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The Effectiveness of Cognitive-Behavioral Play Therapy on Emotional Awareness and Resilience in Elementary School Children

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A B S T R A C T

Purpose: This study aimed to investigate the effectiveness of cognitive-behavioral play therapy (CBPT) on enhancing emotional awareness and resilience among elementary school girls.

Methods and Materials: The research employed a quasi-experimental design with a pretest-posttest control group. The statistical population included all first-grade female students in Rasht County during the 2024–2025 academic year. Based on purposive sampling, 30 students who scored one standard deviation below the mean in emotional awareness and resilience were selected and randomly assigned to experimental and control groups (15 each). The experimental group participated in ten 90-minute sessions of CBPT based on the Shahriar Doust (2015) model, while the control group received no intervention. Emotional awareness was measured using the Emotional Awareness Questionnaire (Rieffe et al., 2008), and resilience was assessed using the Child and Youth Resilience Measure–28 (Ungar & Liebenberg, 2009). Data were analyzed using multivariate and univariate analysis of covariance (MANCOVA and ANCOVA).

Findings: MANCOVA results showed a statistically significant combined effect of CBPT on emotional awareness and resilience (Wilks' Lambda = 0.528, $F(2,25) = 11.16$, $p < .001$, $\eta^2 = 0.472$). Univariate ANCOVA revealed that CBPT significantly improved emotional awareness ($F(1,26) = 16.27$, $p < .001$) and resilience ($F(1,26) = 9.84$, $p < .01$) in the experimental group, with a stronger effect observed for emotional awareness.

Conclusion: The findings confirm the effectiveness of cognitive-behavioral play therapy in significantly enhancing emotional awareness and resilience among young children. The integration of cognitive-behavioral techniques with developmentally appropriate play activities offers a promising therapeutic approach to improving psychological functioning in elementary-aged students.

Keywords: *Cognitive-behavioral play therapy, emotional awareness, resilience.*

1. Introduction

In recent years, the growing crisis in children's mental health has prompted an intensified focus on early intervention strategies that not only mitigate psychological risk factors but also strengthen adaptive capabilities such as emotional awareness and resilience. Psychological distress, emotional dysregulation, and social maladjustment are increasingly prevalent among school-aged children, especially in the aftermath of global disruptions such as the COVID-19 pandemic and rising socioeconomic instability (Abrams, 2023). Emotional awareness, defined as the ability to identify, understand, and articulate emotional experiences, plays a pivotal role in children's psychological functioning and social competence (Bailen et al., 2019; Dickerson & Quas, 2021). Resilience, on the other hand, is understood as the capacity to adapt successfully to adversity, trauma, or significant sources of stress (van der Laan et al., 2023). There is growing empirical consensus that these two constructs are mutually reinforcing and central to healthy psychological development in childhood (Golestani Bakht et al., 2022; He et al., 2022).

One therapeutic modality that has demonstrated promising outcomes in enhancing emotional awareness and resilience among children is cognitive-behavioral play therapy (CBPT). This approach integrates the structured, problem-solving orientation of cognitive-behavioral therapy (CBT) with the expressive and relational dynamics of play therapy, thereby tailoring interventions to the developmental needs of children (Cochran et al., 2023; Drewes, 2020). CBPT allows children to externalize emotions, process cognitive distortions, and rehearse adaptive behaviors through symbolic play, thus facilitating internalization of emotional competencies and coping strategies (Jalali Dizaji & Karimi Sani, 2018; Vosoughi Kalantari et al., 2025). Notably, recent studies have emphasized the added value of CBPT in populations with special educational or emotional needs, such as students with dyslexia or attention-deficit/hyperactivity disorder (ADHD) (Karoubi, 2023; Soleymankhan et al., 2023).

The mechanism by which CBPT exerts its effects on emotional functioning is closely related to its emphasis on emotional awareness. Children with low emotional awareness are more vulnerable to internalizing problems such as anxiety and depression, while higher levels of awareness are associated with empathy, emotional regulation, and social adjustment (Eckland & English, 2019; Wang et al., 2023). CBPT helps children practice naming, validating, and reflecting on emotional experiences, thereby fostering meta-emotional understanding and reducing emotional reactivity (Beigi et al., 2021; Brown et al., 2020). This emotional clarity is critical for the development of self-regulation skills, which are foundational to resilience (Cole & Diaz, 2024; Soleimani et al., 2018). Moreover, CBPT facilitates the integration of cognitive restructuring techniques into play contexts, allowing children to reframe maladaptive thought patterns and develop healthier emotional responses to stressful situations (Becker-Haimes et al., 2022; Fernandez & Lina, 2020).

The relationship between emotional awareness and resilience is not merely additive but interactive, as children who can identify and express emotions are more likely to access social support and apply coping strategies effectively (Bullock & Goldbacher, 2023; Vladislav et al., 2024). Resilient children tend to exhibit better emotional regulation, a key developmental outcome that is significantly influenced by early therapeutic intervention (Arbabi et al., 2022; Mobasheri et al., 2021). Furthermore, research highlights that enhancing resilience is not only about reducing vulnerability but also about fostering strengths and adaptive systems within the child and their environment (Jarahi et al., 2021; Lotfnejad Afshar et al., 2022). CBPT, through its structured yet child-centered framework, enables children to internalize resilience-building behaviors such as problem-solving, goal-setting, and emotion-focused coping in a developmentally appropriate manner (Rashadi et al., 2019; Tamannayi Far et al., 2023).

There is also empirical support for the effectiveness of CBPT in diverse cultural and clinical contexts. For example, CBPT has been shown to significantly improve behavioral adjustment and problem-solving skills in Iranian children with learning disabilities (Vosoughi Kalantari et al., 2025). Similarly, schema-based and attachment-based play therapy interventions rooted in cognitive-behavioral principles have demonstrated efficacy in enhancing impulse control, self-regulation, and resilience in children with ADHD (Soleymankhan et al., 2023, 2024). These findings underscore the adaptability of CBPT to various diagnostic profiles and psychosocial challenges. Moreover, play therapy's cultural relevance and developmental sensitivity make it particularly suitable for young children, whose verbal articulation may be limited but whose play behavior can serve as a rich medium of expression and change (Drewes, 2020; Elbeltagi et al., 2023).

Studies focusing on emotional intelligence in educational contexts further validate the role of CBPT in promoting

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psychological competencies in school-aged populations. For instance, children exposed to play-based interventions show significant improvement in emotional intelligence, interpersonal functioning, and self-regulation strategies, all of which are critical for school success and peer relationships (Jowett et al., 2024; Soleimani et al., 2018). Interventions that target emotional creativity and emotional communication also demonstrate a positive impact on mental health outcomes, including reduction in depressive symptoms and improved resilience (Albal et al., 2021; Shokri et al., 2024). Importantly, these outcomes are not confined to clinical populations. Even among typically developing children, CBPT serves as a preventive tool that enhances emotional and psychological resilience (Backmann et al., 2019; Kiani et al., 2022).

Despite the growing recognition of CBPT's effectiveness, there remains a need for rigorously designed studies that simultaneously examine its effects on multiple psychological outcomes within the same population. While existing research has independently demonstrated CBPT's benefits on either emotional awareness or resilience, few studies have addressed both constructs within an integrated framework (Golestani Bakht et al., 2022; Zamani et al., 2021). This study, therefore, aims to fill this gap by evaluating the effectiveness of CBPT in enhancing both emotional awareness and resilience among elementary school children using a controlled experimental design. The rationale for selecting this age group stems from the fact that middle childhood is a critical developmental period for acquiring emotional and social competencies that forecast long-term psychological well-being (Beigi et al., 2021; Huggins et al., 2020).

Furthermore, the educational system increasingly recognizes the importance of non-cognitive skills—such as resilience, emotional regulation, and interpersonal functioning—in promoting academic achievement and mental health (Cochran et al., 2023; Fernandez & Lina, 2020). Incorporating CBPT into school-based mental health programs not only addresses emotional difficulties but also cultivates transferable life skills that contribute to student success (Arbabi et al., 2022; Mobasheri et al., 2021). As such, the implementation of CBPT within educational settings aligns with a holistic model of child development that prioritizes both emotional and cognitive learning outcomes (Brown et al., 2020; Drewes, 2020).

In light of these theoretical and empirical considerations, the present study investigates the effectiveness of cognitive-behavioral play therapy in enhancing emotional awareness and resilience among first-grade female students.

2. Methods and Materials

2.1. Study Design and Participants

The research method used in this study was semi-experimental (quasi-experimental) and applied in nature, conducted using a pretest-posttest control group design. This study investigated the effectiveness of cognitive-behavioral play therapy on emotional awareness and resilience in elementary school children. The statistical population of the present research included all first-grade female elementary school students in Rasht County during the 2024–2025 academic year. In the pretest phase, students who met the inclusion criteria—(1) absence of psychological disorders, (2) not concurrently participating in other psychological interventions, and (3) willingness to cooperate in the study—were asked to complete the research questionnaires. From this group, 30 students whose scores were one standard deviation above the mean on the Emotional Awareness Questionnaire by Rieffe et al. (2008) and one standard deviation below the mean on the Child and Youth Resilience Measure–28 (CYRM-28) by Ungar and Liebenberg (2009) were selected using purposive sampling and were randomly assigned into two groups: experimental (15 students) and control (15 students).

2.2. Measures

The Emotional Awareness Questionnaire was developed by Rieffe and colleagues in 2008 to assess emotional awareness in children and adolescents. This questionnaire contains 30 items and six subscales with the following designations and items: Subscale 1 – Ability to Differentiate Emotions (7 items: 1, 2, 3, 4, 5, 6, 7); Subscale 2 – Ability to Share Emotions (3 items: 8, 9, 10); Subscale 3 – Ability Not to Conceal Emotions (5 items: 11, 12, 13, 14, 15); Subscale 4 – Bodily Self-Awareness (5 items: 16, 17, 18, 19, 20); Subscale 5 – Attention to Others' Emotions (5 items: 21, 22, 23, 24, 25); Subscale 6 – Ability to Analyze Emotions (5 items: 26, 27, 28, 29, 30). The questionnaire uses a 3-point Likert scale: correct (1 point), somewhat correct (2 points), and incorrect (3 points). Items 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, 14, 15, 16, 17, 19, 20, 22, and 24 are reverse-scored. The minimum score is 30, and the maximum is 90. Lower scores indicate higher emotional awareness. In Rieffe's (2008) study, Cronbach's alpha reliability

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coefficients for children around age 11 were reported as 0.67, 0.68, 0.68, 0.64, 0.65, and 0.65 for the six subscales, respectively. In the study by Gholamreza and Saberi (2018), Cronbach's alpha values were 0.78, 0.63, 0.60, 0.68, 0.68, and 0.66 for the same subscales, and intraclass correlation coefficients were 0.48, 0.43, 0.40, 0.42, 0.27, and 0.33, respectively. In the study by Yousefi and Taghiyani, Cronbach's alpha for the subscales of emotion differentiation, emotion expression, bodily awareness, attention to others' emotions, emotion analysis, and the total scale were 0.72, 0.64, 0.71, 0.70, 0.68, and 0.76, respectively, and the split-half reliability was 0.78.

Child and Youth Resilience Measure–28 (CYRM–28) by Ungar and Liebenberg (2009): This scale was developed by Ungar and Liebenberg in 2009 and contains 28 items and three subscales aimed at identifying the resilience resources (individual, relational, contextual) in adolescents aged 12 to 23. The subscales and item numbers are as follows: Subscale 1 – Individual (10 items: 2, 4, 8, 11, 14, 15, 18, 20, 21, 25); Subscale 2 – Relational (8 items: 3, 5, 6, 7, 12, 17, 24, 26); Subscale 3 – Contextual (10 items: 1, 9, 10, 13, 16, 19, 22, 23, 27, 28). The scale uses a 5-point Likert scale: not at all (1), a little (2), somewhat (3), quite a bit (4), and a lot (5). The minimum score is 28, and the maximum is 140. Higher scores indicate higher levels of resilience. In the study by Liebenberg, Ungar, and Vijver (2012), the Cronbach's alpha coefficients in a Canadian sample were reported as 0.803 for the individual subscale, 0.833 for the relational subscale, and 0.794 for the contextual subscale. In the study by Kazerooni, Sepehri, and Mirzaeian (2013), Cronbach's alpha coefficients were reported as 0.85 for the total scale and 0.71, 0.72, and 0.77 for the individual, relational, and contextual subscales, respectively. The split-half reliability coefficients were 0.80 for the total scale and 0.66, 0.69, and 0.74 for the subscales, respectively.

2.3. Intervention

The cognitive-behavioral play therapy (CBPT) protocol used in this study was based on the structured model developed by Shahriar Doust (2015) and consisted of ten sequential sessions, each with a specific thematic focus. The first session was dedicated to introductions and establishing rapport among group members. In the second session, children engaged in drawing activities to facilitate emotional recognition and expression. The third session introduced a "magic bag" containing emotion cards to help identify and discuss various emotional experiences. In the fourth session, the relationship between thoughts, feelings, and behaviors was explored through interactive storytelling and role-play. The fifth session focused on recalling pleasurable experiences and expressing them through creative sculpture-making. The sixth session involved interpreting common social sayings to challenge irrational beliefs. In the seventh session, children discussed supportive figures in their lives to foster a sense of attachment and belonging. The eighth session allowed participants to reflect on different "seasons" or phases of their lives through narrative expression. The ninth session culminated in a "friendship exhibition" where children shared their personal growth and learning experiences. Finally, the tenth session involved creating a symbolic "dream carpet," encouraging the articulation of personal goals and aspirations for the future. Each session integrated cognitive-behavioral techniques with expressive play to promote emotional awareness and resilience.

2.4. Data Analysis

Statistical analyses were conducted at two levels: descriptive and inferential. At the descriptive level, charts, means, and standard deviations were used. At the inferential level, multivariate analysis of covariance (MANCOVA) and univariate analysis of covariance (ANCOVA) were applied. All statistical procedures were performed using SPSS version 27.

3. Findings and Results

It can be observed that there is a noticeable difference between the pretest and posttest means of the two variables under study across the experimental and control groups. In order to determine whether this difference is statistically significant, multivariate analysis of covariance (MANCOVA) was employed. However, prior to conducting the MANCOVA, its underlying assumptions were examined.

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Table 1

Descriptive Statistics

Variable	Group	N	Pretest Mean	Posttest Mean	Pretest SD	Posttest SD
Emotional Awareness	Experimental	15	56.47	60.67	7.24	5.05
	Control	15	59.13	57.40	6.11	7.01
Resilience	Experimental	15	75.07	87.60	5.49	8.11
	Control	15	72.93	75.87	8.04	6.05

Given that the main assumptions of MANCOVA were met, the analysis was conducted to test the main research hypothesis. After thorough examination, the assumptions of linear relationships between the variables (job stress and emotional regulation), equality of variances, normal distribution of the variables, and homogeneity of regression slopes were confirmed. Thus, statistical analysis was carried out using the analysis of covariance (ANCOVA).

Table 2

MANCOVA Results for Testing the Combined Effects of the Variables Under Study

Test Type	Value	F	df (Group)	df (Error)	Sig.	Effect Size
Wilks' Lambda	0.528	11.16	2	25	0.001	0.472
Pillai's Trace	0.472	11.16	2	25	0.001	0.472

It is evident that the calculated F-value is statistically significant, with an effect size of 0.472, which is considered substantial. Therefore, with 99% confidence, it can be concluded that cognitive-behavioral play therapy had a significant impact on students' emotional awareness and resilience. To determine which of the variables was most affected, univariate ANCOVA was performed as part of the MANCOVA analysis.

4. Discussion and Conclusion

The purpose of this study was to evaluate the effectiveness of cognitive-behavioral play therapy (CBPT) in enhancing emotional awareness and resilience among elementary school girls. The results demonstrated that CBPT significantly improved both emotional awareness and resilience in the experimental group compared to the control group. Multivariate analysis (MANCOVA) confirmed that the intervention had a significant combined effect on the two psychological constructs. Moreover, univariate ANCOVA results revealed that the therapy had a stronger impact on emotional awareness than on resilience. These findings align with existing research emphasizing the developmental importance of emotional competencies in early childhood and the ability of structured, play-based interventions to improve these capacities (Soleymankhan et al., 2023; Vosoughi Kalantari et al., 2025).

The improvement in emotional awareness observed in this study can be attributed to the nature of CBPT, which facilitates the recognition, expression, and regulation of emotions through symbolic play, role-play, and cognitive restructuring techniques. This finding is consistent with prior research showing that CBPT enhances emotional recognition and differentiation by offering a developmentally suitable modality for children to externalize and process emotions (Cochran et al., 2023; Drewes, 2020). For example, Eckland and English (Eckland & English, 2019) found that emotion regulation and emotional awareness are robust predictors of empathic accuracy, a skill rooted in the ability to access and interpret one's own emotional states. Similarly, Bailen et al. (Bailen et al., 2019) demonstrated that greater meta-emotional skills, including awareness of one's emotions in daily life, are inversely related to symptoms of depression. CBPT, by fostering emotional literacy in a playful context, likely contributed to increased cognitive-emotional integration among the participants.

Increased emotional awareness also facilitates interpersonal competence and empathy, which are vital components of socio-emotional development in children. This aligns with the findings of Dickerson and Quas (Dickerson & Quas, 2021), who highlighted that emotional awareness is a precursor to prosocial behaviors such as generosity and empathy in high-risk youth. Moreover, interventions that strengthen the child's ability to reflect on emotional experiences foster stronger emotional intelligence and social adaptability (Jowett et al., 2024). Emotional

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intelligence has also been shown to mediate satisfaction and psychological resilience in performance contexts, further underscoring its developmental importance. Thus, the significant enhancement of emotional awareness among participants in the present study is an encouraging indicator of CBPT's effectiveness in facilitating foundational psychological skills.

In regard to resilience, the findings revealed a significant post-intervention improvement among the experimental group, albeit with slightly less magnitude than the gains observed in emotional awareness. This is theoretically consistent with the literature suggesting that resilience is a more complex, multidimensional construct influenced by both internal and environmental factors (van der Laan et al., 2023). Nonetheless, the positive impact of CBPT on resilience aligns with earlier findings. For instance, Rashadi et al. (Rashadi et al., 2019) reported that group play therapy significantly improved resilience and self-regulation strategies in children of divorced parents. Likewise, Soleymankhan et al. (Soleymankhan et al., 2024) found that schema-based play therapy improved impulse control and resilience in students with ADHD, a population that often struggles with adaptive coping. These studies converge with the current results, indicating that play-based cognitive-behavioral interventions promote resilience by cultivating self-efficacy, adaptive thinking, and emotion regulation strategies.

The mechanism through which CBPT improves resilience likely involves the reinforcement of cognitive-behavioral patterns such as positive self-talk, problem-solving, and exposure to challenges in a controlled setting. These techniques enable children to learn and practice constructive responses to stress, which over time become internalized as part of their psychological coping repertoire (Becker-Haimes et al., 2022; Brown et al., 2020). The development of resilience during childhood has far-reaching implications for long-term mental health outcomes and academic achievement. Studies by Backmann et al. (Backmann et al., 2019) and Kiani et al. (Kiani et al., 2022) emphasized that personality traits and value systems interact with psychological resilience to influence performance and subjective well-being. Thus, enhancing resilience through CBPT at an early stage may provide a developmental buffer against future psychological risks.

Another plausible explanation for the intervention's success is its capacity to address both emotional and cognitive dimensions of children's psychological difficulties. Unlike traditional CBT, which relies heavily on verbal processing, CBPT uses play as a symbolic language, which is developmentally attuned to children's needs (Cochran et al., 2023). This is particularly important in younger children, who may lack the metacognitive skills necessary to benefit fully from standard CBT approaches (Huggins et al., 2020). Additionally, CBPT's non-threatening, interactive format facilitates trust and emotional openness, which are necessary for therapeutic change. As reported by Beigi et al. (Beigi et al., 2021), positive CBPT is especially effective in improving subjective well-being and resilience in adolescents with depressive symptoms, validating the broader applicability of CBPT across different age and clinical groups.

Further supporting the present findings are studies indicating that CBPT enhances multiple emotional competencies simultaneously. For example, Karoubi (Karoubi, 2023) demonstrated that CBPT improved both resilience and emotional regulation in children with ADHD. Likewise, Arbabi et al. (Arbabi et al., 2022) and Zamani et al. (Zamani et al., 2021) reported that compassion-focused interventions increased resilience and psychological well-being in distressed populations. These interventions share core therapeutic features with CBPT, such as emotional validation, cognitive restructuring, and relational safety, which may account for their efficacy in similar outcomes. Furthermore, the intersection of emotional awareness and resilience, as revealed in the present study, mirrors the interconnectedness observed in previous empirical models (Golestani Bakht et al., 2022; Lotfnejad Afshar et al., 2022).

From a broader developmental perspective, the dual enhancement of emotional awareness and resilience is vital to children's adjustment, particularly within educational environments. Emotional and behavioral difficulties are among the primary obstacles to learning in early childhood, and improving emotional competence has been linked to better academic performance, classroom behavior, and peer relations (Fernandez & Lina, 2020; Mobasheri et al., 2021). Interventions such as CBPT offer an integrative strategy for addressing these challenges without pathologizing normal developmental struggles. As noted by Elbeltagi et al. (Elbeltagi et al., 2023), play therapy is not only beneficial for clinical populations but also serves preventive and developmental purposes in diverse settings, including those involving children with neurodevelopmental disorders such as autism.

Despite the promising findings, this study is not without limitations. First, the sample was limited to first-grade female students in Rasht County, which restricts the

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generalizability of the results to broader populations, including boys or children from other cultural or geographic regions. Second, the study relied solely on self-report questionnaires completed by the children, which may be affected by social desirability bias or limited introspective ability at this age. A multi-informant approach that includes parent and teacher ratings could offer a more comprehensive assessment of changes in emotional awareness and resilience. Third, the study utilized a relatively short follow-up period; thus, the long-term sustainability of the observed improvements remains unknown. A longitudinal design would be beneficial in evaluating whether gains in emotional functioning and resilience persist over time.

Future research should expand the demographic scope to include more diverse populations in terms of gender, age, and socioeconomic background. Examining the efficacy of CBPT in children with specific psychological diagnoses—such as anxiety disorders, conduct problems, or learning disabilities—could yield nuanced insights into its therapeutic boundaries and strengths. Comparative studies evaluating CBPT against other evidence-based interventions, such as mindfulness-based therapy or emotion-focused therapy, would help delineate its relative effectiveness. Moreover, future studies should incorporate follow-up assessments at three, six, and twelve months post-intervention to determine the stability of treatment effects. Including neurobiological or psychophysiological measures of emotion regulation and stress responses would also add depth to the understanding of CBPT's mechanisms of action.

Given its demonstrated effectiveness, CBPT should be integrated into school-based mental health programs to support children's emotional development proactively. Training school counselors and psychologists in CBPT techniques can broaden access to developmentally sensitive interventions. Educators and parents should be encouraged to support therapeutic play both in structured settings and informal environments to reinforce emotional learning. Policymakers should also consider allocating resources to establish play therapy units in public schools, especially in underserved areas, to reduce barriers to mental health care for children. CBPT's potential for preventive application suggests that early emotional intervention can be a strategic investment in lifelong mental well-being.

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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