



Comparing the Effectiveness of Child-centered Play Therapy and Story Therapy on Parent-child Interaction, Impulsive Behaviors and Anxiety in Preschoolers with Hyperactivity Disorder

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Abstract: This study aimed to compare the impact of child-centered play therapy and story therapy on parent-child interaction, impulsive behaviors, and anxiety in preschoolers diagnosed with hyperactivity disorder in Tehran. The research followed a semi-experimental design, employing pre-test and post-test assessments with a control group. The study's target population encompassed all preschool children, with 45 participants randomly selected and assigned to either of the two experimental groups or the control group (each group consisting of 15 individuals). Data collection involved the use of Barratt Anxiety and Impulsiveness questionnaire, Spence Children's Anxiety Scale, and Pianta Parent Relationship Scale (CPRS). Data analysis utilized the analysis of covariance test. The findings revealed that both child-centered therapy and story therapy significantly impacted parent-child interaction, impulsive behaviors and anxiety in preschoolers with hyperactivity disorder in Tehran. Consequently, these interventions led to increased parent-child interaction and a decrease in impulsive behaviors and anxiety. Furthermore, the results demonstrated that child-centered therapy was more effective than story therapy in enhancing parent-child interaction and reducing impulsive behaviors and anxiety in preschool children with hyperactivity disorder.

Keywords: Child-centered play therapy - story therapy - parent-child interaction - impulsive behaviors – anxiety

Introduction

Attention-Deficit/Hyperactivity Disorder (ADHD) is a psychiatric condition that affects the functioning abilities of children. Individuals suffering from this disorder exhibit patterns of inappropriate growth levels, inattention, hyperactivity, or impulsivity ([Magnus et al., 2017](#)). Impulsivity is defined as a predisposition to react quickly and without a plan to internal or external stimuli without considering the negative consequences of these reactions for oneself or others ([Bakhshani, 2014](#)). Impulsivity is a core factor in many social impairments such as substance abuse, pathological gambling, personality disorders, aggressive behaviors, and anxiety ([Bakhshani, 2014](#)).

Anxiety is usually referred to as a widespread feeling of fear, pervasive unease, ambiguity, and extreme unpleasantness. According to evidence-based guidelines, the most common recommended treatments for ADHD include pharmacological and psychological interventions. Stimulant medications are generally recommended as the primary treatment for school-aged children and adolescents with severe ADHD, along with the implementation of behavioral interventions ([Seixas et al., 2012](#)).

Due to the high prevalence of this disorder in society, there is a broad spectrum of attention focused on new therapeutic methods and approaches, although pharmacotherapy has a specific impact on stabilizing the emotions of children with ADHD, it may negatively affect their growth and development. Moreover, drug therapy, as a modern psychotherapy, cannot resolve all the psychological problems of children and is only effective in correcting irrational thinking and cognition ([Flora, 2012](#)).

Play therapy is a structured and theory-based approach to treatment, developed to address the normal learning and communicative processes of children ([Sweeney et al., 2014](#)). The therapeutic powers of play are utilized in various ways. Therapists strategically use play therapy to assist children when verbal language fails to express their thoughts and feelings or to articulate their distress. In play therapy, toys are like a child's words and play is their language ([Landreth, 2012](#)).

Through play, therapists can help children learn more adaptive behaviors in case of emotional or social skill deficits. The positive relationship established between the therapist and the child during play therapy sessions can offer a necessary emotional corrective experience for improving the children ([Ray et al., 2015](#)). Play therapy can also be used to enhance cognitive growth and provide insight and resolution of internal conflicts or inefficient thinking in children ([Turner et al., 2020](#)).

Initially developed in the 20th century, play therapy now refers to a variety of therapeutic approaches all leveraging the therapeutic benefits of play. It differs from ordinary play as therapists assist children in resolving their problems. Play therapy is a natural method through which children learn about themselves and their relationships in the world around them. Through play therapy, children learn to communicate with others, express their feelings, modify their behavior, develop problem-solving skills, and learn different ways to connect with others. Play provides a psychological safe distance for children from their issues and allows for an appropriate expression of their thoughts and feelings in line with their growth ([Ebrahimi et al., 2019](#)).

Play therapy allows trained mental health educators and teachers specialized in play therapy to assess and understand children's play. Additionally, play therapy is used to assist children in coping with difficult emotions and finding solutions to problems. It helps them discover healthier solutions for dealing with various situations in clinical play therapy sessions ([Wilson & Ray, 2018](#)). Play therapy allows children to change their way of thinking, feeling, and relieving their concerns. Even the most problematic issues can be confronted in play therapy, and sustainable solutions can be discovered, practiced, mastered, and adapted throughout their lifetime using various strategies ([Yati et al., 2017](#)).

Considering the effects of play on enhancing social communication abilities and reducing emotional and behavioral disorders among children, it can be said that children's perception of play is extensive, involving physical active behaviors and movements ([Hartwig, 2020](#)). An active lifestyle physically

shapes in early childhood and physical activity has many benefits for children's overall health, mental-social welfare, and cognitive growth.

Considering the extensive use of play therapy, some researchers have examined its impact on the social development of children. [Han et al. \(2017\)](#) demonstrated in their research that play therapy influences externalizing behavioral problems in children. [Salter et al. \(2016\)](#) showed in their research that play therapy affects the social and emotional growth of Australian children with autism. The results of the study by [Badamian and Ebrahimi Moghaddam \(2017\)](#) also indicated that play therapy could be effective in improving the flexibility level of children. [Naghdi et al. \(2016\)](#) found in their research that the impact of engaging in unstructured activities and play before entering the classroom significantly affects the attention and adaptability of slow-paced students. Additionally, play facilitates the development of social skills, emotional capacities, flexibility, creativity, and problem-solving skills ([Russ, 2003](#); [Sansanwal, 2014](#)).

[Lester and Russell \(2014\)](#) classified five dimensions of play, including highly active games such as chase and evasion, violent and engagement games, pretend and sociodramatic play, language play, social and rule-based play, and constructional play. The National Institute of Play ([Cohen, 2018](#)) categorized seven types of play: mimetic or simulative play, movement and body play, object play, social play, imaginative and pretend play, narrative-story play, and creative play. This wide diversity in forms of play poses a deep challenge for the continuous and tangible study of the role of play behavior. This can explain at least a portion of the scientific literature that addresses the role of play behavior in human development ([Jewell et al., 2022](#)).

In addition to play therapy, the therapeutic use of storytelling has its roots in psychoanalytical thoughts and began with the works of Milton Erickson ([Carlson, 2021](#)). Erickson used to relay stories adapted to the psychological situation of the patients during therapy sessions and believed that through storytelling, constructive and positive forces made the unconscious accessible to the patient. One of the effective methods in the education and upbringing of children is indirect methods such as art. Among artistic methods, the significance and allure of storytelling for children have gained attention in various texts and from different perspectives ([Rezapour & Khashaveh, 2021](#)), as stories have a special appeal for all age groups. Stories are engaging and can communicate a range of complex scientific concepts to the audience without limiting their application based on the learner's age, educational subject, or level of learning ([Javdan & Morovati, 2020](#)).

Storytelling is the art of depicting real or fictional events in words, images, and sounds. Bettelheim and Gardner later focused on the therapeutic use of storytelling. Although stories are used in adult psychotherapy, due to their particular alignment with the world of children, they can be more widely

used in child psychotherapy. Stories give children the opportunity to empathize with characters, externalize conflicts, discharge emotions, and gain insight ([Andrews et al., 2009](#)). Storytelling is one of the most significant and common ways of conveying experience and entertainment, among the engaging methods of education. Today, the continued existence of educational methods using storytelling, in combination with technological advancements and societal growth, entails the utilization of innovative approaches in this form of education.

Numerous studies with encouraging results have been conducted on narrative therapy. In some studies, the primary treatment phases consisted of problem externalization, therapist assessment, story rewriting, and story solidification. It was demonstrated that this treatment was effective in improving depression, criminal behavior, body image perception, marital issues, and the psychological empowerment of cancer patients. Other studies reported the therapeutic benefits for substance abusers and their families, alcoholics, and in the enhancement of aggressive behaviors ([Shakeri et al., 2020](#)). Examining the effect of stories on anxiety in these children reveals that storytelling is an observational learning method that significantly influences self-efficacy. Storytelling strengthens the art of listening and if the story conveyed to children holds value, it can instill in them an eagerness to learn keys that unlock symbols and meanings ([Yousefi, 2013](#)).

Art and storytelling therapy, in general, are encompassing educational sessions. Additionally, storytelling is one of the best methods in counseling children, allowing them to deal with emotions and thoughts and behaviors they might not express directly to the counselor. Storytelling provides a narrative in the therapeutic process through which the patient can project their life story and give meaning to the story, thereby not only overcoming the anxieties of children and students with ADHD but also enhancing their empathy and helping to understand social phenomena among these individuals. By providing symbols and resources for interpretation, stories offer a framework for significant therapeutic change and, on this basis, some researchers have used stories and children's storytelling ability as a clinical assessment tool ([Akhtar](#)). Additionally, in storytelling therapy, the treatment is essentially a special form of conversation that draws capacities, competencies, and solutions from the client or patient, revealing the client's capabilities through a creative conversation and empowering them to change. Therefore, a student suffering from disorders such as anxiety can overcome these fears.

Thus, due to the scarcity of studies comparing the therapeutic effects of these protocols, as well as shortcomings in previous research, and considering the stated content, the aim of the present research is to investigate the answer to the question of whether there is a significant difference between child-centered play therapy and narrative therapy on the parent-child interaction, emotional behaviors, and

anxiety of preschool students with ADHD, and which of these therapeutic protocols is more effective for students.

Material and Methods

Given that the current research aims to compare the effectiveness of child-centered play therapy and narrative therapy on parent-child interaction, reactive behaviors, and anxiety in preschoolers with ADHD in Tehran, this research, from an applied perspective, collected data quantitatively, utilizing a quasi-experimental methodology and a pretest-posttest design with a control group.

The population under study included all preschool children. Through random sampling, 15 children were selected for each experimental group from available centers offering psychological services. The research design was conducted in two stages. In the first stage, 15 normal students and 45 students diagnosed with initial attention-deficit/hyperactivity disorder (ADHD), who had normal motor functions and were free from other accompanying issues, were chosen. To ensure their status, the identification was done using the Achenbach Behavior Checklist and clinical interviews to differentiate individuals with ADHD from normal ones. Then, matching was carried out based on age, gender, intelligence quotient (using the Wechsler test), and socio-economic status. To analyze the results in SPSS, the Analysis of Covariance (ANCOVA) was used, controlling for the pretest effect, and the eta-squared measure was calculated.

Instruments

Achenbach Behavior Checklist: The entry test used the Achenbach Behavior Checklist ([Achenbach & Edelbrock, 1991](#)). The general reliability coefficients of the CBCL forms were reported to be 0.97 using Cronbach's alpha and 0.94 using retest reliability. This instrument was translated and standardized in Iran for the first time by [Tehrani-Doost et al. \(2008\)](#). It showed a satisfactory internal consistency with Cronbach's alpha values ranging from 0.63 to 0.95. A study by [Shahrivar et al. \(2011\)](#) confirmed the desirable validity and reliability of this questionnaire for assessing emotional and behavioral disorders in children aged 6-18 years. [Tehrani-Doost et al. \(2011\)](#) reported a Cronbach's alpha coefficient of 0.90 for this questionnaire in the parent version, indicating the instrument's reliability.

Barratt Reactivity Scale: This scale was developed by Barratt ([Charles et al., 2021](#)) and comprises three factors: cognitive reactivity, motor reactivity, and non-programmed reactivity, with 30 questions. The items are scored on a four-point Likert scale. This scale includes ten negative questions that are reverse-scored. In Iran, [Shafiee-Kandjani et al. \(2017\)](#) reported the reliability coefficients of 0.78 for attention reactivity, 0.63 for motor reactivity, 0.47 for non-programmed reactivity, and 0.83 for the overall test, as well as correlation with self-report reactivity questionnaires.

Child Anxiety Questionnaire: This scale consists of 38 items and is scored on a five-point Likert scale (Nauta et al., 2004). This questionnaire was developed by Spence et al. (2003) to assess signs of anxiety in children. The items in this scale are as similar as possible to the Spence Children's Anxiety Scale (SCAS) to be adapted for parental formulation. The scale has six sub-dimensions, and it provides a total score representing general anxiety, which is a useful tool for assessing childhood anxiety. Nauta et al. (2004) suggested that the use of the total score of the scale as an indicator of children's overall anxiety can be beneficial. This questionnaire has been used for age groups from 3 to 17 years.

Parent-Child Relationship Scale (Pianta): This scale was first developed in 1994 by Pianta and Lothman (1994) and includes 33 items that measure parental perception of their relationship with the child. The scale consists of domains like conflict (17 items), closeness (10 items), dependence (6 items), and an overall positive relationship (the sum of all domains), with reliability coefficients ranging from 46% to 84%. The scale measures parent-child relationships in all age groups.

Interventions: Three groups of children participated in this study. Child-centered play therapy was applied in the first experimental group and story therapy was applied in the second experimental group, but the control group did not receive any intervention. Child-centered play therapy was implemented in 16 sessions and story therapy in 12 sessions in the experimental groups. In order to comply with ethical considerations, the parents of children participating in the research completed the informed consent form.

Results

The first hypothesis of the research suggests that the effectiveness of child-centered play therapy and narrative therapy on the interaction between parent and child in pre-school children with ADHD in Tehran differs.

Table 1. General results of the multivariate analysis of covariance for parent-child interaction

Test	Value	DF1	DF2	F	p
Pillai's trace	1.32	10	50	9.69	0.001
Wilks' Lambda	0.053	10	48	16.12	0.001
Hotelling's trace	10.92	10	46	25.13	0.001
Roy's largest root	10.23	5	25	51.18	0.001

Significance in the multivariable test indicators such as Pillai's Trace, Hotelling's trace, Roy's Largest Root and Wilk's Lambda indicate a significant difference in at least one of the post-test components of parent-child interaction among the three established groups. Therefore, each of these components was examined. The results of this analysis are presented in Table 2.

Table 2 - Comparison of post-test parent-child interaction in three groups with pretest control

Source	Variable	F value	p	Effect size	Power
Pretest	Conflict	55.02	0.001	.663	1.000
	Closeness	13.87	0.001	.331	.949
	Dependence	38.33	0.001	.578	1.000
	Overall positive relationships	43.57	0.001	.609	1.000
Group	Conflict	58.21	0.001	.806	1.000
	Closeness	26.60	0.001	.655	1.000
	Dependence	38.32	0.001	.732	1.000
	Overall positive relationships	35.30	0.001	.716	1.000

As observed in the above table, the results obtained from comparing the post-test components of conflict, closeness, dependence, and overall positive relationships in the three groups, while controlling for the pretest effect, indicate that after the presentation of therapeutic interventions, there was a significant difference in the scores for these components between the narrative therapy and play therapy groups that participated. The follow-up Bonferroni test showed that the post-test scores for conflict, closeness, dependence, and overall positive relationship in the play therapy group had a significant improvement compared to the control group and the narrative therapy group. According to hypothesis two, the effectiveness of child-centered play therapy and narrative therapy on the reactive behaviors of pre-school children with ADHD in Tehran differs.

Table 3 - Comparison of the effectiveness of child-centered play therapy and narrative therapy on reactive behaviors

Impulsive behaviors					
Source	SS	DF	MS	F	p
Corrected model	537.80	4	134.45	7.53	0.001
Group	469.63	1	469.63	26.30	0.001
Impulsive behaviors pretest	169.92	1	169.92	9.516	.004
Impulsive behaviors pretest * group	194.079	3	64.693	3.623	.022
Error	624.973	42	17.856		
Total	22461.000	45			
Corrected total	1162.775	44			
R Squared = 0.46, Adjusted R Squared= 0.40					

According to Table 3, the effectiveness of child-centered play therapy and narrative therapy on reactive behaviors differs significantly ($\text{Sig} < 0.05$). The Tukey test was used to investigate the differences between groups.

Table 4. Post hoc testing of different educational groups

Group	I-J	p
Play therapy	-6.14	.123
	-8.14*	.014
Story telling	-1.45	.351
	-2.77	.246

According to Table 4, play therapy is more effective in comparison to storytelling on reactive behaviors. Hypothesis three suggests that the effectiveness of child-centered play therapy and storytelling on anxiety in pre-school children with ADHD in Tehran differs.

Table 5. Comparison of the effectiveness of child-centered play therapy and storytelling on anxiety

Anxiety					
Source	SS	DF	MS	F	p
Corrected model	236.734	3	78.911	3.301	.030
Group	284.221	1	284.221	11.890	.001
Impulsive behaviors pretest	18.601	1	18.601	.778	.383
Impulsive behaviors pretest * group	203.272	2	101.636	4.252	.021
Error	980.066	41	23.904		
Total	19337.000	45			
Corrected total	1216.800	44			
R Squared = 0.195, Adjusted R Squared= 0.136					

According to Table 5, there is a significant difference in the effectiveness of child-centered play therapy and storytelling on anxiety ($p < 0.05$). The Tukey test was used to investigate the differences between groups. Table 6 indicates that play therapy is more effective in comparison to storytelling for reducing anxiety.

Table 6. Tukey test result about the differences between groups in anxiety

Group	I-J	p
Play therapy	-.24	0.32
	-11.35	0.007
Story telling	-1.26	0.25
	-2.47	0.32

Discussion

The results obtained from comparing the post-test components of conflict, closeness, dependence, and overall positive relationships in three groups, while controlling for the pretest effect, indicate that after the presentation of therapeutic interventions, the scores for the components of conflict, closeness, dependence, and overall positive relationships in the narrative therapy and play therapy groups that participated showed a significant difference. The Bonferroni follow-up test demonstrated that the post-test scores for conflict, closeness, dependence, and overall positive relationships in the play therapy

group had a significant improvement compared to the control group and the story telling group. The results from this section indicated that the play therapy group had a significant improvement in parent-child interaction compared to the control group and the story telling group. These findings are consistent with the results of [Yati et al. \(2017\)](#), [Ebrahimi et al. \(2019\)](#), [Ray et al. \(2015\)](#), [Shakeri et al. \(2020\)](#) and [Wilson and Ray \(2018\)](#). [Javdan and Morovati \(2020\)](#) believed that story telling focuses on linguistic-symbolic changes in clients. Clients present a set of symbols describing their behaviors and those of others, leading to a new formulation of problematic events. The cognitive symbolizing capacity and the use of linguistic symbols by students change. Changes in the language and literature of life stories lead to changes in the meanings of life, providing new opportunities for behavior and relationships with others. Consequently, parent-child relationships are also influenced. Illustrated child therapy enables children to join group activities, present suitable ways to request help, raise awareness about the effects of their behavior on others, and learn new ways to respond during moments of anger and pressure. On the other hand, children with ADHD require specific attention for learning.

The ability of teachers or parents to place a child in an environment with fewer distractions and provide a space for the child to move around and release their excess energy, or establish a system of rewards and rules for appropriate behavior, is created by offering additional time and flexibility in time and space during storytelling sessions. Studies on parent-child interaction among families of children with Attention Deficit/Hyperactivity Disorder (ADHD) in Iran have shown that these parents, more than parents of normal children, employ a particular style of parenting. Although responsible parents are not the cause of this disorder in children, there is a kind of reciprocal relationship between parenting, family environment, and ADHD that is related to the child's biological vulnerability. Therefore, parent-child relationships and their domains, such as conflict, closeness, and dependence, are related to children, and parents should receive specific education.

Also, based on the results obtained from comparing the effectiveness of child-centered play therapy and storytelling on impulsive behaviors, there is a significant difference. According to the results from comparing the two play therapy groups, child-centered play therapy has more significant effects on impulsive behaviors. These findings are consistent with the results of [\(Jafari et al., 2011\)](#), [Barzegary and Zamini \(2011\)](#) and [Bratton et al. \(2005\)](#). [Bratton et al. \(2005\)](#) conducted a meta-analytical review with a random-effects model for 93 studies of human and non-human play therapy (behavioral), involving a total of 3248 child participants between 1953 and 2000. The results showed that humanistic therapies had more positive effects than non-humanistic therapies, with the involvement of parents having the greatest impact on play therapy. Play therapy is equally effective across age, gender, and observable problems. [Glover and Landreth \(2015\)](#) used the HLM techniques to examine the effectiveness of child-

centered play therapy (CCPT) from 52 controlled outcome studies (total of 1848 child participants) conducted between 1995 and 2010, demonstrating that parental involvement enhances the effectiveness of therapies. [Ray et al. \(2015\)](#) reviewed 23 studies examining the evaluation of child-centered play therapy (CCPT) conducted in elementary schools. The meta-analysis results showed that externalizing problems, internal problems, self-efficacy, academic issues, and other behaviors are influenced by play therapy, suggesting their potential use in schools. The results of the study by [Badamian and Ebrahimi Moghaddam \(2017\)](#) also demonstrated that play therapy can effectively improve the flexibility levels of children. [Naghdi et al. \(2016\)](#) found that the impact of engaging in unstructured activities and games before entering the classroom significantly affects the attention and adaptation of slow-paced students. Play therapy is a structured and theory-based approach to treatment grounded in the normal learning and communication processes of children ([Shaffer et al., 1983](#)). The therapeutic powers of play are utilized in various ways. Therapists strategically use play therapy to assist children when verbal language is insufficient to express their thoughts and emotions and to communicate their distress. In play therapy, toys function as children's words and play as their language ([Landreth, 2012](#)). Through play, therapists may help children learn more adaptive behaviors in case of deficits in emotional or social skills. The positive relationship established between the therapist and child during play therapy sessions can provide a necessary emotional corrective experience for the child's improvement. Play therapy can also be used to enhance cognitive development and provide insight and resolve internal conflicts or ineffective thinking in children ([Ray et al., 2015](#)).

Play therapy connects a child's inner thoughts with the external world and enables the child to control external objects. Play allows children to express experiences, thoughts, feelings, and inclinations that may be threatening to them ([Yati et al., 2017](#)). Regarding hyperactive children who typically possess a surplus of energy that disrupts their functioning and interpersonal relationships, play therapy is a proper method for their treatment because children often struggle to verbally articulate their feelings, and through play, they can reduce obstacles and express their emotions more effectively ([Chinekesh et al., 2014](#)).

Finally, based on the results obtained from comparing the effectiveness of child-centered play therapy and storytelling on anxiety, there is a significant difference. According to the results obtained from comparing the two play therapy groups, child-centered play therapy has more significant effects on anxiety. These findings align with the results of [Hajmohammadi et al. \(2023\)](#) and [Chinekesh et al. \(2014\)](#). It should be noted that storytelling typically includes engaging and vivid stories that may enhance children's focus and attention, increase mental activity through listening to and addressing the story, and lead to a reduction in hyperactive behavior in children. Storytellers usually incorporate role

models into their stories, and these positive and purposeful models can assist children in considering desirable behaviors and distancing themselves from undesirable behaviors. Storytelling often involves stories in which characters face social challenges and find appropriate solutions. These stories can help strengthen and improve children's social skills.

One of the limitations of this research is that it only focuses on examining the impact of teaching on preschoolers with attention deficit disorder. It is essential to cautiously generalize the results to other age groups and utilize convenience sampling, which necessitates caution in generalizing the findings. In conclusion, it is suggested that the impact of illustrated narrative therapy on other variables, such as self-confidence, anxiety, peer relationships, and so forth, be studied. In future research, it is recommended to conduct tests over longer periods to consider the stability of the educational session effects. Additionally, in subsequent studies, other educational games could be examined to increase the attention of hyperactive/inattentive children within classrooms.

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