group (those who received no therapeutic intervention). Each group consisted of 15 participants.

In this study, the effectiveness of cognitive-behavioral play therapy on social anxiety and academic self-efficacy in elementary students with learning disabilities was examined. The research method was semi-experimental (quasi-experimental) and applied, following a pre-test-post-test design with an experimental group and a control group. The research population consisted of all female elementary school students diagnosed with learning disabilities in the second and third grades in the city of Qods during the first half of the year 2024. Prior to beginning the interventions and conducting the research, the necessary permissions were obtained from the Islamic Azad University of Tonekabon, and the ethical approval code IR.IAU.TON.REC.1403.046 was granted. The study then commenced. Initially, after assessing the diagnostic criteria for specific learning disabilities based on DSM-5 through clinical interviews, 294 participants were selected. Among them, 204 individuals met the inclusion criteria and completed the Academic Self-Efficacy Questionnaire by Jinks and Morgan (1999) and the Social Anxiety Questionnaire by Connor et al. (2000) in the pre-test phase. Students who scored above the cutoff point of 40 on social anxiety and below 62 on academic self-efficacy were eligible. From the remaining 138 participants, 30 were purposively selected, then randomly assigned to either the experimental group (those who received cognitive-behavioral play therapy) or the control group (those who received no therapeutic intervention), with each group consisting of 15 participants. After explaining the objectives of the study to the participants, the experimental group received 10 sessions of cognitive-behavioral play therapy over a 2.5-month period. Afterward, the same questionnaires were distributed among both groups, and the responses were scored and analyzed.

### 2.2. Measures

#### 2.2.1. Social Anxiety

The Connor Social Anxiety Questionnaire contains 17 items that measure the signs of fear, avoidance, and physiological discomfort caused by social phobia. The items are scored from 0 to 4, with the total score ranging from 0 to 68, with higher scores indicating more severe symptoms. Some studies also examine subscale scores for fear (6 items), avoidance (7 items), and physiological symptoms (4 items). Higher scores indicate greater severity of the disorder.

Subscale items for fear include items 1, 3, 5, 10, 14, 15; for avoidance, items 4, 6, 8, 9, 11, 12, 16; and for physiological symptoms, items 2, 7, 13, 17. Scores below 20 are considered normal, 21–30 as mild, 31–40 as moderate, 41–50 as severe, and 51 and above as very severe. Based on results, the cutoff point of 40 has an 80% diagnostic accuracy, and the cutoff point of 50 distinguishes individuals with social anxiety from those without it with 89% accuracy (Fathi-Ashtiani, 2009). This questionnaire has high validity and reliability, with test-retest reliability in groups diagnosed with social anxiety ranging from 0.78 to 0.89, and a Cronbach's alpha coefficient of 0.94 in a normative group. Subscale reliability coefficients are 0.89 for fear, 0.91 for avoidance, and 0.80 for physiological distress (Bakhshani & Selajegheh, 2014).

### 2.2.2. Academic Self-Efficacy

This questionnaire consists of 30 questions with three subscales: ability, effort, and context. Items are scored using a 4-point Likert scale: 4) Strongly Agree, 3) Agree, 2) Disagree, and 1) Strongly Disagree. Notably, items 4, 5, 15, 16, 19, 22, 20, and 23 are reverse scored. In the study by Mazaheri and Sadeghi (2005) titled "Construction and Validation of the Academic Self-Efficacy Questionnaire for Students," the convergent validity of academic self-efficacy was confirmed by correlating it with the Academic Self-Efficacy Scale by Jinks and Morgan ( $p = 0.001$ ,  $r = 0.73$ ), and the reliability was found to be 0.93 via Cronbach's alpha for the entire scale. The subscale reliabilities for academic performance, academic skills, and future educational success were 0.89, 0.84, and 0.83, respectively (Mazaheri & Sadeghi, 2015).

## 2.3. Intervention

### 2.3.1. Cognitive-Behavioral Play Therapy

The cognitive-behavioral play therapy intervention consists of 10 sessions of 90 minutes each (Ezabadi et al., 2024; Mehr Afza et al., 2021, 2022; Mohamadnia et al., 2018; Mohammadi et al., 2022; Raudenska et al., 2023).

Session 1: Introduction and Establishing Rapport with Group Members

The first session focuses on introducing the participants to each other and the therapist, creating a comfortable and trusting environment. The primary goal is to establish rapport and set the foundation for group dynamics. The therapist explains the structure and purpose of the therapy,

introduces the rules of confidentiality and respect, and encourages the participants to share a bit about themselves in a non-threatening manner. Ice-breaking activities are used to foster group cohesion and help the students feel more comfortable in expressing themselves.

Session 2: Drawing Activities and Recognizing Emotions

In the second session, participants engage in drawing activities aimed at helping them identify and express their emotions. Through guided exercises, students are encouraged to create images that represent different emotions (e.g., happiness, sadness, fear). The therapist discusses how emotions can be recognized and managed, and how these emotions are connected to thoughts and behaviors. The session helps students increase emotional awareness and start developing the vocabulary to talk about their feelings.

Session 3: The Magic Bag and Its Cards

This session introduces a metaphorical tool called the "magic bag." Inside the bag, there are different cards representing various coping strategies, positive affirmations, and reminders for managing anxiety or stress. The therapist encourages each participant to draw a card from the magic bag and reflect on its message or coping strategy. This session helps students learn how to handle challenging situations by utilizing tools they can mentally "pull out of the magic bag" whenever needed.

Session 4: Thoughts, Feelings, and Behaviors

The focus of this session is on understanding the relationship between thoughts, feelings, and behaviors. Using interactive exercises, the therapist helps students identify how their thoughts influence their emotional responses and, in turn, affect their behavior. Through role-playing and other activities, students learn to recognize unhelpful thinking patterns and how to reframe these thoughts to improve their emotional responses and behavior.

Session 5: Enjoyable Experiences and Creative Shaping

In this session, participants are encouraged to share past experiences that brought them joy or satisfaction. They are then guided to creatively shape or "mold" these experiences into something positive and empowering, using artistic methods such as drawing or storytelling. The goal is to help students rediscover positive memories and reinforce the idea that they can bring joy and creativity into their lives, even during stressful times.

Session 6: What Do They Say?

The sixth session explores the concept of social feedback and how others' opinions can affect feelings of self-worth. Through group discussions and role-playing, students reflect



on comments they have received from others, both positive and negative. The therapist helps them analyze these comments and distinguish between constructive feedback and harmful judgments. This session aims to increase social awareness and foster resilience in the face of external criticism.

#### Session 7: There Are People Who Love Me

This session centers on reinforcing the idea that each participant is valued and loved. Through activities such as creating "love maps" (where students write or draw about people who care for them), the therapist helps students recognize the supportive network around them. The focus is on building self-esteem and encouraging the students to internalize the belief that they are worthy of love and affection.

#### Session 8: The Chapters of My Life

In this session, students are invited to reflect on the different stages of their lives, likening their experiences to chapters in a book. Using storytelling techniques, they create a narrative of their life's journey, focusing on both challenges and successes. The therapist helps them recognize their strengths and resilience in overcoming obstacles, empowering students to see their life story as one of growth and potential.

#### Session 9: Friendship Exhibition

This session is designed to help students explore the dynamics of friendship and social relationships. Participants create "friendship exhibits" by making posters or presentations about qualities they value in friends and how to build and maintain healthy friendships. The therapist discusses the importance of empathy, communication, and

mutual respect in friendships, and students are encouraged to share their experiences with each other in a supportive and non-judgmental way.

#### Session 10: On the Magic Carpet (Goals for the Future)

The final session focuses on goal setting and envisioning a positive future. Using the metaphor of a "magic carpet," students are guided to imagine their dreams and aspirations. They are encouraged to set realistic, achievable goals for themselves and explore the steps needed to reach these goals. This session aims to inspire hope and motivate students to take proactive steps toward a fulfilling and successful future, reinforcing the importance of self-efficacy and persistence in achieving their dreams.

### 2.4. Data analysis

The data were analyzed using both descriptive and inferential statistics. Descriptive statistics, including charts, means, and standard deviations, were used, while for the inferential analysis, multivariate analysis of covariance (MANCOVA) was employed for hypotheses with multiple dependent variables, and one-way ANCOVA was used for subsidiary hypotheses. All statistical operations were performed using SPSS version 27.

## 3. Findings and Results

The means and standard deviations of the pre-test and post-test for the variables of social anxiety and academic self-efficacy for both experimental and control groups are presented in [Table 1](#).

**Table 1**

*Statistical Characteristics of Social Anxiety and Academic Self-Efficacy for the Experimental and Control Groups (n = 30)*

Variables	Group	Pre-test (M ± SD)	Post-test (M ± SD)
Social Anxiety	Experimental	46.73 ± 4.83	40.60 ± 5.31
	Control	45.60 ± 3.15	45.40 ± 3.83
Academic Self-Efficacy	Experimental	52.20 ± 5.45	57.93 ± 5.87
	Control	51.93 ± 5.83	52.07 ± 6.73

The Box's M test was not significant, so the assumption of covariance matrix homogeneity is rejected. Therefore, the assumption of equality of variances for the dependent variables of social anxiety and academic self-efficacy holds, and the MANOVA test is feasible. According to the results of Levene's test, and since the dependent variables of social anxiety and academic self-efficacy were not significant (in the post-test), the assumption of equality of variances for

these variables was met, allowing the execution of the MANOVA test. The Shapiro-Wilk test was used to ensure the normality of the data. The null hypothesis, stating that the data distribution is normal, was tested at an alpha level of 0.05. If the test statistic was greater than or equal to 0.05, there would be no reason to reject the null hypothesis of normality. In this study, the data distribution was normal. Regarding the assumption of homogeneity of regression

slopes, since the significance level (Sig) for the interaction between the independent variable and the pre-test of social anxiety and academic self-efficacy was greater than 0.05, the calculated F-test was not statistically significant. Therefore,

with 95% confidence, it can be stated that the assumption of homogeneity of regression slopes for the variables of social anxiety and academic self-efficacy was met.

**Table 2**

*Results of the Multivariate Analysis of Covariance for Experimental and Control Groups*

Test	Value	F	Hypothesis df	Error df	Sig	Effect Size
Pillai's Trace	0.698	28.857	2	25	0.001	0.698
Wilks' Lambda	0.302	28.857	2	25	0.001	0.698
Hotelling's Trace	2.309	28.857	2	25	0.001	0.698
Roy's Largest Root	2.309	28.857	2	25	0.001	0.698

The results from the multivariate analysis of covariance in Table 2 show that there is a significant difference between the experimental and control groups in at least one of the dependent variables, social anxiety and academic self-efficacy, based on the significant results of all the tests (Pillai's Trace, Wilks' Lambda, Hotelling's Trace, and

Roy's Largest Root). According to the analysis based on the multivariate analysis of covariance with a 99% confidence level, the research hypothesis, which posits that cognitive-behavioral play therapy influences social anxiety and academic self-efficacy in elementary school students with learning disorders, is confirmed.

**Table 3**

*Analysis of the Univariate Analysis of Covariance Results for Social Anxiety in the Experimental and Control Groups*

Source	SS	Df	MS	F	P	Effect Size
Social Anxiety	228.262	1	228.262	36.081	0.001	0.581
Error	164.486	26	6.326			
Academic Self-Efficacy	273.094	1	273.094	38.207	0.001	0.595
Error	185.841	26	7.148			

The results from Table 3 show that between the experimental group, which received cognitive-behavioral play therapy, and the control group, which received no training, there is a significant difference in the variance of the social anxiety variable in the post-test conditions. Based on the analysis of the data using the multivariate analysis of covariance statistical test with a 99% confidence level, the research hypothesis, which suggests that cognitive-behavioral play therapy influences social anxiety in elementary school students with learning disorders, is confirmed. Similarly, there is a significant difference between the experimental and control groups in the variance of academic self-efficacy in the post-test conditions. Based on the analysis of the data using the multivariate analysis of covariance statistical test with a 99% confidence level, the research hypothesis, which posits that cognitive-behavioral play therapy influences academic self-efficacy in elementary school students with learning disorders, is also confirmed.

#### 4. Discussion and Conclusion

Based on the results obtained from the data analysis using multivariate analysis of covariance with a 0.99 confidence level, it can be stated that the research hypothesis, which suggests that cognitive-behavioral play therapy affects social anxiety and academic self-efficacy in elementary school students with learning disabilities, is supported.

The results are consistent with several studies (Abolghasemi & Beigi, 2012; Azarakhsh Bejistani et al., 2022; Hadi Pour & Akbari, 2017; Isa Mohamadi et al., 2020; Khane Keshi, 2013; Kholidah et al., 2020).

Children with learning disabilities are often ridiculed, blamed, or compared in public, and these actions may even occur within their families. Since children under the age of 9 do not have analytical functions in their brains and mostly accept and perceive emotions and feelings, this gradually harms their core beliefs and self-belief. In many of these children, the belief "I can't" forms, which has several

significant consequences. One of these consequences is a reduction in self-efficacy, as the initial belief in the formation of self-efficacy is the belief that "I can manage tasks." As self-efficacy decreases in all aspects, we will also observe a decrease in academic and school-related areas. On the other hand, the belief "I am insufficient" also forms due to repeated failures despite the student's efforts. This belief, resulting from criticism, ridicule, and sometimes social exclusion from peer groups or even teachers or parents, turns into anxiety. Consequently, the child generalizes these actions to all aspects of life, and fear gradually replaces their functioning. Over time, they stop speaking in groups, withdraw from social settings, fear being judged or ridiculed, and their self-esteem and self-concept significantly diminish.

In explaining the effectiveness of cognitive-behavioral play therapy, it can be said that cognitive-behavioral play therapy aims to correct the child's cognitions and, in turn, their behaviors through play. The therapist helps the child identify and correct their beliefs or rebuild them (Hamidi Fard et al., 2023). It is often assumed that maladaptive cognitions cause fear and anxiety-driven behaviors. Therefore, it is presumed that cognitive and behavioral changes are also associated with cognitive-behavioral play therapy (Ebrahimi et al., 2024). Cognitive-behavioral play therapy provides a real but controlled environment for correcting behavior in anxious children (Hamidi Fard et al., 2023).

Cognitive-behavioral play therapy significantly increases the self-efficacy of elementary school students with learning disabilities. Regarding the effectiveness of cognitive-behavioral play therapy on improving self-efficacy in children, this study is consistent with various studies that have shown cognitive-behavioral play therapy to be an effective strategy for improving self-concept, enhancing self-esteem, and, consequently, increasing self-efficacy (Hasani et al., 2013). Cognitive-behavioral play therapy significantly affects the reduction of social anxiety and improvement of academic self-efficacy in students (Abolghasemi & Beigi, 2012).

Bagerli and Parker (2015) demonstrated that play therapy improves children's self-efficacy skills by enhancing these skills. Cognitive-behavioral play therapy involves both spontaneous and organized goal-oriented activities interacting with each other, which can gradually guide the child toward positive assessments and positive thinking about themselves and their abilities (Baggerly & Parker, 2015). As a result, the child gradually develops self-belief

and creates a positive self-image, which increases their self-efficacy in all aspects, including academics (Lavasani et al., 2018).

The results show that the experimental group, which underwent cognitive-behavioral play therapy, significantly differed from the control group, which did not receive any training, in terms of the variance of social anxiety in the post-test conditions.

These findings are in line with many studies (Abolghasemi & Beigi, 2012; Afshari et al., 2015; Amini & Adeliifar, 2018; Avsar & Sevim, 2022; Banneyer et al., 2018; Beirami Nia & Manzari Tavakoli, 2016; Ebrahimi et al., 2024; Egbe et al., 2022; Ezabadi et al., 2024; Fallahi et al., 2021; Farnam et al., 2020; Hamidi Fard et al., 2023; Hasani et al., 2013; Lockwood et al., 2022; Mahmoudi et al., 2022; Maleki Aqjeh Kandi et al., 2020; Mehr Afza et al., 2022; Mohamadinia et al., 2018; Mohammadi et al., 2022; Obiweluozo et al., 2021; Prins & Ollendick, 2023; Saleh et al., 2023; Sarason et al., 1990; Schoneveld et al., 2018; Varrette et al., 2023; Zalli & Nafarieh, 2019).

Cognitive-behavioral play therapy can provide a situation where the child can experience situations that are fearful or anxiety-inducing (Ezabadi et al., 2024). Elementary school students, due to their participation in cognitive-behavioral play therapy activities, and the positive feedback they receive from group members and the play therapist, experience increased positive social interactions and a reduction in their social anxiety, which highlights the crucial role of cognitive-behavioral play therapy in reducing social anxiety in children (Hadi Pour & Akbari, 2017). During these play sessions, children perceive phenomena and understand relationships, feeling more comfortable and in control of external realities. Thus, it can be said that anxious children experience external realities without fear of judgment during cognitive-behavioral play therapy in a safe environment (Ezabadi et al., 2024). Cognitive-behavioral play therapy is a series of organized, goal-directed activities that allow children to engage in unstructured and spontaneous activities (Hamidi Fard et al., 2023).

Cognitive-behavioral play therapy reduces social anxiety in students with learning disabilities. To explain this finding, perspectives from play theorists can be consulted. According to psychoanalytic theorists, play is conceptualized as a method for children to communicate and express their inner desires. Freud believed that play helps children overcome negative and unpleasant life experiences, such as the death of a parent or visits to a doctor, by providing a sense of control over stressful life events. In another theory, Erikson

argued that play allows children to create situations and models to cope with their life experiences. Erikson, more than Freud, emphasized the importance of interpersonal play in the emergence of emotions. For this reason, cognitive psychologists also emphasize the importance of play, although their focus is more on the cognitive aspects of play rather than its emotional aspects (Maleki Aqjeh Kandi et al., 2020).

Students and children often experience physical, separation, and social anxieties, which can lead to social harms such as isolation, withdrawal, and loneliness. As a result, there is a significant need for a treatment method for these children, and researchers and theorists have suggested cognitive-behavioral play therapy as an effective treatment. Given their young age, play therapy is an appropriate method that engages both cognitive and behavioral dimensions to express emotions, and it can reduce various types of anxiety, including social anxiety (Mehr Afza et al., 2021, 2022).

The statistical population of this study is limited to the schools in the Qods City, so caution should be exercised when generalizing the results to other populations. Future research should include both genders to provide better generalization. Additionally, other variables such as different types of anxiety, depression, self-confidence, self-esteem, and self-belief should be examined, as symptoms related to these factors were also observed in the children in this study.

### Authors' Contributions

Authors contributed equally to this article.

### Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

### Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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### Declaration of Interest

The authors report no conflict of interest.

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### Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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