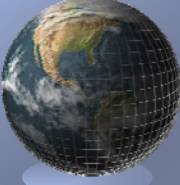



School Anxiety, Phobia, and Separation Anxiety



Three Major Barriers to Academic and Social Development


Physiology of Anxiety

- When an individual experiences anxiety body reacts with
 - Adrenalin rush
 - Increases focused, heightened activity related to concern
 - Corticotrophin (cortisol) increase in brain: a stress hormone.
 - Blocks neurotransmitter relay in prefrontal lobe and increases activity in limbic system



Assessment

- Identify type of anxiety
 - School Anxiety
 - Separation Anxiety
 - School Phobia
- Age of onset and etiology
 - Earlier school anxiety and phobia may be more related to separation anxiety (unless another issue at school has caused anxiety)



Separation Anxiety Symptoms

- Persistent, excessive worry about losing the object of attachment
- Worry that some event will lead to separation from attachment object
- Fear of being alone without object of attachment
- Reluctance or refusal to sleep without presence of attachment figure
- Recurrent nightmares about separation
- Often, a symptom of a co-morbid condition. Children with separation anxiety disorder likely to have ADHD, bipolar disorder, panic disorder now or later



Etiology of Separation Anxiety

- Starting school for the first time
- Feeling threatened by the arrival of a new baby
- Having a traumatic experience such as being abused, being raped, having witnessed a tragic event
- Problems at home such as marital rows, separation and divorce
- Violence in the home or any kind of abuse; of the child or of another parent
- Overcontrolling parent



Dealing with Separation Anxiety

- Parenting counseling (family play therapy)
- Play therapy
 - Sand tray, Play therapy, Art therapy
 - Nondirective: empowerment and expression. Discovering another safe environment than parent presence
- Socialization methods
 - Involving student
 - Distracting student from anxiety



Resocializing Students with Separation Anxiety

- Adventure based therapy
 - Learning to become a part of the process
 - Finding a role
 - Introduction to Jungle walk/Birthday lineup
- Group play therapy
 - Distracting the student with fun and friendship
 - Finding support
 - Learning new roles in socializing (building a new family)



Symptoms of Anxiety/Phobia

- Anxiety Disorder: a chronic disorder characterized by long-lasting fretfulness; may include psychological presence of panic with accompanying physical symptoms
- Phobia: Anxiety disorder accompanied by anticipatory imaginations , avoidant, anxious responses that persist even when the individual knows the fears are irrational



Etiology of School Anxiety and Phobia

- Being bullied
- Moving to new area, new school, making new friends
- Extended time of absence from school
- Bereavement
- Home problems: illness of relative, marital issues, violence, abuse
- Unsocialized, unpopular
- Academic failure
- Problems in transit to school
- Fearing panic
- Depression or other co-occurring disorders (Aspergers, ADHD, medical condition)



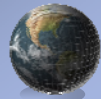
Predensitization interventions

1. Have a physician examine the child to determine if he or she has a legitimate illness
2. Listen to the child talk about school to detect any clues as to why he or she does not want to go
3. Talk to the child's teacher, school psychologist, and/or school counselor to share concerns
4. Determine a possible cause or causes for school avoidance
5. Develop an appropriate plan of action to modify the school and home environments to help the child adjust to school



Stress Inoculation Protocol

- Help client identify and define the nature and extent of the anxiety and its effects on behavior and outcomes (Socratic dialogue – 3/6/9/12 sequence)
- Discover highest level stressor and Develop a SUDS (Subjective Units of Distress Scale) for children develop 1-10 scale
- Spend time recording image of stressor at 100, symptoms, sensations, physiological reactions




- Have client insert self into image, experience it, and describe thoughts, emotions, responses
- Record SUDS level achieved
- Recording Experience
 - Be sure to solicit deeper detail
- Must be familiar with symptoms and understand situation details to help
- The more you know about the client's response the more vivid the experience
- Faithfully record all detail so you can recapture it during treatment
- If it is not real in each experience, the client will not receive full benefit of inoculation



- Develop and record incremental increases in distress by both nature of test and its environmental factors and by symptomatic response
- At each level, a full set of experienced symptoms, emotions, and reactions should be identified and documented
 - For use in sessions
 - For follow-up measurement
 - Can be done with inventory instrument but best done with guided imagery.
- Guided Imagery
- Relaxed position in chair
- Close eyes
- Capture image of and describe situation



- Teach progressive relaxation and establish lowest level of hierarchical scale (1 on SUDS scale)
- Teach breathing technique



- After development of 10 on SUDS Scale
- Develop 5 on SUDS Scale
- Develop 3 on SUDS Scale
- Develop 7 on SUDS Scale
- Read each back to the client upon completion
- Read back entire scale when finished with inventory
- Increments of Inoculation
- Assume 5 sessions



Desensitization Sessions

- Guided imagery to capture maximum immersion at SUDS level
- Set stage, environment, induce "trance"
- Read back recorded client data at SUDS level
- Record SUDS level achieved until as close as possible
- With image retained by client, recall and work on relaxation techniques
- Body inventory and systematic relaxation
- Breathing techniques
- Record resultant SUDS level, discuss and record results
- Reinforce progress



Possible school modifications


- Provide child with relationships at school, teacher, counselor
- Child greeted by adults who are forming relationship; start the day right, take the child to class
- School nurse and counselor should be aware and be ready with listening ear and then return child to class when necessary



- Build confidence in child with opportunities to excel and discover strengths
- Provide activities the child enjoys
- Monitor and intervene if bullying occurs; give the child resources to cope
- Provide friendship groups
- Match student academic skills and work assignments




- Have a child with poor academic skills tested for special education services.
- Use a behavior contract to be reinforced with a rewards, not sugar



Possible modifications at home

- Gradually increase exposure to new environments, use play therapist to remove parent from the room incrementally
- No fun activities at home when child should be in school
- Parent who can encourage takes child to school, decreases presence in class incrementally
- Take child to school in a pool with other children to condition child to socialization



- Parents encourage feeling expression through reading/learning
- Parents learn role playing and discussion of ways to socialize in situations and with new children
- Invite other children into the home, encourage new friends
- Attend school functions, be involved, show excitement for school



- Practice relaxation techniques with the child
- Deal with home issues openly and honestly
- Go to counseling and learn new parenting techniques

