

# Applying Cognitive Behavior Play Therapy on Child with *separation Anxiety Disorder*

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**Abstract:** *This study was focused on attachment behaviors at school among children with anxiety separation disorder. Cognitive behavior therapy with behavior play therapies behavioral therapy used in the present study aims to reduce anxiety separation disorder. The research design was single case experimental design with observation technique on cognitive, emotional and behavioral aspects. The research subject was one student of TK A who was 5 years old, had anxiety separation disorder and had attachment behaviors at school. The research result was analyzed by qualitative analysis, i.e. observation method. The anxiety separation disorder and attachment behaviors at school of the subject were (1) Checking the mother's presence and crying when not near her, (2) Asking the mother to stay in classroom, (3) Having excessive concerns when separated from the mother, e.g. fear of being kidnapped and, (4) Crying when waking up without the mother nearby. The research result showed that cognitive behavior therapy with behavior play therapy could reduce anxiety separation disorder.*

**Keywords:** separation anxiety disorder, children's attachment behavior at school, cognitive behavior therapy, behavior play therapy

## 1. Introduction

It's normal for a person to feel anxious when separated from their parent or someone close to them. This is very evident when they enter a new situation, such as starting school or staying a friend or relative's house. From the age of 7 months to pre-school age, nearly all children feel uncomfortable when separated from their parents or other people close to them. Separation anxiety is a normal thing to happen in that period (Mash & Wolfe, 2005).

Slowly, separation anxiety from parents will decline as children grow older. However, if the anxiety continues at older age and grows excessive, the anxiety could become a problem to worry about (Mash & Wolfe, 2005). Anxiety which consistently disturbs and causes high stress level when experiencing or anticipating separation from parent is often found among children diagnosed with anxiety disorder (Jurbeg & Ledley, 2005). The main characteristic of separation anxiety is excessive fear or anxiety if separated from home or closest person. The anxiety isn't in accordance with the level of individual development (APA, 2013), and disturbs day-to-day activities and developmental tasks (Silverman & Dick-Heiderhauser, 2004).

Children with separation anxiety believe that if they're separated from their parents or other adults close to them, bad things will happen and they can't handle them. Mash and Wolfe (2005) state that negative thoughts of children with separation anxiety include being kidnapped or killed and they even think of the possibility of their parents' deaths. The negative thoughts activate autonomic nervous system which then leads to symptoms of anxiety, i.e. heart pounding, cold sweat, shortness of breath, shaking, etc. The symptoms of anxiety worsen the children's negative thoughts, creating a never-ending cycle (Dia, 2001).

Haugaard (2008) states that separation anxiety can affect a child's academic performance. The child may avoid school or have difficulty focusing of tasks at school. If not treated, other problems may occur, e.g. depressive tendency or total

rejection to school (Mash & Wolfe, 2005). Haugaard (2008) states that children with separation anxiety disorder generally will also have generalized anxiety disorder in adulthood. Therefore, before it worsens, children's excessive anxiety when separated from their parents should be treated.

Separation anxiety potentially causes problems on child development if not managed well. One of the approaches which have been proven to treat anxiety disorder, including separation anxiety, is cognitive behavioral therapy (CBT), with cognitive behavioral play therapy (CBPT).

To overcome the weaknesses of CBT in the application on children, Knell has developed Cognitive-Behavioral Play Therapy (Osberg, 2002). The main purpose of CBPT is identifying maladaptive thoughts related to children's behavioral and emotional problems, then modifying them (Knell and Dasari, 2006). CBPT is an approach which adapts cognitive and play therapies in a way sensitive to child development (Osberg, 2002). This makes it possible to use CBT and play elements to treat the children's problems. Through plays, children can communicate their problems and learn to change maladaptive thoughts and feelings into adaptive and productive (Peratikos-Alexia, 2010).

## 2. Theoretical Review

### 2.1 Criteria of Separation Anxiety Disorder

DSM V (APA, 2013: 190-191) mentions some criteria of separation anxiety disorder (SAD), i.e.:

- a) Excessive fear or anxiety concerning separation from those to whom the individual is attached, as evidenced by at least three of the following:
  - 1) Recurrent excessive distress when anticipating or experiencing separation from home or from major attachment figures.
  - 2) Persistent and excessive worry about losing major attachment figures or about possible harm to them, such as illness, injury, disasters, or death.

- 3) Persistent and excessive worry about experiencing an untoward event (e.g., getting lost, being kidnapped, having an accident, becoming ill) that causes separation from a major attachment figure.
  - 4) Persistent reluctance or refusal to go out, away from home, to school, to work, or elsewhere because of fear of separation.
  - 5) Persistent and excessive fear of or reluctance about being alone or without major attachment figures at home or in other settings.
  - 6) Persistent reluctance or refusal to sleep away from home or to go to sleep without being near a major attachment figure.
  - 7) Repeated nightmares involving the theme of separation.
  - 8) Repeated complaints of physical symptoms (such as headaches, stomachaches, nausea, or vomiting) when separation from major attachment figures occurs or is anticipated.
- b) The fear, anxiety, or avoidance is persistent, lasting at least 4 weeks in children and adolescents and typically 6 months or more in adults.
  - c) The disturbance causes clinically significant distress or impairment in social, academic (occupational), or other important areas of functioning.
  - d) The disturbance is not better explained by another mental disorder.

## 2.2. Factors Affecting SAD

Experts agree that SAD is affected by various factors (Farach, 2001). First, biological and temperament factor (Silverman and Dick-Heiderhauser, 2004). There is strong evidence that anxiety disorder is closely related to genetic factors, especially from studies which show that there is the same risk level of anxiety disorder among monozygotic twins than other siblings (Wenar&Kerig, 2005). Silove, Manicavasgara, O'Connell and Morris-Yates (in Silverman & Dick- Heiderhauser, 2004) state that genetic factors contribute to symptoms of anxiety disorder among girls. Beside genetic factor, temperament also plays a role in anxiety disorder. Temperament is individual biological difference which exists from early age and tends to be stable over time and across situations (Bates inJarvinen et al., 1998). In a long-term study on children with inhibited and disinhibited temperaments byBiederman (in Silverman & Dick-Heiderhauser, 2004), it's found that children with inhibited temperament are more likely to have SAD than children with disinhibited temperament. Inhibited temperament is characterized by withdrawal, shyness and fearfulness (Kagan et al., 1984).

Second, cognitive factor. Individual's thoughts determine the emotional experiences and individual behaviors which accompany them (Dasari& Knell, 2006). Incorrect way of thinking is the basis of anxiety among children with SAD. Studies with information processing approach that the children's selective attention mechanism affects anxiety regulation among children (Silverman & Dick-Heiderhauser, 2004).

Third, parenting or attachment in family. Parents have very great influence on children's emotional and behavioral

development (Kigin& McNeil, 2010). Attachment Theory states that human develops scheme to understand their social world through initial relationship with parent or caretaker. The quality of the initial relationship affects personality development. Children's attachment relation with their parents can be categorized as secure or insecure. Caring and responsive parents tend to make children have secure attachment, while parents who are inconsistent, often ignore children, and are unreliable will make children have insecure attachment with them. Children with insecure attachment will be very disappointed if separated from their parents, even after they return (Jurberg&Ladley, 2005).

Fourth, parent's anxiety and depression. Hersen et al (in Silverman & Dick-Heiderhauser, 2004) find that 68% of children with SAD have parents diagnosed with anxiety disorder. Parents with panic disorder have three times greater risk to have children with anxiety disorder. Last et al. (inFeigon, Waldman, Levy & Hay, 2001) state that anxiety disorder in children is associated with the same anxiety disorder among in the parents. Reciprocal effect of anxiety disorder between parent and child is when the child seems to be anxious, the parent's anxiety level on separation from the child becomes higher. Parent's anxiety is also a threat for their child (Silverman & Dick-Heiderhauser, 2004).

Fifth, SAD is triggered by stress inducing event. According to Bowlby (Silverman & Dick-Heiderhauser, 2004), separation from caretaker or parent's threat to leave a child could be the basis for the development of SAD. DSM V (APA, 2013) states that SAD develops after stress-inducing event, especially after a loss, e.g.: death of closest person, sick parent or relative, change of school, move to new environment, and disaster which causes separation from parent.

Generally, it's concluded that SAD is affected by various factors, but the overall view is Thomas and Chess's view (in Eisen& Schaefer, 2005) that SAD is affected by the interaction between inherent factors and physical environmental factors. Child's temperament is inherent which can lead to SAD if interacting with inappropriate parenting.

## 2.3. Cognitive Behavioral Play Therapy (CBPT)

### A. Definition of CBPT

Knell (1993) states that Cognitive-Behavioral Play Therapy (CBPT) is a combination of cognitive and behavioral interventions in play therapy paradigm. CBPT is more than using cognitive and behavioral techniques, CBPT provides a theoretical framework based on cognitive-behavioral principles and combining them in a way which is consistent with child development. Cognitive and behavioral components in CBPT have different purposes. Behavioral intervention affects children directly. For example, modeling can give children information on something therapist can't give verbally. Meanwhile, cognitive intervention will give children a picture on their involvement in treatment. By involving cognitive components, children can be active participants in making changes, e.g. children who help identifying and modifying

their irrational thoughts will understand themselves and what they can do for themselves better.

By combining elements of *cognitive, behavioral, and play therapy*, CBPT can cover young children. In CBPT, children are viewed as active participants in change. CBPT doesn't only combine cognitive and behavioral techniques. CBPT combines theoretical frameworks based on cognitive and behavioral principles in a way which is consistent with child development.

### B. Techniques Used in CBPT

Below are techniques used in every element of CBPT, i.e. cognitive, behavioral and playing (Knell, 1993).

### C. Cognitive Intervention

Cognitive intervention aims to change subject's way of thinking. Cognitive theory believes that change on cognitive aspect will affect changes in emotional and behavioral aspects. When performing cognitive intervention in CBPT, therapist must be able to get information from various sources, e.g. child's play, child's spontaneous remark, and information from parents, teachers and other adults close to the child. A number of cognitive intervention techniques which can be used in CBPT are:

#### 1) Recording Dysfunctional Thoughts

Cognitive therapist often asks their clients to monitor their thoughts, then record the thoughts. This process is difficult when the client is a child. Therefore, to monitor dysfunctional thoughts which may occur in a child, therapist often tries to observe or ask their parents to observe the child's comments, including when they're playing. Beside observing child behaviors and comments, therapist also can get information directly from the child to gain insight on their thoughts. However, the therapist must be able to adjust their interview technique with child development stage. One of the techniques which can be used to determine what a child is thinking is Puppet Sentence Completion Test, which is a projective technique which can give therapist information on a child's thoughts, perceptions, assumptions and beliefs. In this technique, the therapist asks the child to complete a number of statements made by the therapist, but this is done by playing with puppet, so that the child is safe and comfortable. Moreover, information also can be gained from a child using activities they like, e.g. drawing or other activities preferred by children. Stallard (2002) found thought bubbles technique to help children reveal their thoughts.

#### 2) Cognitive Change Strategies

Cognitive change strategies refer to techniques used to train children to replace their negative thoughts with more positive and realistic thoughts. Therefore, change in thinking process will lead to change in behavior. Using this technique, a subject's thoughts, assumptions and beliefs are examined through the subject's life experiences thus far. The problem is pre-school and early school age children have limited experiences. At that age, children have difficulty separating thoughts and reality. However, play activity enable children to connect their thoughts and reality. Therapist helps children control situations they fear by

accompanying them in various experiments in play situation, finding evidence and exploring various consequences.

#### 3) Coping Self-Statements/Positive Self-Statements

Positive self-statements is a technique used to train children to say affirmative phrases for themselves. The sentences are clear and simple, e.g. "I'm not afraid", "I can do this", etc..The therapist train children to use these positive self-statements to cheer or motivate themselves when they're in uncomfortable situations. In CBPT, positive self-statements must be demonstrated by the therapist directly or through play, e.g. puppet.

#### 4) Bibliotherapy

Bibliotherapy refers to therapeutic books or popular children books given by therapist to educate children. In CBPT, the book selected by the therapist has plot similar with the problem faced by child. By reading the books, the children are expected to learn to solve their problems from characters in the book. The problem is the therapist doesn't always manage to find any book suitable with problems faced by a child. Therefore, when the therapist don't find any book suitable for the problem, the therapist could make simple storybook which suits the problem. The present study involved four cognitive techniques above, i.e. recording dysfunctional thoughts, cognitive change strategies, positive self-statements, and bibliotherapy.

## 3. Method

The present study used single-case experiment type, which is a study which views any behavioral change in a single subject. The study often uses statistical analysis. To determine the effect of experimental variable, continuous observation is performed on single object behaviors before and after treatment (Shaughnessy, Zechmeister, & Zechmeister, 2003).

### A. Data Collection Method

The data collection technique used in the present study was observation. Morris (in Hasanah, 2016) defines observation as an activity of noting a symptom using instruments and recording it for scientific purposes or other purposes. Furthermore, it's said that observation is a set of impressions on the surrounding world based on the perceptiveness of human senses. There were behavioral aspects observed in the present study, i.e. cognitive aspect, emotional aspect and behavioral aspect.

### B. Research Subject

The present study used one subject, called single case. The case was selected in accordance with the specific interest and purpose described in the research purpose. The subject selection technique was purposive sampling technique, where the sample was collected with certain intention and purpose. The subject was selected as a sample because the researchers consider the subject to have the information required for the study. Researcher only collect individual considered to have the required information and who is willing to share the information (Kumar, 2005).

The present study used a subject called S, who was a 5 years and 5 months old girl. She studied in TK A, had above



average intelligence (Full Scale IQ = 114, Wechsler scale). The problem started when she started school. At school, she had difficulty being separated from her mom. S must be accompanied when in the classroom. This had lasted over six months. When left by the mother, she cried and feared

that she would be kidnapped. As a result, S couldn't study optimally.

4. Result

Table 1.1: Cognitive, Emotional and Behavioral Changes Observed in S

| Before Treatment   | After Treatment   |
|--|---|
| Cognitive Aspect   |   |
| There was cognitive distortion in S. She thought that she would be kidnapped when she wasn't with her mother.  | S' cognitive distortion was replaced by other more positive thoughts. S admitted that she used to be afraid of being kidnapped when she wasn't with her mother, but now she said there was no bad person to kidnap her, especially in safe situations such as when she's at home with her family members. |
| Emotional Aspect   |   |
| S always screamed and cried when left by her mother.   | S still often cried when her mother said that she was leaving, so her mother often had to take S with her. However, her father and mother said that now it was easier to calm and explain things to S.  |
| Behavioral Aspect  |   |
| S asked her mother to not go to work in the morning, cried and screamed  | S allowed her mother to go to work. She no longer cried when her mother was going to work. However, S still asked her mother to go home quickly.  |
| S didn't want to sleep before her mother came home from work.  | S didn't mind sleeping with her father or grandmother when her mother hadn't come home from work.   |
| S didn't allow her mother to leave their house or be far from her. She cried and asked her mother to immediately go inside their house even though she was only buying groceries or talk with neighbors. | S didn't cry and didn't ask her mother to go inside their house when she knew that she was only buying groceries or talk with neighbors in front of the house.  |
| S often daydreamed at school. She seemed to have difficulty concentrating on assignments.  | The frequency of daydreaming was lower. S seemed more able to concentrate when doing assignments at school. Her grades also improved.   |

5. Conclusion

Based on the application of Cognitive Behavior Play Therapy (CBPT) on S, the following conclusions were reached:

- 1) S had change in thinking before and after treatment. Before the treatment, S thought that she would be kidnapped when she wasn't near her mother. After the treatment, S said she was no longer afraid of being kidnapped because there was no kidnapper near her.
- 2) S had a number of behavioral changes after treatment. She was able to be separated from her mother in certain situations.
- 3) Although she still often cried when her mother said she was leaving, at the moment, it was easier to calm S and explain it to her because she has a new skill to manage her anxiety, i.e. relaxation and positive self-statements.
- 4) Changes of thinking and behaviors in S were also supported by compliments and appreciation from her parents.
- 5) Her parents were given information and skill on a number of things to do when S was anxious.

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