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Comparison of the Effectiveness of Parent-Centered Play Therapy and Child-Centered Play Therapy on Social Adjustment among Students with Social Anxiety Disorder

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A B S T R A C T

Purpose: The present study aimed to compare the effectiveness of parent-centered play therapy and child-centered play therapy on the social adjustment of elementary school students diagnosed with Social Anxiety Disorder.

Methods and Materials: This study employed a quasi-experimental design with a pretest–posttest and follow-up structure involving two experimental groups and one control group. The statistical population consisted of all male and female elementary school students with Social Anxiety Disorder in Zahedan, Iran, during the 2024–2025 academic year. Sixty students aged 7 to 8 years who met the inclusion criteria were selected through convenience sampling and randomly assigned to a parent-centered play therapy group (n = 20), a child-centered play therapy group (n = 20), and a control group (n = 20). Participants were identified using the Social Anxiety Questionnaire and clinical diagnostic criteria. Data were collected using the Children's Social Adjustment Questionnaire. The parent-centered play therapy intervention was implemented according to the Child–Parent Relationship Therapy model in ten weekly sessions, whereas the child-centered play therapy intervention consisted of sixteen sessions delivered over eight weeks. Data were analyzed using repeated-measures analysis of variance and Bonferroni post hoc tests.

Findings: The results of repeated-measures analysis of variance revealed a significant effect of time on social adjustment, $F = 485.049$, $p < .001$, $\eta^2 = .895$, indicating significant changes across pretest, posttest, and follow-up assessments. A significant Time × Group interaction effect was also observed, $F = 65.901$, $p < .001$, $\eta^2 = .698$, demonstrating differential patterns of change among the three groups. Furthermore, the between-group effect was statistically significant, $F = 69.668$, $p < .001$, $\eta^2 = .710$, indicating meaningful differences in social adjustment among the intervention and control groups. Bonferroni post hoc comparisons showed that both parent-centered play therapy and child-centered play therapy significantly improved social adjustment compared with the control group ($p < .001$). In addition, a significant difference was found between the two intervention groups ($p < .001$), indicating that parent-centered play therapy produced greater improvements in social adjustment than child-centered play therapy.

Conclusion: The findings indicate that both parent-centered and child-centered play therapy are effective interventions for enhancing social adjustment among children with Social Anxiety Disorder.

Keywords: *Parent-centered play therapy, Child-centered play therapy, Social adjustment, Social Anxiety Disorder*

1. Introduction

Social Anxiety Disorder (SAD) is among the most prevalent psychological disorders during childhood and adolescence and is characterized by persistent fear of social situations, excessive concern regarding negative evaluation by others, avoidance of interpersonal interactions, and significant impairment in academic, emotional, and social functioning. Children with social anxiety often experience considerable difficulties establishing and maintaining peer relationships, participating in classroom activities, expressing themselves in social contexts, and adapting effectively to their surrounding environments. These challenges frequently extend beyond childhood and may contribute to long-term psychosocial maladjustment if left untreated. Social adjustment represents a critical developmental outcome during the elementary school years because it reflects a child's capacity to establish constructive relationships with peers, family members, and teachers while successfully fulfilling social expectations and responsibilities. Research has consistently demonstrated that children who exhibit deficits in social adjustment are more likely to experience emotional distress, academic difficulties, interpersonal conflicts, and reduced psychological well-being (Javanmard et al., 2019; Wilson et al., 2020). Given the centrality of social functioning in children's overall development, identifying effective interventions that can enhance social adjustment among socially anxious children remains a significant priority for mental health professionals and educational practitioners.

Theoretical and empirical literature suggests that social adjustment is influenced by multiple emotional, cognitive, behavioral, and interpersonal processes. Children with Social Anxiety Disorder often demonstrate heightened self-consciousness, excessive fear of criticism, poor emotional expression, and limited opportunities for positive peer interactions, all of which can hinder the development of adaptive social competencies. These children may withdraw from social situations to avoid perceived threats, thereby reducing opportunities to acquire and practice social skills necessary for healthy adjustment. Moreover, persistent social fears can negatively influence self-esteem, emotional regulation, and perceptions of social support, creating a cycle that perpetuates maladaptive functioning. Previous studies have highlighted the close relationship between emotional competence, supportive relationships, and successful social adaptation, emphasizing the need for interventions that address not only behavioral symptoms but also underlying emotional and relational processes (Javanmard et al., 2019; Wilson et al., 2020). Consequently, therapeutic approaches that provide children with opportunities to explore emotions, develop coping skills, and improve interpersonal relationships may be particularly beneficial for promoting social adjustment.

Play therapy has emerged as one of the most developmentally appropriate and empirically supported interventions for children experiencing emotional and behavioral difficulties. Because children naturally communicate through play rather than verbal discourse, play therapy provides a unique therapeutic medium through which emotional experiences, interpersonal concerns, and internal conflicts can be expressed and processed. Through carefully structured play experiences, children are able to explore feelings, develop problem-solving abilities, increase self-awareness, and practice adaptive social behaviors in a psychologically safe environment. Over the past several decades, extensive research has demonstrated the effectiveness of play therapy in improving emotional, behavioral, and social outcomes among diverse child populations. A comprehensive systematic review of controlled outcome studies conducted by Bratton and colleagues concluded that child-centered play therapy consistently produces meaningful improvements across multiple domains of child functioning, including emotional adjustment, behavioral regulation, and interpersonal competence (Bratton et al., 2019). Similarly, contemporary theoretical developments continue to emphasize the importance of therapeutic play as a mechanism for promoting resilience, emotional growth, and healthy social development among children experiencing psychological difficulties (Landreth & Bratton, 2026).

Among the various forms of play therapy, Child-Centered Play Therapy (CCPT) has received considerable empirical attention. Rooted in humanistic and person-centered principles, CCPT emphasizes unconditional positive regard, empathic understanding, and the child's innate capacity for growth and self-direction. In this approach, the therapist creates a permissive and accepting environment in which children are encouraged to express themselves freely through play without external direction or judgment. Through this process, children develop greater emotional awareness, self-confidence, autonomy, and interpersonal competence. Empirical investigations have demonstrated the effectiveness of child-centered play therapy across a wide range of developmental and psychological outcomes.

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Ahmadi and Razavi reported significant improvements in social adjustment among children with social anxiety following child-centered play therapy interventions (Ahmadi & Razavi, 2021). Additional evidence has shown positive effects of play-based interventions on self-worth, developmental skills, and creativity among elementary school students with learning difficulties (Baghlaei, 2022). Furthermore, play therapy has been associated with enhanced emotional intelligence and reductions in depressive symptoms among elementary school children, suggesting its broad applicability for improving psychosocial functioning (Borna, 2023). These findings collectively support the value of child-centered therapeutic approaches for fostering adaptive developmental outcomes.

Another increasingly influential play therapy model is Child–Parent Relationship Therapy (CPRT), often referred to as parent-centered play therapy. Unlike traditional therapist-led interventions, CPRT actively trains parents to become therapeutic agents in their children's lives. Developed by Landreth and Bratton, this evidence-based filial therapy model equips parents with child-centered play therapy skills that can be integrated into everyday parent–child interactions (Landreth & Bratton, 2026). Through structured training and supervised practice, parents learn empathic listening, emotional validation, therapeutic limit-setting, and relationship-enhancing communication techniques. The underlying rationale is that strengthening the parent–child relationship provides a powerful context for emotional healing and behavioral change. Research has demonstrated that parent-centered play therapy contributes to improvements in children's emotional, behavioral, and relational functioning while simultaneously enhancing parental competence and confidence. Hosseini and colleagues found that parent-centered play therapy significantly improved creativity among preschool children, highlighting the developmental benefits of strengthening parent–child interactions (Hosseini et al., 2019). Similarly, narrative reviews of filial therapy have emphasized its effectiveness as a school-based and family-centered mental health intervention capable of producing lasting positive outcomes for children and families (Cooper et al., 2020).

Recent empirical investigations have expanded the evidence base for play therapy by examining its effectiveness across diverse clinical and developmental populations. Cognitive-behavioral play therapy has been shown to enhance social adjustment and academic adjustment among students with reading disorders, indicating that therapeutic play can facilitate adaptive functioning beyond symptom reduction (Keramati et al., 2018). Rezaei Razvan and colleagues similarly reported significant improvements in social adjustment among preschool children following cognitive-behavioral play therapy interventions (Rezaei Razvan et al., 2021). More recently, cognitive-behavioral play therapy has demonstrated positive effects on behavioral adjustment and problem-solving skills among students with dyslexia, suggesting that play-based interventions can strengthen adaptive competencies across multiple developmental domains (Vosoughi Kalantari et al., 2025). Furthermore, group play therapy has been associated with enhanced social adjustment, reduced loneliness, and improved anger control among children aged 11 to 12 years, underscoring the capacity of therapeutic play to address social and emotional difficulties simultaneously (Kaboudi, 2022). Collectively, these studies provide substantial evidence supporting the role of play therapy as an effective intervention for promoting adaptive social functioning among children.

Although several interventions have been developed to address anxiety-related difficulties and social functioning problems among children, many approaches focus primarily on symptom reduction rather than broader social adaptation. For example, virtual reality interventions have demonstrated effectiveness in reducing social phobia and improving social speaking abilities among individuals with anxiety-related difficulties (Shams & Farhadi, 2021). Attachment-based play therapy has also been found to improve parental self-efficacy, emotion regulation, and social adjustment among children experiencing separation anxiety (Sadeghi et al., 2025). While these interventions have shown promise, they differ substantially in their theoretical foundations and mechanisms of change. Importantly, existing evidence suggests that interventions incorporating meaningful relational experiences may produce broader and more enduring developmental benefits than those focusing exclusively on symptom management. Parent-centered and child-centered play therapy represent two distinct yet theoretically related approaches that emphasize relational processes, emotional expression, and developmental growth. However, direct comparisons of their effectiveness, particularly among children with Social Anxiety Disorder, remain limited within the existing literature.

Despite the growing body of research supporting both child-centered and parent-centered play therapy approaches, several important gaps remain. First, most studies have examined the effectiveness of a single intervention model without directly comparing alternative play therapy

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approaches. Second, relatively few investigations have focused specifically on children diagnosed with Social Anxiety Disorder, despite the substantial social and interpersonal impairments associated with this condition. Third, the majority of available research has evaluated outcomes such as emotional intelligence, behavioral problems, creativity, self-worth, or academic functioning, whereas social adjustment has received comparatively less attention as a primary outcome variable (Baghlaei, 2022; Borna, 2023; Vosoughi Kalantari et al., 2025). Finally, little is known regarding whether involving parents as therapeutic partners produces stronger improvements in social adjustment than interventions delivered directly to children alone. Addressing these gaps may contribute to the refinement of intervention strategies and provide practitioners with evidence-based guidance regarding the selection of developmentally appropriate treatments for socially anxious children.

Therefore, the present study aimed to compare the effectiveness of parent-centered play therapy and child-centered play therapy on the social adjustment of elementary school students diagnosed with Social Anxiety Disorder.

2. Methods and Materials

2.1. Study Design and Participants

This study employed an applied, quasi-experimental design with a pretest–posttest and follow-up assessment, incorporating two experimental groups and one control group. The target population consisted of all male and female elementary school students diagnosed with Social Anxiety Disorder (SAD) who were enrolled in schools in Zahedan, Iran, during the 2024–2025 academic year. Participants were selected from elementary schools after obtaining the necessary permissions from educational authorities and school administrations. School psychologists initially identified students exhibiting symptoms of social anxiety. These students, with the assistance of their parents, completed the Social Anxiety Questionnaire developed by Watson and Friend (1969). Subsequently, students who met the questionnaire cut-off score and whose diagnosis of Social Anxiety Disorder was confirmed by a clinical psychologist according to the diagnostic criteria of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) were considered eligible for participation.

A priori sample size estimation was conducted using G*Power software to ensure adequate statistical power for detecting meaningful intervention effects. Based on an anticipated effect size of $f = 0.30$, a statistical power of 0.80, and a significance level of $\alpha = .05$, the minimum required sample size was determined to be 60 participants. Accordingly, 60 children aged 7 to 8 years were recruited through convenience sampling. Following enrollment, participants were randomly assigned to one of three groups: a parent-centered play therapy group (n = 20), a child-centered play therapy group (n = 20), and a control group (n = 20). Inclusion criteria consisted of willingness to participate in the study, being between 7 and 8 years of age, having a mother with at least a high school diploma, and meeting the diagnostic criteria for Social Anxiety Disorder. Exclusion criteria included withdrawal from the study and absence from two consecutive intervention sessions. Outcome assessments were conducted at baseline, immediately after the intervention, and during the follow-up phase.

2.2. Measures

The Social Anxiety Questionnaire developed by Watson and Friend (1969) was used as a screening instrument to identify children with symptoms of Social Anxiety Disorder. The questionnaire consists of 58 dichotomously scored items distributed across two subscales: Social Avoidance and Distress (Items 1–28) and Fear of Negative Evaluation (Items 29–58). Responses are scored on a true–false format, with values ranging from 0 to 1. The Social Avoidance and Distress subscale contains 28 items, while the Fear of Negative Evaluation subscale includes 30 items. Higher scores indicate greater levels of social anxiety and fear of negative judgment from others. Previous studies have reported satisfactory psychometric properties for the instrument. Watson and Friend (1969) reported reliability coefficients of .79 and .94 for the two subscales. Subsequent validation studies in Iranian populations demonstrated Cronbach's alpha coefficients ranging from .86 to .94, confirming the instrument's reliability and validity for assessing social anxiety symptoms among children and adolescents.

Social adjustment was measured using the Children's Social Adjustment Questionnaire developed by Dokhanchi (1998). This instrument was specifically designed to assess the level of social adjustment among elementary school children and consists of 37 items rated on a four-point Likert scale ranging from "Never" to "Most of the Time." The questionnaire evaluates children's ability to adapt to themselves, family members, peers, and school

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environments, as well as their capacity to cooperate with others and accept responsibilities at home and school. Scoring procedures differ for positively and negatively worded items, resulting in a total score ranging from 0 to 111. Higher scores indicate greater social adjustment and more adaptive social functioning. The questionnaire was developed using a logical-content approach, and its content validity was established through expert review. Dokhanchi (1998) reported a Cronbach's alpha coefficient exceeding .81, indicating satisfactory internal consistency. In the present study, the reliability of the scale was confirmed with a Cronbach's alpha coefficient of .84.

2.3. Intervention

The Parent-Centered Play Therapy intervention was based on the Child–Parent Relationship Therapy (CPRT) model developed by Landreth and Bratton (2006). The program was implemented over ten consecutive weeks, with one weekly session lasting approximately three hours for participating mothers. The intervention focused on strengthening the parent–child relationship, enhancing parental empathy, and promoting unconditional acceptance of the child. During the initial sessions, parents were introduced to the therapeutic value of play, the goals of CPRT, and empathic communication skills. Subsequent sessions emphasized core child-centered play therapy principles, including following the child's lead during play, understanding the therapeutic purpose of play sessions, and preparing appropriate play materials. Parents were trained in effective and ineffective responses during play interactions, therapeutic limit-setting procedures, emotional awareness, communication skills, and the importance of recognizing and validating children's feelings. Additional sessions addressed providing children with choices, fostering responsibility, promoting self-confidence, encouraging rather than praising, and implementing therapeutic discipline strategies both within and outside play sessions. Throughout the intervention, structured therapeutic games were incorporated to facilitate emotional expression, creativity, self-esteem enhancement, emotional regulation, social skills development, responsibility, empathy, and problem-solving abilities. Examples included activities focused on emotional expression, creative art experiences, string design exercises, emotional balloon activities, paper-tearing exercises, and puppet play. The final session was dedicated to reviewing acquired skills and consolidating learning outcomes.

The Child-Centered Play Therapy intervention was implemented according to the model proposed by Landreth (2006). The program consisted of 16 sessions conducted over eight weeks, with two 45-minute sessions held each week. The intervention was delivered directly to children in a specially prepared therapeutic playroom. The first phase of treatment focused on establishing rapport and building a secure therapeutic relationship between the child and therapist. During this stage, the therapist introduced the playroom environment, explained basic rules, and created a supportive atmosphere that encouraged free expression. In the middle phase of treatment, children were encouraged to communicate their emotions, experiences, concerns, and interpersonal difficulties through self-directed play activities. Consistent with child-centered principles, the therapist refrained from directing the child's behavior or imposing specific themes and instead provided empathic reflections, emotional validation, and acceptance. Through the therapeutic relationship and symbolic play experiences, children were assisted in developing greater self-awareness, emotional insight, and adaptive coping strategies. The final phase of treatment focused on preparing children for the termination of therapy, consolidating gains achieved during the intervention, and facilitating a positive closure to the therapeutic process.

2.4. Data Analysis

Data were analyzed using IBM SPSS statistical software. Descriptive statistics, including means and standard deviations, were calculated to summarize participant characteristics and study variables across assessment points. Prior to hypothesis testing, assumptions of normality and homogeneity of variance were examined. To evaluate changes in social adjustment across the pretest, posttest, and follow-up assessments and to compare differences among the parent-centered play therapy, child-centered play therapy, and control groups, repeated-measures analysis of variance (RM-ANOVA) was conducted. Significant interaction and main effects were further examined through pairwise comparisons. Statistical significance was established at a probability level of $p < .05$ for all analyses.

3. Findings and Results

Descriptive statistics were calculated to examine changes in social adjustment across the pretest, posttest, and follow-up assessments in the parent-centered play therapy group, the child-centered play therapy group, and the control group.

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The means and standard deviations for social adjustment scores across all measurement occasions are presented in Table 1.

Table 1

Descriptive Statistics for Social Adjustment Across Pretest, Posttest, and Follow-Up Assessments

Variable	Assessment Phase	Parent-Centered Play Therapy		Child-Centered Play Therapy		Control Group	
		Mean	SD	Mean	SD	Mean	SD
Social Adjustment	Pretest	24.40	3.53	23.75	3.16	25.10	4.16
	Posttest	39.60	2.47	40.40	2.64	30.70	3.19
	Follow-Up	66.09	12.86	51.49	3.97	33.71	5.09

As shown in Table 1, the three groups exhibited relatively similar levels of social adjustment at pretest. Following the intervention, both experimental groups demonstrated substantial increases in social adjustment scores compared with the control group. The improvement was maintained at follow-up, with the parent-centered play therapy group showing the highest level of social adjustment (M = 66.09, SD = 12.86), followed by the child-centered play therapy group (M = 51.49, SD = 3.97). In contrast, the control group exhibited only a modest increase over time. These descriptive findings provide preliminary evidence that both intervention approaches improved social adjustment among students with Social Anxiety Disorder, with parent-centered play therapy appearing to produce stronger long-term gains.

Prior to conducting repeated-measures analysis of variance, the underlying statistical assumptions were examined. Results of the Shapiro–Wilk test indicated that social adjustment scores were normally distributed in the parent-centered play therapy group (W = .098, p = .88), the child-centered play therapy group (W = .158, p = .21), and the control group (W = .124, p = .19). Levene's test further confirmed the homogeneity of variances at pretest (F = 1.517, p = .22), posttest (F = 0.627, p = .53), and follow-up (F = 0.501, p = .60). The assumption of homogeneity of regression slopes was also satisfied (F = 0.455, p = .50). Additionally, Box's M test indicated equality of covariance matrices across groups (Box's M = 12.544, F = 0.965, p = .48). Although Mauchly's test of sphericity was significant (W = .309, χ^2 = 65.846, df = 2, p < .001), the repeated-measures analysis remained robust through the application of appropriate corrections. Collectively, these findings confirmed that the assumptions required for repeated-measures ANOVA were adequately met.

Table 2

Repeated-Measures ANOVA Results for Social Adjustment

Source of Variation	SS	df	MS	F	p	η^2
Time	20302.626	1	20302.626	485.049	< .001	.895
Time × Group	5516.780	1	2758.390	65.901	< .001	.698
Error (Within)	2385.841	57	41.857			
Group	5641.191	2	2820.595	69.668	< .001	.710
Error (Between)	2307.709	57	40.486			

The repeated-measures ANOVA revealed a significant main effect of time on social adjustment, F(1, 57) = 485.049, p < .001, η^2 = .895, indicating that social adjustment scores changed significantly across the pretest, posttest, and follow-up assessments. The large effect size suggests that approximately 89.5% of the variance in social adjustment was attributable to changes over time. Furthermore, a significant Time × Group interaction effect was observed, F(1, 57) = 65.901, p < .001, η^2 = .698, demonstrating that the pattern of change across time differed significantly among the three groups. The effect size indicated that approximately 69.8% of the variance in social adjustment was explained by the interaction between intervention condition and time. In addition, the between-subjects effect of group was statistically significant, F(2, 57) = 69.668, p < .001, η^2 = .710, suggesting that the groups differed significantly in overall levels of social adjustment. These findings confirm that both play therapy interventions

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produced meaningful improvements in social adjustment relative to the control condition and that the magnitude of improvement differed between intervention approaches.

Table 3

Bonferroni Post Hoc Comparisons for Social Adjustment

Group Comparison	Mean Difference	Standard Error	p	95% CI Lower	95% CI Upper
Control vs. Parent-Centered Play Therapy	-13.52	1.61	< .001	-16.39	-10.66
Control vs. Child-Centered Play Therapy	-8.71	1.61	< .001	-11.57	-5.74
Child-Centered vs. Parent-Centered Play Therapy	-4.71	1.61	< .001	-7.68	-1.95

To determine the specific sources of group differences, Bonferroni post hoc comparisons were conducted. As presented in Table 3, social adjustment scores in the parent-centered play therapy group were significantly higher than those in the control group (Mean Difference = -13.52, $p < .001$). Similarly, the child-centered play therapy group demonstrated significantly greater social adjustment than the control group (Mean Difference = -8.71, $p < .001$). Importantly, a significant difference was also found between the two intervention groups (Mean Difference = -4.71, $p < .001$), indicating that participants who received parent-centered play therapy achieved significantly higher social adjustment scores than those who received child-centered play therapy. Therefore, while both intervention approaches were effective in improving social adjustment among students with Social Anxiety Disorder, parent-centered play therapy produced superior outcomes and demonstrated greater effectiveness in enhancing children's social adjustment.

4. Discussion and Conclusion

The present study aimed to compare the effectiveness of parent-centered play therapy and child-centered play therapy on the social adjustment of elementary school students diagnosed with Social Anxiety Disorder. The findings demonstrated that both intervention approaches significantly improved social adjustment from pretest to posttest and that these improvements were maintained during the follow-up period. Furthermore, the results revealed a significant difference between the two intervention methods, indicating that parent-centered play therapy produced greater improvements in social adjustment than child-centered play therapy. These findings suggest that play-based interventions are effective approaches for enhancing adaptive social functioning among children with social anxiety and that direct parental involvement may strengthen treatment outcomes.

The first major finding of this study indicated that both parent-centered and child-centered play therapy significantly increased social adjustment among students with Social Anxiety Disorder. This result is consistent with a substantial body of literature emphasizing the therapeutic value of play as a developmentally appropriate medium through which children can express emotions, explore interpersonal experiences, and develop adaptive coping skills. According to child-centered play therapy theory, children possess an innate tendency toward growth and self-actualization when provided with an accepting and emotionally supportive environment. Through the therapeutic play process, children gradually become more aware of their emotions, gain confidence in their abilities, and learn healthier ways of interacting with others. Consequently, improvements in emotional expression and self-understanding may facilitate better social functioning and interpersonal adaptation (Bratton et al., 2019; Landreth & Bratton, 2026). Children with Social Anxiety Disorder often avoid social interactions because they fear embarrassment, criticism, or rejection. Play therapy provides opportunities to symbolically reenact social situations, experiment with new behaviors, and process anxiety-provoking experiences in a safe and non-threatening context. As children become more comfortable expressing themselves through play, their confidence in social situations increases, contributing to greater social adjustment.

The positive effects of play therapy observed in the present study are consistent with previous empirical findings. Ahmadi and Razavi reported that child-centered play therapy significantly improved social adjustment among children experiencing social anxiety symptoms (Ahmadi & Razavi, 2021). Similarly, Kaboudi found that group play therapy enhanced social adjustment while

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simultaneously reducing loneliness and improving anger control among school-aged children (Kaboudi, 2022). Rezaei Razvan and colleagues also demonstrated significant improvements in social adjustment among preschool children following cognitive-behavioral play therapy interventions (Rezaei Razvan et al., 2021). The convergence of these findings suggests that regardless of specific therapeutic orientation, play therapy facilitates the development of emotional regulation, communication skills, and interpersonal competence, all of which contribute directly to improved social adaptation. The present findings therefore provide additional evidence supporting the effectiveness of play-based interventions for children experiencing social and emotional difficulties.

Another explanation for the effectiveness of both intervention approaches concerns the relationship between emotional functioning and social adjustment. Socially anxious children frequently experience difficulties identifying, expressing, and regulating emotions, which can interfere with peer relationships and social participation. Therapeutic play creates opportunities for children to externalize internal experiences, receive emotional validation, and develop adaptive emotional responses. Previous research has demonstrated that play therapy can improve emotional intelligence, self-worth, and emotional functioning among children, factors that are closely linked to successful social adaptation (Baghlaei, 2022; Borna, 2023). As children become more capable of understanding and regulating their emotions, they are better equipped to engage in social interactions, respond effectively to interpersonal challenges, and establish positive relationships with peers and adults. Therefore, improvements in emotional competence may represent one of the key mechanisms through which play therapy enhances social adjustment.

The significant maintenance of gains observed during the follow-up period further supports the durability of play therapy interventions. The persistence of treatment effects suggests that children did not merely learn temporary behavioral responses but instead developed meaningful emotional and interpersonal skills that continued to influence their functioning after the intervention ended. This finding is particularly important because social adjustment reflects a relatively stable developmental outcome influenced by ongoing interactions across family, school, and peer environments. The continued improvement observed during follow-up may indicate that children were able to generalize the skills acquired during therapy to real-world situations. Such findings align with the broader literature demonstrating that play therapy promotes enduring changes in emotional and social functioning rather than short-term symptom reduction alone (Bratton et al., 2019; Landreth & Bratton, 2026).

The most important finding of the present study was that parent-centered play therapy produced significantly greater improvements in social adjustment than child-centered play therapy. This result highlights the importance of parental involvement in interventions targeting children with Social Anxiety Disorder. While child-centered play therapy relies primarily on the therapeutic relationship between the child and therapist, parent-centered play therapy extends therapeutic principles into the child's daily environment by training parents to become active agents of change. Through Child–Parent Relationship Therapy, parents learn empathic listening, emotional validation, acceptance, therapeutic limit-setting, and supportive communication skills that can be consistently applied outside the therapy setting (Landreth & Bratton, 2026). Consequently, the child experiences therapeutic interactions not only during structured sessions but also within the family environment, increasing the frequency and consistency of positive relational experiences.

From a theoretical perspective, parent-centered play therapy may be especially effective because it directly targets the parent–child relationship, which serves as a foundational context for social and emotional development. Children develop internal working models of relationships through repeated interactions with caregivers. When parents respond with empathy, acceptance, and emotional attunement, children develop greater emotional security, self-confidence, and social competence. Conversely, children who perceive their social environments as critical or unpredictable may become increasingly withdrawn and anxious. By improving the quality of parent–child interactions, parent-centered play therapy may reduce anxiety while simultaneously strengthening the emotional resources necessary for successful social adaptation. The significant superiority of parent-centered play therapy observed in the present study supports this relational explanation and suggests that interventions incorporating family processes may produce broader developmental benefits than those focused exclusively on the child.

The present findings are consistent with previous research examining filial and parent-mediated interventions. Landreth and Bratton emphasized that Child–Parent Relationship Therapy strengthens parent–child attachment, enhances parental responsiveness, and promotes children's emotional and behavioral adjustment (Landreth & Bratton,

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2026). Cooper and colleagues, in their review of filial therapy research, concluded that parent-centered interventions produce meaningful improvements in children's psychosocial functioning while simultaneously enhancing parental competence and family relationships (Cooper et al., 2020). Similarly, Hosseini and colleagues found that parent-centered play therapy contributed positively to developmental outcomes among preschool children by fostering supportive and responsive interactions between parents and children (Hosseini et al., 2019). The findings of the present study extend this literature by demonstrating that parent-centered play therapy may be particularly effective for improving social adjustment among children with Social Anxiety Disorder.

The superiority of parent-centered play therapy may also be understood in relation to contemporary attachment and family-systems perspectives. Social anxiety often develops and is maintained within relational contexts characterized by excessive protection, inconsistent emotional support, or limited opportunities for autonomous social exploration. Parent-centered interventions address these contextual influences by helping caregivers adopt more supportive and emotionally attuned parenting behaviors. Evidence from attachment-based play therapy research suggests that strengthening parent–child relationships can enhance children's social adjustment and emotional functioning while improving parental self-efficacy and emotion regulation (Sadeghi et al., 2025). These findings support the notion that modifying family interactions may create conditions that facilitate children's broader social adaptation.

The present findings also complement research investigating alternative interventions for anxiety-related difficulties. Although approaches such as virtual reality interventions have demonstrated effectiveness in reducing social phobia symptoms and improving social speaking performance, they primarily target symptom reduction rather than relational processes (Shams & Farhadi, 2021). In contrast, play therapy interventions simultaneously address emotional expression, interpersonal relationships, self-concept, and social competence. Likewise, studies examining mindfulness, self-compassion, and perceived social support have highlighted the importance of supportive interpersonal experiences for psychological well-being and adaptive functioning (Wilson et al., 2020). Parent-centered play therapy may be particularly effective because it enhances the child's access to supportive relationships while simultaneously providing opportunities for emotional growth and behavioral learning.

The findings may also be interpreted in light of previous studies demonstrating the effectiveness of play-based interventions across various developmental populations. Cognitive-behavioral play therapy has been shown to improve social adjustment, academic adjustment, behavioral adjustment, and problem-solving abilities among children with developmental and learning difficulties (Keramati et al., 2018; Vosoughi Kalantari et al., 2025). Similarly, play-based interventions have been associated with improvements in self-worth, creativity, emotional intelligence, and developmental skills (Baghlaei, 2022; Borna, 2023). These outcomes suggest that play therapy exerts broad developmental effects that extend beyond the treatment of specific symptoms. The present study contributes to this growing body of evidence by demonstrating that both child-centered and parent-centered play therapy can effectively promote social adjustment among children with Social Anxiety Disorder, with parent-centered approaches yielding particularly strong benefits.

One notable implication of these findings is that social adjustment should be viewed not merely as a behavioral outcome but as a multidimensional construct encompassing emotional competence, interpersonal skills, self-confidence, and relationship quality. The significant improvements observed in both intervention groups suggest that play therapy effectively addresses multiple dimensions of children's functioning simultaneously. The greater effectiveness of parent-centered play therapy further indicates that interventions targeting both the child and the family system may produce the most comprehensive developmental benefits. Accordingly, integrating parents into therapeutic processes may represent an important strategy for maximizing treatment outcomes among children experiencing social anxiety and related adjustment difficulties.

The present study has several limitations that should be considered when interpreting the findings. First, the sample was limited to elementary school students from a single city, which may restrict the generalizability of the results to other geographical regions and age groups. Second, the study relied primarily on questionnaire-based assessments, which may be influenced by respondent bias and subjective perceptions. Third, the follow-up period was relatively short, preventing conclusions regarding the long-term sustainability of treatment effects. Finally, the study did not assess potential moderating variables such as family functioning, parental mental health, socioeconomic status, or

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severity of social anxiety symptoms, all of which may influence intervention outcomes.

Future research should examine the effectiveness of parent-centered and child-centered play therapy across diverse populations and cultural contexts. Longitudinal studies with extended follow-up periods are needed to determine whether improvements in social adjustment remain stable over time. Future investigations may also explore the mechanisms through which parent-centered interventions exert their effects, including changes in parent–child attachment, parenting practices, emotional regulation, and family communication. Comparative studies involving additional therapeutic approaches could further clarify the relative effectiveness of different interventions for children with Social Anxiety Disorder. Researchers may also benefit from incorporating observational measures and multi-informant assessments to obtain a more comprehensive understanding of treatment outcomes.

From a practical perspective, the findings suggest that play therapy represents a valuable intervention for improving social adjustment among children with Social Anxiety Disorder. Mental health professionals, school counselors, and educational psychologists may consider incorporating play-based approaches into prevention and intervention programs targeting socially anxious children. Given the superior effectiveness of parent-centered play therapy, practitioners should actively involve parents in the therapeutic process whenever possible and provide training that enhances empathic communication and supportive parent–child interactions. Schools may also benefit from collaborating with families to promote the development of children's social competencies and emotional well-being. By strengthening both individual and relational resources, parent-centered play therapy may serve as an effective strategy for fostering healthy social development and improving long-term psychosocial outcomes among children experiencing social anxiety.

Authors' Contributions

All authors significantly contributed to this study.

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

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the study and participated in the research with informed consent.

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