Effects Of Game-Based Relaxation Training On Attention P
Children

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Abstract

Results of recent research have suggested that game-based, biofeedback rel
reduce symptoms of both Attention-DeficitHyperactivity Disorder (ADHD) a
children and youths. Inattention and poor concentration are common featur
disorders. However, it has not yet been explicitly studied whether the proble
concentration that are characteristic of anxious youths may be lessened with
present study examines the effects of an intervention combining game-base
psychoeducationand behavioral practice in a sample of twenty-three 9 to 17
hypothesized that intervention participants would show significant improve
problems subscale of the Child Behavior Checklist – Parent Report Form rela
waitlist control group.Results indicated significant improvements in posttest
scores for the intervention group relative to the control group. The findings o
suggest that game-based relaxation training may be beneficial for attention
problems in anxious children and adolescents.

Introduction

Anxiety is a common mental health problem in childhood and adolescence (C
2006; Shaffer, 1996). According to the Diagnostic and Statistical Manual of Me
Edition (DSM-IV-TR), anxiety disorders are characterized by intense fear and
or inappropriate (American Psychiatric Association, 2000). This intense fear o
an anxiety-provoking stimulus or in situations that normally do not produce a
lead to panic attacks which are severe incidencesof fear that can cause shortn
palpitations, chest pain/discomfort, choking or smothering feelings, and fear
Children and adolescents with anxiety also may experience restlessness, fatig
tension, and sleep disturbance.

In addition to these symptoms, inattention and poor concentration arecomm
children and youths (American Academy of Child and Adolescent Psychiatry
Clikeman & Ellison, 2009). These problems appear to relate, at least in part, t
people to attend too much to potentially threatening or dangerous situations
tend to selectively attend to what they perceive to be the more threatening as
& Clark, 1997; Field, 2006; Hadwin et al, 1997; Vasey et al 1995). Such tendenc
be less attentive to the more important or relevant information in their enviro
with anxiety are thought to have problems with "attentional allocation," (Rap
attention is focused on targets that may not be useful or appropriate for meet
goals. Thus, these children, unlike children with Attention-Deficit/Hyperacti
have impaired ability to concentrate or pay attention, but rather tend to focu
unhelpful features of their environments. For example, in cases of social phob
too intensely to bodily symptoms such as blushing, trembling or sweating (Bo
and too little to relevant information in the environment. Intense self-focuse
these individuals to evidence poor concentration in academic and other setti
called Task Concentration Training (TCT) was developed to address this prob
During TCT, patients learn to direct their attention to the task at hand and av
symptoms. This technique has been shown to effectively alter the attentiona
providing improvements beyond those offered by cognitive therapy and trad
relaxation (Bogels, 2006).

Treatment Of Attention Problems Though Relaxation Training

Research conducted over the past four decades has indicated that relaxation
improvements in attention span for children and adolescents (Lupin et al, 19
Howell, 1982; Denkowski et al, 1983; Chang, 1991).

In a study of the effects of meditation as a form of relaxation training, college
meditation sessions demonstrated significantly better scores on a test of atte
2007). Research also suggests that attention and impulsivity can be altered b

been taught traditional biofeedback techniques, such as relaxation training v
progressive relaxation, or interactive metronome training (Weize, 2004). A stu
with ADHD was conducted using "coherence training" to alter aspects of cogn
et al, 2010). Coherence training involves teaching the regulation of heart rhyt
designed to shift attention, regulate breathing, and activate positive emotion
is to achieve psychophysiologicalcoherence, a highly efficient functional mod
increased nervous system harmony, enhanced emotional stability, and impr
performance (McCraty, 2005). Improvements in immediate and delayed wor
secondary memory were evident in the treated participants following six wee
(Lloyd et al, 2010).

Some recent research has demonstrated decreases in both inattention and a
in meditation. A study with combat veterans diagnosed with post-traumatic s
anxiety disorder) suggested that biofeedback training may improve attention
study using meditation training illustrated that undergraduate students in a
preformed significantly better on a test of attention and had significantly low
control group (Tang et al, 2007). In another study (Harrison et al, 2004), 26 ch
ADHD were taught meditation. The participants in the study evidencedimpr
reported and parent-reported attention. Anxiety was also reduced over the co
Grosswald et al, (2008) conducted a study using a type of concentration medi
and stress, and results suggested that ADHD symptoms could be lessened th

Treatments Utilizing Computer Technology To Aid In The Treatment Of Anx

Biofeedback has been utilized successfully to help individuals with a variety
disorders achieve a state of relaxation (Yucha et al, 2008). Biofeedback has th
individual's ability to control physiological processes. There are various types
which address improved control over central nervous system activity (e.g., ne
that promote improved control over peripheral nervous system activity (e.g.,
Biofeedback allows the participant to view on a computer screen real-time inc
such as heart rate variability (HRV) and skin conductance level (SCL). HRV ar
the Autonomic Nervous System (ANS). An increase in ANS activity may indica
stressed and a decrease can indicate relaxation (McCraty & Tomasino, 2006).
the time between heartbeats; low variability implies that the participant is st
Tomasino, 2004). SCL is a measure of the action of the sweat glands in the fin
perspiration suggests that the participant is experiencing excitement or anxie
other hand, leads to low levels of perspiration. These real-time measures, HR
plotted on a graph or depicted in a variety of ways on a computer screen. Thro
relaxation training, the individual can learn to manipulate images on the scre
by HRV and SCL (Culbert et al, 1996). This is achieved through practice and u
imagery, and muscle relaxation. The training also helps the participant to fin

methods work best for him/her and helps him/her stay "on task" when intrus
appear (Banquet, 1973; Condron et al, 2009; Lagopoulos et al, 2009).

A number of studies illustrate that, like adults, children and adolescents can
peripheral nervous system processes such as heart rate and electrodermal ac
1980; Cobb & Evans, 1981; Siniatchkin, 2000). In recent years, technology has
makes use of video-game-like technology and graphics which maysignificant
engagement in biofeedback, particularly among young people. In game-bas
physiological coherence is achieved, the participant can make different actio
through involvement in video-game-like activities.

Neurofeedback is a type of biofeedback which measures and provides the us
ratios of alpha and beta waves detected via electroencephaolograph (EEG). T
uses similar gamed-based formats to maintain interest and motivation. Neur
evidence in favor of its effectiveness as a treatment for ADHD. A recent meta
Ridder, Strehl, Breteler, & Coenen, (2009), for example, suggested that neuro
clinically meaningful improvements in symptoms of ADHD, in children and y
central nervous system activity is used in the treatment of ADHD to alter the
activity in the prefrontal cortex. This approach is based on research indicatin
ADHD have been shown to generate high levels of theta activity relative to b
prefrontal cortex (Hughes & John, 1999).
Although neurofeedback appears a promising treatment for children and you
not be the treatment of choice for the poor concentration that characterizes a
individuals with anxiety appear to have problems with inattention that occur
directly linked to the central nervous system, promoting improved attentiona
individuals may involve different approaches. As reviewed above, such indiv
learn to redirect focus away from anxiety-promoting stimuli and to prevent or
ofperipheral nervous system activity. Additionally, while neurofeedback may
some individuals (Anglada & Hakala, 2008) biofeedback technology for perip
activity can be relatively less expensive because it can be completed using fe
expensive equipment (Schwartz & Andrasik, 2003).

To date, very little research has been conducted on the effectiveness of game
relaxation training. Although there is not yet ample empirical evidence demo
these new programs, it stands to reason that such technology may be useful f
and youths, in part because children and adolescents in the United States ar
videogames (Gentile & Walsh, 2002; Gentile et al, 2004). Research by Pop-Jor
the use of HRV biofeedback training for the treatment of anxiety, conduct dis
children. Results after 15 sessions of training showed that children from all gr

resultswere obtained for children with conduct and anxiety disorders. Anothe
efficacy of this approach with 24 children diagnosed with ADHD (Amon & Ca
children learned to manipulate their heart rate using breathing techniques t
The experimental group showed significant reductions in parent-reported AI
Researchers also noted that children took great interest in the study and were
motivated by the use of technology and video game format. These results su
based treatments may be an enjoyable and motivating medium for treatmen
and adolescents. Results of apilot study indicated that 14 to 35 percent of hig
performed higher on standardized tests in reading and math after biofeedba
Tomasino, 2004). This result was hypothesized to occurbecause participants
high-performance states by learning to better manage test anxiety and prom
(McCraty & Tomasino, 2004).

The present study examines symptoms of inattention in a sample of 9 to 17 y
game-based relaxation training combined with psychoeduction and behavio
intervention was found in previous research to result in significant improvem
depression (Knox et al, manuscript under review). It is posited that anxious ch
receive this intervention will demonstrate improvements in attention. There
that intervention participants will show significant improvements on the atte
of the Child Behavior Checklist – Parent Report Form relative to participants
group.

Methods

Participants

Thirty-one participants consented to take part in the study. However, eight p
and six males) failed to complete the study, leaving a final sample of 23 child
females and 14 males). The portion of the sample who dropped out did not d
terms of demographics (age, gender, or SES) or in pretest scores [scores on the
subscale for the Child Behavior Checklist (CBCL)]. The final sample of 23 par
from 9 to 17 years (M = 12.7, SD = 2.38). Each participant had clinically signific
anxiety, either a clinical disorder or problems such as excessive worry or fear.
pediatricians, nurse practitioners, and other mental health providers. The lar
participants were receiving traditional mental health treatment for anxiety or
problems prior to and during the study (medication, therapy or both). None
started medication during the course of the study. Twelve participants were a
intervention group and the next 11 were assigned to the waitlist control group
assigned sequentially to groups, starting with the intervention group, becaus
beginning of the study if there would be enough referrals to enroll a control g

Independent sample t-tests and chi-square analysis were conducted to exam
the groups. The intervention and control groups did not differ on age, gende
(SES).

Apparatus

Two biofeedback programs were utilized in this study. In the Freeze Framer s
player relaxes, he/she can color and add characters to a meadow, make a rain
balloon (Institute of HeartMath,
2010). In the other program (The Wild Divine Project, 2009) the participant ac
goals (e.g., making a fire, building a wall, shooting a bow and arrow) in a fanta
game also uses images and sound to aid in rhythmic breathing and coherenc

Materials

The Attention Problems subscale for the Child Behavior Checklist (CBCL) wa
The CBCL is a questionnaire completed by parents of primary caregivers tha
youth's emotional and behavioral symptoms. The CBCL is very well establish
reported to have high test-retest reliability, internal consistency, and discrim
(Achenbach & Edelbrock, 1983). Socioeconomic Status was evaluated using t
Prestige and Socioeconomic Scores (Nakao & Treas, 1994).

Procedure

The study was approved by the University Institutional Review Board. Partic
informed assent forms, and their parents/caregivers completed informed co
participation in the study. Parents completed the CBCL upon enrollment int
treatment (pre-test). The game-based relaxation biofeedback (intervention)
a session-by-session protocol combining relaxation training and practice with
how stress can affect people, how relaxation can relieve or prevent stress, and
relaxation techniques in real life. Participants were also helped to identify sig
events and thoughts that trigger anxiety. Participants were assigned behavio
designed to help them most effectively incorporate the use of relaxation into
Appendix 1 shows the session-by-session protocol that was used. Each sessio
one hour. The control group was waitlisted, and offered game-based relaxatio
of the study. At the completion of the study, parents completed a post-test C

Results

The intervention group's mean T-score on the CBCL Attention Problems sub

65.25(SD=12.57) at pretest. This score falls in the “borderline” range of the CB
group’s posttest mean T-score was61.08 (SD=10.69), a score which falls in the
waitlist control group’s mean T-score on the CBCL Attention Problems subsca
at pretest, and 61.27 (SD=9.52) at posttest. Both scores fell in the “normal” ra
with condition (intervention or control) as the fixed factor. The dependent va
CBCL Attention Problems subscale T-scores. The covariate was pre-test CBC
subscale T-scores. This analysis revealed significant differences between the
groups at post-test ($F(2,22) = 6.31$, $p=.008$; partial $\eta^2=0.39$) favoring the interve
Test analyses revealed that the intervention group’s scores reduced significa
($t(11)=3.12$; $p=.01$), but the control group’s scores did not.

Discussion

The present study examines the efficacy of game-based biofeedback relaxat
combination with psychoeducation and behavioral practice as a treatment fo
anxious youths. Children and youths who completed the intervention showe
improvement in parent-reported attention compared with the wait-list contr
group showed no improvement on the attention problems sub-scale, while th
scores improved significantly, suggesting that this intervention may be bene
attention problems experienced by anxious children.

Whether this intervention improves on existing treatments such as neurofee
possible however, that biofeedback and neurofeedback achieve similar outc
research have correlated increased Alpha brain wave activity with meditative
recorded at a slower and very regular 8 Hz frequency and Beta waves at quick
on EEGs. The link between HRV, SCL, and brain wave activity are correlationa
concurrently. One does not cause the other. When a person is more relaxed, h
rhythmically varied, sweat gland activity is decreased and Alpha brain wave a
These are “end measures/results” of the mental meditation efforts. People o
breathing, peaceful imagery, or positive memories help them produce decrea
System arousal, as measured by the above outputs. Thus, both methods may

There are a number of limitations to the current study. The relatively small sa
generalizability of the findings. Attrition was also an issue; of the original sam
eight participants dropped out of the study. Although there were no identifia
those who dropped out and those who remained in the study, it is possible th
threat to the internal and external validity of the study.

Assignment to condition was sequential rather than random. Future studies s
assignment in order to better ensure the validity of the research. Also, the lar
participants in the study were undergoing treatment at the start of and durin
included medication, therapy, or both. Subsequent researchshould involve c
detailed information about medications and other medical or mental health

allow for more precise conclusions about the implications of the findings.

Another problem encountered during the study was that the finger electrode
children and as a result were quite large. Consequently, they did not collect H
consistently so that data could not be used (data was not collected about 20%
physiological data could not be provided. The use of child-sized hardware wo
clinical use and research involving this intervention.

Because anxiety is known to affect cognitive performance (Derakshan & Eyse
2009), further research is indicated to examine whether the improvements in
enhancements in cognitive performance. This should be taken a step further
improvements lead to improved academic achievement. Because anxiety is c
problems afflicting the school age population, such research could have impo
the school-age population. Future research also is recommended to examine
this intervention as compared to medication and therapy for anxiety and atte
children and youths. If replicated, these findings may provide important info
caregivers considering options for treatment.

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Appendix 1

Game-Based Relaxation Training Study Protocol: Intervention Condition

Session #1
Pre-test measures
Rate Anxiety on 1-10 Visual Analogue Scale (VAS)
Feelings that get in my way; What it means to feel “upset.”
Feelings are OK We need a healthy way to deal with them.
How the brain affects the body (favorite food example).
When we are frustrated, scared, worried, angry or upset, our heart rhythms ar
Activity: How stress gets in my way.
List: Things and situations that make me feel anxious or stressed.
List/Draw: Where I notice tension in my body.
What will be better in my life when stress is no longer getting in my way.
Teach Relaxation
Introduce Freeze Framer and Wild Divine.
Rate Anxiety on VAS

Session #2
Rate Anxiety on VAS
REVIEW:
Feelings are OK
Need a healthy way to deal with them

REVIEW:

How to relax

REVIEW:

How the brain affects the body (favorite food example).

When we are frustrated, scared, worried, angry or upset, our heart rhythms ar

REVIEW:

Where I notice tension in my body.

TEACH AND IDENTIFY:

Triggers of fear, worry, and insecurity.

Examples of thought triggers:

I'll never pass the test

I'm so stupid/ugly/fat/clumsy/unpopular….

I'll never get all this done

I can't believe I said that. I am so ……

I know I'll screw this up

I can't…

Everybody thinks I'm….

Continue with Freeze Framer and Wild Divine.

Rate Anxiety on VAS

PLAN: When I will relax this week

Session #3

Rate Anxiety on VAS

REVIEW:

How did relaxation at home go?

How to relax

Modify relaxation plan if needed

Continue with Freeze Framer and Wild Divine.

Rate Anxiety on VAS

PLAN: When I will relax this week

Session #4

Rate Anxiety on VAS

REVIEW:

How did relaxation at home go?

Modify relaxation plan if needed

Continue with Freeze Framer and Wild Divine.

Rate Anxiety on VAS

PLAN: When I will relax this week

Session #5

Rate Anxiety on VAS

REVIEW:

How did relaxation at home go?

Modify relaxation plan if needed

Continue with Freeze Framer and Wild Divine

Rate Anxiety on VAS

PLAN: When I will relax this week

Session #6

Rate Anxiety on VAS

REVIEW:

How did relaxation at home go?

Modify relaxation plan if needed

Continue with Freeze Framer and Wild Divine.

Rate Anxiety on VAS

PLAN: When I will relax this week

Session #7

Rate Anxiety on VAS

REVIEW:

How did relaxation at home go?

Modify relaxation plan if needed

Continue with Freeze Framer and Wild Divine.

Rate Anxiety on VAS

Identifying additional triggers, plan for in-vivo use

PLAN: When I will relax this week

Session #8

Rate Anxiety on VAS

REVIEW:

How did relaxation at home go?

Modify relaxation plan if needed

Continue with Freeze Framer and Wild Divine.

Rate Anxiety on VAS

Review triggers to stress, more plans for in-vivo use

PLAN: When I will relax this week

Post-test measures

Referral if needed