

The Effectiveness of Parent-Child Interaction Therapy on Social Competence, Emotional Intelligence, and Aggression in Children with Separation Anxiety Disorder

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Abstract

Background: Separation Anxiety Disorder (SAD) is a common childhood anxiety disorder that can impair social, emotional, and behavioral functioning. Children with SAD often struggle with social competence, emotional regulation, and aggression. Parent-Child Interaction Therapy (PCIT) is a promising intervention for improving socio-emotional skills and reducing behavioral problems in this population. The present study was conducted to examine the effectiveness of PCIT in enhancing social competence, improving emotional intelligence, and reducing aggression among children with SAD.

Methods: This quasi-experimental interventional study was conducted on children with SAD who were referred to psychology and specialized anxiety consultation centers in Tehran in 2024. Participants were selected through convenience sampling and randomly assigned to either the experimental (n=18) or the control (n=18) group. The experimental group participated in 10 60-minute PCIT sessions. Data were collected using the Social Competence Questionnaire (SCQ), the Modified Schutte Emotional Intelligence Scale (MSEIS), and the Buss-Perry Aggression Questionnaire (BPAQ). Data analysis was performed using multivariate analysis of covariance in SPSS version 28.

Results: The findings revealed that PCIT decreases physical (F=57.71), verbal (F=68.53), hostility (F=67.38), and anger (F=59.39), and increases social competence (F=56.28) and emotional intelligence (F=65.01) in children with SAD ($P<0.01$).

Conclusion: The findings of this study indicate that PCIT is an effective intervention for children with SAD. PCIT significantly enhanced social competence and emotional intelligence while reducing aggression, including physical and verbal aggression, hostility, and anger. These results highlight the potential of PCIT as a valuable therapeutic approach for improving both socio-emotional functioning and behavioral outcomes in children with SAD.

Keywords: Parent-child interaction therapy, Social competence, Emotional intelligence, Aggression, Separation anxiety disorder

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Introduction

Separation Anxiety Disorder (SAD) in children is a significant and often debilitating condition characterized by excessive and developmentally inappropriate fear or distress associated with separation from primary caregivers (1). As one of the most common childhood anxiety disorders, SAD can substantially disrupt emotional development, academic performance, and social relationships. It often presents as school refusal, persistent worry about harm befalling caregivers, and somatic complaints such as headaches or stomachaches during anticipated separations (2). While mild separation

anxiety is common in early childhood, SAD represents a more intense and persistent pattern that impairs daily functioning and may increase the risk of developing anxiety and mood disorders later in life (3). A systematic review and meta-analysis by Salari et al. (4), encompassing 38 studies, estimated the global prevalence of SAD at 4.7% in children, 8.3% in adolescents, and 17% in youth. These findings suggest a progressive increase in prevalence with age, emphasizing the need for targeted prevention and intervention strategies for high-risk populations.

Low social competence is closely linked to heightened SAD in children, as children who lack effective interpersonal



skills often struggle to form secure relationships outside the primary caregiver (5). When children have difficulty initiating social interactions, interpreting social cues, or maintaining peer relationships, they become overly dependent on their caregivers for emotional reassurance (6). This dependence intensifies feelings of fear, insecurity, and distress during separation, reinforcing maladaptive attachment patterns that perpetuate SAD symptoms (7). Consequently, these children may avoid social contexts such as school, extracurricular activities, or peer gatherings, which further restricts opportunities for social skill development (8). Moreover, reduced social competence can exacerbate the cycle of avoidance behaviors associated with SAD, limiting exposure to social situations necessary for building confidence and autonomy (5).

Emotional intelligence plays a critical role in moderating children's responses to separation and stressful events (9). Children with low emotional intelligence often struggle to understand, express, and regulate their emotions, making them more vulnerable to experiencing intense distress when separated from caregivers (10). Without the ability to accurately identify and manage feelings such as fear, uncertainty, or sadness, these children are more prone to developing maladaptive emotional responses that heighten the severity of SAD (11). This emotional dysregulation contributes to persistent worry about safety, fear of abandonment, and excessive dependence on the caregiver for emotional stability (12). Additionally, limited emotional intelligence impairs children's ability to employ adaptive coping strategies during separation, such as self-soothing, cognitive reframing, or seeking appropriate support from peers or teachers (9).

Aggression may seem unrelated to SAD at first glance, but research indicates that aggressive behaviors can emerge as maladaptive coping mechanisms in children experiencing high levels of separation distress (13). When children feel overwhelmed by fear or are unable to articulate their anxiety verbally, they may express their distress through externalizing behaviors such as irritability, defiance, or physical aggression (14). These behaviors often serve as defensive strategies aimed at preventing separation or regaining a sense of control in emotionally threatening situations (15). Thus, aggression can be understood as an outward manifestation of internal anxiety, particularly in children who lack adequate emotional regulation skills (16). Furthermore, aggression can intensify the cycle of SAD by disrupting relationships with peers, teachers, and even family members (17).

Parent-Child Interaction Therapy (PCIT) has emerged as a highly effective intervention for children with SAD by targeting the core relational and behavioral patterns that underlie excessive attachment and fear of separation (18). Through structured parent-child sessions, PCIT enhances the quality of dyadic interactions, strengthens secure attachment, and reduces the child's reliance on maladaptive coping behaviors (19). By teaching parent how to provide consistent warmth, sensitivity, and

predictable responses during moments of distress, the therapy helps children internalize feelings of safety and emotional regulation, which are essential for reducing separation-based anxiety (20). A key mechanism through which PCIT exerts its effectiveness is the improvement of maternal behavioral strategies (21). Parents learn to reinforce independent behaviors, model calm emotional regulation, and reduce unintentional reinforcement of clinginess or avoidance (22).

As parents adopt more effective parenting practices, such as differential reinforcement, supportive communication, and structured separation routines, children gradually develop confidence in exploring environments without constant caregiver presence (23). This shift not only reduces fear-driven behaviors but also fosters autonomy, resilience, and adaptive social functioning in everyday settings such as school and peer interactions (24). Furthermore, PCIT contributes to long-term emotional and developmental benefits by reshaping the parent-child relational context that often maintains SAD (25). The therapy promotes secure attachment patterns, reduces coercive or overprotective interactions, and enhances the child's ability to tolerate distress during brief separations (26). As a result, children show meaningful reductions in anxiety symptoms, fewer somatic complaints, and greater engagement in independent activities (27). These outcomes demonstrate that PCIT, by strengthening both emotional bonds and behavioral competencies, offers a comprehensive and sustainable approach to treating SAD in young children (28).

Accordingly, the present study was conducted to examine the effectiveness of PCIT in reducing SAD symptoms and improving emotional and behavioral functioning in young children, with the ultimate aim of providing empirical support for a developmentally informed, relationship-based intervention that enhances caregiver responsiveness, strengthens child self-regulation, and promotes healthier separation behaviors.

Methods

The present study was a quasi-experimental interventional study with a pretest-posttest design, conducted on children with SAD who were referred to psychology and specialized anxiety consultation centers in Tehran in 2024. All children and their mothers participated in the study. After preparing a list of 36 children who had been diagnosed with SAD by a child psychologist or psychiatrist, 18 participants were randomly assigned to the experimental and control groups using a lottery method. Sample size determination was guided by prior research and calculated using G*Power software, with the following parameters: effect size = 1.25, statistical power ($1 - \beta$) = 0.97, and significance level (α) = 0.05 (29). Inclusion criteria were: a formal diagnosis of SAD, age within the study range (e.g., 6–12 years), ability to participate and cooperate in intervention sessions, attendance with their mother, and parental consent for participation. Exclusion criteria included severe comorbid psychiatric or medical

conditions, non-cooperation during sessions, and missing more than two intervention sessions.

Tools

Social Competence Questionnaire (SCQ): The Social Competence Questionnaire (SCQ) was developed by Felner et al. (30) and consists of 47 items across four subscales: cognitive skills and abilities, behavioral skills, socio-emotional competence, and motivational-expectancy components. Responses are scored on a 7-point Likert scale ranging from “strongly agree” to “strongly disagree.” The minimum and maximum possible scores are 47 and 329, respectively, with a cutoff score of 188. Felner et al. (30) reported a construct validity of 0.90 for the questionnaire. Test-retest reliability over a 4-week interval ranged from 0.60 to 0.79 for subscales and was 0.89 for the total scale.

Modified Schutte Emotional Intelligence Scale (MSEIS): MSEIS is a 41-item self-report questionnaire designed to assess trait emotional intelligence (31). Participants respond to each item on a 5-point Likert scale, ranging from 1 (“strongly agree”) to 5 (“strongly disagree”). This scale is a revised version of the original Schutte Emotional Intelligence Scale (31). The internal consistency reliability of the total scale has been reported as 0.85, and three factors have been identified: optimism/mood regulation, utilization of emotions, and emotional appraisal. Cronbach’s alpha coefficients for these factors were 0.78, 0.89, and 0.76, respectively. Construct validity was supported by a correlation of 0.67 with the Bar-On Emotional Quotient Inventory.

Buss-Perry Aggression Questionnaire (BPAQ): BPAQ consists of 29 items and four subscales: physical aggression, verbal aggression, hostility, and anger, comprising 9, 5, 8, and 7 items, respectively (32). Each item is rated on a 5-point Likert scale, ranging from 1 (“completely like me”) to 5 (“not like me at all”). Total scores range from 29 to 145, with higher scores indicating greater levels of aggression. The reliability of the BPAQ has been examined through descriptive statistics, test-retest, and internal consistency methods. Using Spearman’s correlation coefficient, the descriptive reliability of the total scale was 0.73, and for the first and second halves of the scale, 0.82 and 0.85, respectively. Test-retest reliability for the aggression subscales ranged from 0.61 to 0.74, and Cronbach’s alpha for the total scale was reported as 0.89 (32). Cronbach’s alpha for the scale in this study ranged from 0.82 to 0.89, demonstrating good internal consistency and reliability of the questionnaire items.

Intervention

Parent-Child Interaction Therapy (PCIT): PCIT is a structured, evidence-based intervention designed to improve the quality of the parent-child relationship and enhance positive parenting skills. In this study, PCIT was delivered over 10 60-minute sessions to foster positive interactions, promote effective communication, and reduce problematic behaviors in children with intellectual

disabilities. The training emphasized child-centered play, empathic understanding, reflective listening, and the consistent application of rules and limits. Mothers were guided to practice these skills both during sessions and at home, to strengthen parent-child attachment and improve overall family functioning. The content of the PCIT sessions was adapted from Eyberg (33), as detailed in Table 1.

Results

The mean and standard deviation of the age of the experimental and control groups were 11.93 ± 4.84 and 12.15 ± 4.63 , respectively. Demographic data, as displayed in Table 2, highlights no statistically significant differences between the two groups.

The mean and standard deviation of pre-test and post-test scores for social competence, emotional intelligence, and aggression in children with SAD in the experimental and control groups are presented in Table 3. According to Table 3, there was no significant difference in the pre-test score of the experimental and control groups. However, a significant difference was found between the experimental and control groups in the post-test. Table 3 shows that no significant difference was observed between the pre-test and post-test scores in the control group, whereas a statistically significant difference was found in the intervention group.

Table 4 shows the results of a multivariate analysis of covariance comparing the two groups. The marginal post-test score adjusted for baseline covariates showed that there was a significant difference between the two groups in terms of social competence ($F = 56.28$), emotional intelligence ($F = 65.01$), physical ($F = 57.71$), verbal ($F = 68.53$), hostility ($F = 67.38$), and anger ($F = 59.39$) at the level of 0.001.

Discussion

The present study was conducted to examine the effectiveness of PCIT in enhancing social competence, improving emotional intelligence, and reducing aggression among children with SAD. The present study found that PCIT significantly enhanced social competence in children with SAD. The therapy enabled children to engage more confidently in social interactions, initiate play, and communicate effectively with peers. PCIT achieves this by restructuring the parent-child dyad into a secure, predictable environment where children can safely experiment with social behaviors (19). Parents are trained to scaffold social experiences, provide real-time guidance, and reinforce cooperative behaviors, which allows children to internalize norms of communication and reciprocity. Moreover, the therapy reduces the anxiety-driven avoidance that often limits social engagement (27). By repeatedly experiencing positive social interactions within the supportive maternal framework, children develop a sense of efficacy in navigating social contexts. This practice strengthens their confidence and encourages them to approach peers and novel situations

Table 1. Content of Parent-Child Interaction Training Sessions (33)

Session	Intervention Content
1	Introduction and orientation; explanation of session goals and rules; overview of the psychological foundations of children with intellectual disabilities; and discussion of parent-child interaction challenges. Mothers were asked to play with their child at home for 30–60 minutes using activities such as “Gol-o-Poosh,” “Nan Biar Kebab Bebar,” “Dooghi Masti,” balloon play, clay play, sand play, ball-and-basket, “Majse,” “Lili,” “Kalagh Par,” “Neileh play,” paper-and-pencil games, and “Khaleh play.”
2	Explanation of the objectives and principles of play therapy based on parent-child interaction, including attention to child choice and free play, emotional understanding and responsiveness, acceptance of the child, reflective listening, setting rules and limits, and adapting play activities according to the child’s choice to facilitate parent-child interaction.
3	Review of mother-child play reports emphasizing child-centered play therapy principles, including empathic understanding, active listening, following the child’s activities, applying rules and limits, and attention to the child’s choice of play.
4	Discussion of mothers’ play reports focusing on creating a positive parent-child interaction space. Mothers reported positive satisfaction with shared attention and engagement during activities such as “Nan Biar Kebab Bebar,” balloon play, “Kalagh Par,” ball-and-basket, “Dooghi Masti,” clay play, sand play, and “Khaleh play.”
5	Mothers’ play reports were analyzed to strengthen positive parent-child interaction by granting the child greater play freedom and providing indirect maternal guidance. Emphasis was placed on active listening, understanding the child’s emotions, integrating storytelling with activities such as balloon painting, and following the child’s lead in play.
6	Mothers’ reports focused on the importance of attending to the child’s emotions and desires within play, applying rules and limits, and developing responsibility and acceptance toward the child, including tolerating challenging behaviors.
7	Review of mother-child play reports to enhance maternal attention and interaction through specific activities: darting clay for joint attention, paper-and-pencil games to strengthen closeness, balloon play to increase positive affect and engagement, storytelling in “Khaleh play” for maternal-child bonding, and asking questions about stories to enhance interaction.
8	Mothers’ reports emphasized empathic understanding and reducing conflicts through various activities: balloon play for emotional responsiveness, clay play to enhance attention and reduce behavioral problems, sand play to strengthen the mother-child relationship and reduce tension, “Dooghi Masti” for positive affect and interaction, “Nan Biar Kebab Bebar” to stimulate excitement and interaction, and “Khaleh play” to foster parent-child interaction.
9	Mothers’ reports focused on applying rules and limits, practicing assertive behavior, and increasing maternal tolerance by accepting the child. Activities included “Nan Biar Kebab Bebar,” clay play, balloon play, and “Khaleh play.”
10	Summary and review of mothers’ home play reports, discussion of strengths, exchange of feedback, and consolidation of parent-child interaction training principles and key points in play settings.

Table 2. Demographic information of study participants in the Experimental and Control groups

	Experimental Group		Control Group		P
Parents’ Divorce	Frequency	Percentage	Frequency	Percentage	
Yes	7	38.9	6	33.4	0.220
No	11	61.1	12	66.6	
Gender	Frequency	Percentage	Frequency	Percentage	
Girl	10	55.6	11	61.1	0.257
Boy	8	44.4	7	38.9	
Age	Frequency	Percentage	Frequency	Percentage	
9 to 10	3	16.7	4	22.2	0.196
11 to 12	11	61.1	10	56.6	
13 to 14	4	22.2	4	22.2	

with curiosity rather than fear (20). The improvement in social competence also creates a positive feedback loop: successful social engagement reduces reliance on the caregiver and fosters independence, further mitigating separation anxiety symptoms (33).

The results indicated that PCIT significantly improved emotional intelligence in children with SAD. Children demonstrated greater ability to recognize, label, and regulate their emotions, particularly in response to separation-related stress. These gains are achieved through parent modeling emotional awareness and regulation, validating the child’s feelings, and guiding adaptive coping strategies (19). By observing and practicing these skills in a safe, structured context, children learn both to understand

their own emotions and to anticipate others’ emotional states (33). PCIT also provides experiential opportunities for children to practice managing distress. Stepwise exposure to separations, combined with supportive maternal scaffolding, allows children to apply regulation strategies such as self-soothing, cognitive reframing, and appropriate expression of needs. Over time, these skills are internalized, enhancing resilience and reducing emotional reactivity (18). The improvement in emotional intelligence not only diminishes anxiety symptoms but also equips children with adaptive strategies that generalize to peer interactions, academic challenges, and other stressful situations (27).

The study further revealed that PCIT significantly

Table 3. Descriptive Indices of the Study's Variables in the Control and Experimental Groups

Variables	Group	Pretest	Posttest	P^w
Social Competence	Intervention	172.77 ± 3.24	184.01 ± 5.41	0.001
	Control	171.28 ± 3.90	170.55 ± 5.46	0.219
	P^E	0.157	0.001	
Emotional Intelligence	Intervention	103.66 ± 3.64	115.23 ± 5.94	0.001
	Control	103.88 ± 3.95	102.21 ± 2.62	0.862
	P^E	0.355	0.001	
Physical	Intervention	33.05 ± 2.38	28.76 ± 2.96	0.001
	Control	32.77 ± 2.27	33.61 ± 2.09	0.724
	P^E	0.281	0.001	
Verbal	Intervention	17.38 ± 1.19	13.77 ± 2.26	0.001
	Control	17.16 ± 1.50	18.28 ± 1.56	0.574
	P^E	0.260	0.001	
Hostility	Intervention	31.55 ± 1.94	27.38 ± 2.35	0.001
	Control	31.17 ± 1.92	32.50 ± 2.09	0.553
	P^E	0.301	0.001	
Anger	Intervention	20.05 ± 1.92	16.38 ± 2.81	0.001
	Control	19.72 ± 1.84	20.66 ± 1.81	0.599
	P^E	0.287	0.001	

Values are mean ± standard deviation, P^w was reported from within-group comparison, P^E was reported from between-group comparison

Table 4. Comparison of Posttest marginal mean scores between the two groups

Dependent variable	Group	Marginal Mean	95% CI	F	P	Eta Square
Social Competence	Intervention	184.10	181.54-186.66	56.28	<0.001	0.66
	Control	170.45	167.89-173.01			
Emotional Intelligence	Intervention	115.07	112.85-117.29	65.01	<0.001	0.70
	Control	102.37	100.15-104.58			
Physical	Intervention	28.69	27.76-29.61	57.71	<0.001	0.67
	Control	33.69	32.77-34.62			
Verbal	Intervention	13.69	12.90-14.48	68.53	<0.001	0.71
	Control	18.36	17.56-19.15			
Hostility	Intervention	27.32	26.41-28.22	67.38	<0.001	0.70
	Control	32.56	31.66-33.47			
Anger	Intervention	16.18	15.33-17.04	59.39	<0.001	0.68
	Control	20.86	20.01-21.72			

CI: Confidence interval

reduced aggressive behaviors in children with SAD. Children exhibited fewer episodes of irritability, defiance, and anger, particularly in response to separation or frustration. This reduction is largely attributed to the therapy's restructuring of the emotional climate: parents respond consistently and empathetically to distress, minimizing escalation of conflict and creating a sense of predictability and safety (24). In addition, PCIT provides children with adaptive alternatives to express frustration or anxiety. Through increased emotional awareness and guided practice in regulating responses, children learn to replace aggressive behaviors with verbal communication, self-soothing, or problem-solving strategies (25). Over time, repeated exposure to emotionally attuned and supportive interactions strengthens internal models of secure attachment and self-regulation, reducing the need

for aggression as a coping mechanism (23). The combined effects of improved emotional understanding, maternal responsiveness, and opportunities for safe practice explain the observed decrease in externalizing behaviors (22).

Despite the study's positive outcomes, several limitations should be considered. The reliance on self-report and parent-report questionnaires may have introduced response bias and limited the objectivity of the findings. In addition, the absence of follow-up assessments restricted the evaluation of the long-term effectiveness of PCIT for children with SAD. Based on these limitations, it is recommended that future interventions incorporate observational and clinician-rated assessment tools alongside questionnaires and include follow-up evaluations to assess the sustainability of treatment effects. Furthermore, integrating PCIT into routine psychological

services and parent-training programs for children with SAD may enhance early intervention and improve long-term socio-emotional outcomes.

Conclusion

The present study demonstrated that PCIT is a highly effective intervention for children with SAD, producing significant improvements in social competence and emotional intelligence while simultaneously reducing aggression. By restructuring parent-child interactions, enhancing maternal responsiveness, and providing children with opportunities to practice adaptive emotional and social behaviors, PCIT addresses the relational and developmental mechanisms underlying anxiety. These changes enable children to navigate separations and social challenges with greater confidence, emotional regulation, and behavioral control. Collectively, the findings highlight the transformative potential of PCIT as a relationally grounded, developmentally sensitive approach that not only alleviates anxiety symptoms but also fosters enduring psychosocial growth, autonomy, and resilience in children, suggesting that the therapeutic focus on dyadic interaction may be as critical as symptom-focused interventions in promoting holistic developmental outcomes.

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Competing Interests

The authors declare that they have no conflicts of interest related to this study.

Ethical Approval

This study was approved and registered by the Research Ethics Committee under the ethics code IR.SBU.REC.1403.162

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Informed Consent

Written informed consent was obtained from all parents or legal guardians of the participating children. Participants and

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