Školska fobija – kad strah drži djecu daleko od škole, uz prikaz slučaja i terapijskog tretmana

/ *School Phobia - When Fear Keeps Children Away From School*

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Školska fobija nije posebna dijagnoza, već klinički entitet koji uključuje anksioznost i izbjegavajuće ponašanje povezano s odlaskom ili boravkom u školi, koje se može javiti bilo kada tijekom školovanja. Najčešće se radi o separacijskoj ili socijalnoj anksioznosti, mada odbijanje pohađanja škole može biti povezano i s drugim emocionalnim poremećajima u djece i adolescenata kao što su generalizirani anksiozni poremećaj, panični poremećaj ili depresija. Osim što remeti funkcioniranje obitelji, školska fobija ima i ozbiljne posljedice na školski uspjeh i socijalne odnose školarca te može biti vrlo težak poremećaj u djetinjstvu. U diferencijalnoj dijagnostici važno je školsku fobiju razlikovati od poremećaja ponašanja s namjernim izostajanjem iz škole te antisocijalnim ponašanjima (krađa, laganje i dr.) i tendencijom zabavi. Važno je započeti tretman što ranije kako dijete ne bi zaostajalo sa školskim gradivom, gubilo vezu s vršnjacima, dobivalo pažnju roditelja ostajanjem kod kuće. U liječenju je potreban multidisciplinaran pristup koji uključuje suradnju psihijatra i/ili psihologa, roditelja, stručnih djelatnika škole, liječnika obiteljske ili školske medicine i prema potrebi centra za socijalnu skrb ako se radi o dugotrajnom izostanku iz škole ili problemima u funkcioniranju obitelji. Liječenje školske fobije zahtijeva primjenu različitih terapijskih postupaka u okviru multimodalnog pristupa: psihoedukacijom roditelja, individualnu psihoterapiju (analitičku ili kognitivno-bihevioralnu), grupnu terapiju i obiteljsku psihoterapiju ovisno o težini poremećaja i uzrocima njegovog nastanka. U težim slučajevima koji ne reagiraju na psihoterapijsko liječenje primjenjuju se i lijekovi iz skupine antidepresiva i anksiolitika.

U radu su prikazane suvremene spoznaje školske fobije te liječenje kognitivno bihevioralnim terapijom uz prikaz jednog kliničkog slučaja.

/ School phobia is not a separate diagnosis, but a clinical entity that includes anxiety and avoidance behaviour related to either going to or staying in school, which may appear at any time during education. In most cases it is a manifestation of separation or social anxiety, although refusal to attend school may also be related to other emotional disorders in children and adolescents, such as generalized anxiety disorder, panic disorder or depression. Besides disrupting the normal functioning of a family, school phobia has serious negative consequences on a child's education and social relations, and as such may be a very complicated childhood disorder. In differential diagnosis it is important to differentiate school phobia from truancy, antisocial behaviour (stealing, lying, etc.) and engaging in fun activities. Early treatment is important in order to minimize the child's falling behind in school, losing contact with other children and getting extra attention from parents by staying at home. Treatment requires a multidisciplinary approach that includes the cooperation of a psychiatrist and/or psychologist, parents, school staff, a physician and social services in case of long-term absence from school or dysfunctional family surroundings. A multimodal treatment approach combining various techniques is required: the psychoeducation of parents, individual psychotherapy (psychoanalytic or cognitive-behavioural), group therapy and family psychotherapy depending on the severity and causes of the disorder. In severe cases that do not respond to psychotherapy, antidepressant and anxiolytic medications can be prescribed. This paper presents recent findings on school phobia and treatment with cognitive-behavioural therapy, and one clinical case.

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UVOD

Školska fobija je iracionalni strah ili anksioznost povezana s odlaskom u školu ili boravkom u školi na nastavi (1). Karakteristično je da dijete izbjegava odlazak u školu povremeno ili stalno, ne želi krenuti u školu, krene pa se vrati ili ne može izdržati do kraja nastave. Dijete se može izrazito uznemiriti i na samu pomisao odlaska u školu te ostaje kod kuće s roditeljima u vrijeme kada treba biti u školi.

Nepohađanje škole zbog straha odnosno emocionalnih razloga za razliku od delinkvencije prvi puta je opisao Broadwin 1932. godine (2), a naziv školska fobija su prvi put upotrijebili Johnson i sur. 1941. godine (3) opisujući strah od škole uzrokovan anksioznošću djeteta zbog separacije od majke.

Školska fobija nije posebna dijagnoza u klasifikacijama psihičkih poremećaja (4), već je dio kliničke slike najčešće emocionalnih (internaliziranih) poremećaja u djece i adolescenata kao što su anksiozni poremećaji i depresija. Odbijanje odlaska ili boravka u školi nastaje najčešće zbog anksioznosti vezane uz separaciju od roditelja ili bliskih osoba, ili averzivnih situacija u školi vezanih uz socijalne situacije kao što su interakcije s vršnjacima/učiteljima i profesorima; ili ispitne situacije. Školska fobija može nastati i zbog pozitivnog pokrepljenja neodlaska u školu načinima kao što su gledanje televizije, igranje videoigara ili pažnja roditelja koju dijete dobiva dok nije u školi. Djeca

INTRODUCTION

School phobia is an irrational fear or anxiety associated with going to school or staying in the classroom (1). It is typical for a child to avoid going to school, whether periodically or permanently, it does not want to go to school, goes to school, but then returns home, or cannot stay in the classroom until the end of the class. A child can be extremely upset even thinking about going to school and stays at home with its parents during school time.

School non-attendance caused by fear or emotional reasons, and not by delinquency, was first described by Broadwin in 1932 (2), and the name "school phobia" was first used by Johnson et al. in 1941 (3), describing fear of school caused by child anxiety due to the separation from the mother.

School phobia is not a separate diagnosis in psychological disorders classifications (4) but it is a part of the clinical features of the most common emotional (internalized) disorders in children and adolescents, such as anxiety disorders and depression. The rejection of going to or staying in school is most commonly caused by anxiety related to separation from parents or close people, or aversive social situations such as peer/teacher interactions or exam situations. School phobia can also arise by positive reinforcement of school non-attendance such as watching television, playing video games or parents' attention when a child is not in school. Children do not

ne iskazuju antisocijalna ponašanja (krađa, laganje i dr.) po čemu se školska fobija razlikuje od poremećaja ponašanja. Školsku fobiju potrebno je razlikovati i od izostanaka iz škole zbog tjelesne bolesti, obiteljskih ili socijalnih razloga (putovanje, financijski problemi, zanemarivanje, bježanje zbog zlostavljanja i dr.) (5, 6).

Većina školske djece povremeno želi ostati kod kuće. Razlika od ove normalne razvojne tendencije i ozbiljne školske fobije je u trajanju izostanka iz škole. O školskoj fobiji se govori ako dijete izostaje iz škole zbog emocionalnih razloga duže od dva tjedna. Akutna školska fobija podrazumijeva izostanak iz škole do godine dana i češće se javlja u mlađe djece nakon značajnijih promjena u obiteljskoj sredini (1). Kronična školska fobija odnosi se na nepohađanje škole duže od godine dana, češće se javlja u adolescenata i zahtjevnija je za liječenje (1).

Osim što remeti funkcioniranje obitelji, školska fobija ima niz kratkoročnih i dugoročnih posljedica. Kratkoročne posljedice su slabiji školski uspjeh i poteškoće u socijalnim odnosima školarca. Dugoročne posljedice mogu biti školski neuspjeh, ranije napuštanje školovanja, nezaposlenost, poteškoće socijalnog funkcioniranja, problemi u interpersonalnim odnosima i braku te povećani rizik od psihijatrijskih bolesti u odrasloj dobi. Zbog svega navedenog školska fobija može biti vrlo težak poremećaj u djetinjstvu, kojem treba ozbiljno pristupiti (7).

EPIDEMIOLOGIJA ŠKOLSKE FOBIJE

Kako školska fobija nije zasebna dijagnoza u klasifikacijama psihičkih poremećaja, a time i kriteriji ovog kliničkog entiteta nisu precizno definirani, u istraživanjima je teško odrediti prevalenciju. Prema nekim istraživanjima čak

express antisocial behaviour (theft, lying, etc.), and, therefore, school phobia differs from behavioural disorders. School phobia also needs to be distinguished from school absence due to physical illness, family or social reasons (travel, financial problems, neglect, abduction, etc.) (5,6).

Most children occasionally want to stay at home. The difference between this normal developmental tendency and serious school phobia is in the duration of school absence. We may speak of school phobia if a child is absent from school because of emotional reasons for more than two weeks. Acute school phobia implies absence from school for up to one year and more often occurs in younger children after significant changes in the family environment. Chronic school phobia refers to school non-attendance for more than a year, and it is more frequent among adolescents and more difficult to treat (1).

Apart from disturbing the way a family functions, school phobia has a number of other short-term and long-term consequences. Short-term consequences can be poorer results at school and difficulties in school and family social relationships. Long-term consequences include school failure, early abandonment of schooling, unemployment, difficulties in social functioning, problems in interpersonal relationships and marriage and increased risk of psychiatric disorders in adulthood (e.g. agoraphobia, anxiety, depression, alcoholism and antisocial behaviour). Unpleasant feelings related to school and aversion to learning and achievement represent the risk of early school dropout (23,24). Because of this, school phobia can be a very difficult childhood disorder that needs a serious approach (7).

SCHOOL PHOBIA EPIDEMIOLOGY

Since school phobia is not a separate diagnosis in psychological disorders classifications, and therefore the criteria of this clinical entity are not precisely defined, it is difficult to determine

28 % djece iskazuje neki oblik izbjegavanja škole u nekom trenutku u životu (1, 8). U svom najblažem obliku školska fobija pogađa između 5 i 10 % djece, a u najtežem obliku pogađa 1 % djece (9).

Školska fobija javlja se podjednako kod dječaka i djevojčica, djece svih razina intelektualnih sposobnosti i socio-ekonomskog statusa (SES) (7). Može se javiti kod svih dobnih skupina, iako nešto češće u dobi od 5-7 godina, i potom 11-14 godine (10).

Međutim, neke demografske karakteristike mogu biti vezane uz određene podtipove školske fobije. Tako su djeca iz obitelji nižeg SES češće anksiozna i u strahu od interakcija s vršnjacima i nastavnicima, dok su djeca iz obitelji višeg SES više u strahu od ispitnih situacija i evaluacije vezano uz ocjenjivanje. Školska fobija zbog separacijske anksioznosti češća je kod djevojčica dok je školska fobija koja se javlja zbog specifične fobije češća u dječaka (11).

Školska fobija se može javiti u maloj školi, osnovnoj školi ili srednjoj školi, a zabilježeno je i javljanje na fakultetu (12). Adolescenti koji razviju školsku fobiju često imaju neke od simptoma i u mlađoj dobi (13). Rano prepoznavanje školske fobije važno je za uspješan tretman (14).

ETIOLOGIJA ŠKOLSKE FOBIJE

Uzroci školske fobije su heterogeni, kao što je i klinička prezentacija. Školska fobija je multifaktorski uvjetovana i rezultat je interakcije genetske predispozicije i nepovoljnih okolnosti u obiteljskoj, školskoj i socijalnoj sredini koje mogu biti u funkciji predisponirajućih, precipitirajućih ili faktora održavanja (15). Teorije učenja naglašavaju značajnu ulogu socijalnog potkrepljenja i modeliranja u nastanku školske fobije (11).

the prevalence in research. According to some studies, 28% of children report some sort of school avoidance at some point in their lives (1,8). In its simplest form, school phobia affects between 5 and 10% of children, and in the most severe form it affects 1% of children (9).

School phobia occurs equally often in boys and girls, in children of all intellectual ability levels and socio-economic status (SES) (7). It may occur at all ages, though somewhat more often at the ages of 5-7, and 11-14 (10).

However, some demographic characteristics may be related to certain subtypes of school phobia. Thus, children coming from families of lower socio-economic status are more often anxious and scared of interactions with peers and teachers, while children coming from families of higher socio-economic status express more fear during exam situations and evaluations related to appraisal. School phobia caused by separation anxiety is more common in girls, while school phobia caused by specific phobia is more common in boys (11).

School phobia can occur in preschool, elementary school, high school and in college (12). Adolescents who develop school phobia often have some of the symptoms at the younger age (13). Early recognition of school phobia is important for successful treatment (14).

SCHOOL PHOBIA ETIOLOGY

The causes of school phobia are heterogeneous, and so is the clinical presentation. School phobia is multifactorially conditioned and is a result of the interaction between genetic predisposition and adverse family circumstances or the environment, and school or social environment that might have the function of predisposing, precipitating or sustaining factors (15). Theories of learning emphasize the important role of social support and modelling in the appearance of school phobia (11).

Modeli nastanka. Četiri su modela pružila moguća objašnjenja za nastanak školske fobije: psihoanalitički, bihevioralni, kognitivni i neurobiološki model.

Prema psihoanalitičkom modelu za nastanak školske fobije odgovoran je odnos između majke i djeteta. Anksiozna majka svojim ponašanjem uzrokuje preveliku ovisnost djeteta o njoj, pri čemu se kod djeteta javlja separacijski strah, a kod njih oboje osjećaj hostilnosti prema onom drugom. Posljedično, dijete razvija potisnutu anksioznost, koja se kasnije manifestira u vidu školske (16).

Prema bihevioralnom modelu uzrok školske fobije je naučena poveznica između škole i neugodnih iskustava. Djeca se uče strahu uparivanjem opasnog objekta ili situacije (npr. socijalna odbačenost od strane vršnjaka) s neutralnim (škola), nakon čega slijedi izbjegavanje objekta (škola) koji prije nije izazivao strah, a sada ga izaziva. Izbjegavanje škole zbog neugodnih iskustava rezultira negativnim potkrepljenjem, jer smanjuje anksioznost i donosi olakšanje, ali jača strah, od škole.

Prema kognitivnom modelu u osnovi nastanka školske fobije su kognitivne distorzije, tj. iskrivljena uvjerenja djece vezana, u ovom kontekstu, uz školu. Ta uvjerenja mogu proizlaziti iz raznih izvora, npr. iz situacije u kojoj je dijete doživjelo neuspjeh (negativna ocjena iz testa), visokih očekivanja roditelja (ako ne uspiju opravdati previsoka očekivanja svojih roditelja), niskog samopouzdanja (mišljenja da nisu dovoljno dobri da bi se družili sa svojim vršnjacima) i sl. Dijete u tim situacijama može nastaviti razmišljati o sebi na distorzirani način: „što ako me danas prozove da ispravim, nisam dovoljno naučio, nisam spreman… nikad ovo neću naučiti… glup sam"; „roditelji će se ljutiti na mene ako ne dobijem pet… mislit će da sam lijen, a ja im neću moći objasniti… neće me voljeti kao prije"; „čak i da sad odem do njih (kolega iz razreda) i počnem razgovor s nekom svojom temom to će im sigurno biti glupo…

Models of origin. Four models provide possible explanations for the appearance of school phobia: Psychoanalytic, Behavioural, Cognitive and Neurobiological.

According to the Psychoanalytic model, the relationship between a mother and a child is responsible for school phobia appearance. An anxious mother, causes the child's dependence on her through her behaviour, by evoking the fear of separation in a child, so they both start to feel hostility towards each other. Consequently, a child develops suppressed anxiety, which is later manifested as school phobia (16).

According to the Behavioural model, the cause of school phobia is a learned link between school and unpleasant experiences. Children learn it by combining a dangerous object or situation (e.g. social disapproval by peers) with neutral stimulus (school), followed by avoiding an object (school) that earlier did not provoke fear and now is causing it. Avoiding school due to unpleasant experiences is the result of negative reinforcement, because it reduces anxiety and brings relief, but consequently causes even greater fear of school.

According to the cognitive model, the underlying phenomenon of school phobia is cognitive distortion, i.e. children's distorted beliefs related to school. These beliefs can usually arise from various sources, for example from a situation where a child experienced failure (a bad test score (F)), its parents' high expectations (if it cannot justify its parents' high expectations), low self-esteem (the child's opinion that it is not good enough to socialize with its peers), etc. In these situations, a child may continue to think about itself in a distorted way: "What if the teacher says that I'll need to correct that bad grade today, I haven't studied enough, I'm not ready; I will never learn this; I'm stupid; My parents will be angry with me if I don't get an A; They will think I'm lazy, and I won't be able to explain this to them; They will not love me like they used to; Even if I meet them (class-

ispast ću budala i smijat će mi se... baš sam čudak“ i sl. Kognitivnim distorzijama zajedničko je da ih karakterizira precjenjivanje mogućnosti javljanja i veličine opasnosti te podcjenjivanje osobne sposobnosti suočavanja.

Neurobiološki čimbenici se odnose na genetsku predispoziciju za razvoj anksioznih poremećaja i disregulaciju u neurotransmiterskim sustavima noradrenalina, serotonina i dopamina, te promjene u aktivnosti moždanih regija odgovornih za odgovor organizma na opasnost i stres kao što su amigdala i hipokampus (17).

Uzroci poremećaja. Djeca koja razviju školsku fobiju su vulnerabilnija, nesigurna, ovisna, sklona depresivnom i anksioznom reagiranju u stresnim situacijama. Uzroci njena nastanka, kao što je već spomenuto, su razoliki, a mogu proizlaziti iz osobina djeteta (separacijska i socijalna anksioznost) ili njegove okoline (obiteljska, školska i sl.)

Separacijska anksioznost podrazumijeva primarni strah od odvajanja od roditelja pri čemu je dijete simbiotski vezano uz roditelja. Djetetovo izbjegavanje ili odbojnost prema školi proizlazi iz problema u odnosu s majkom u kojem majka nesvjesno prenosi na dijete vlastitu anksioznost zbog separacije te nehotice potiče djetetovo ovisničko i izbjegavajuće ponašanje (17). Dijete tako ne stječe potreban osjećaj sigurnosti, koji mu omogućava da funkcionira i kad roditelj nije u blizini. Roditelji su hiperprotektivni i djeca u takvim obiteljima slabije razvijaju socijalne vještine.

Socijalna anksioznost karakterizirana je strahom od neuspjeha, bilo u obliku straha djeteta da neće zadovoljiti očekivanja drugih (roditelja, nastavnika) ili da neće ispuniti vlastita visoka očekivanja. Roditelji mogu biti skloni primjeni represivnih odgojnih postupaka (prijetnje, fizičko kažnjavanje).

Obiteljska okolina može biti značajan izvor stresa za dijete koji može rezultirati odbijanjem odlaska u školu. Promjena škole zbog preseljenja

mates) and start to talk about something I like, it will surely be stupid; I'll make a fool of myself and they'll laugh at me; I'm such a weirdo." Cognitive distortions are commonly characterized by overestimating the likelihood of occurrence and magnitude of danger, together with underestimating personal coping skills.

Neurobiological factors refer to genetic predispositions causing the development of anxiety disorders, the development and dysregulation of norepinephrine, serotonin and dopamine, changing the activity in brain regions of amygdala and hippocampus, which are responsible for the body's response to danger and stress (17).

Causes of the disorder. Children who develop school phobia are more vulnerable, insecure, dependent and prone to depressive and anxiety responses in stressful situations. The causes of its appearance, as mentioned above, are distinct and may arise from the characteristics of a child (separation and social anxiety) or its environment (family, school, etc.)

Separation anxiety implies the primary fear of separation from parents, whereby a child is symbiotic with its parents. A child's avoidance or aversion to school arises from the mother's problem, in which she unconsciously transfers her own separation anxiety onto her child and inadvertently encourages the child's addictive and avoiding behaviour (17). In that way, a child doesn't acquire a necessary sense of security, which allows it to function even when the parent is not nearby. Because such parents are hyper-protective, their children are less likely to develop social skills.

Social anxiety is characterized by the fear of failure, either in the fear of a child's failure to meet the expectations of others (parents, teachers) or failure to meet their own high expectations. Parents may be prone to use repressive educational practices (threats, physical punishment).

Family environment can be a significant source of stress for a child that can result in school

može biti vrlo teška za djecu, naročito ako dijete nije očekivalo ili željelo promjenu. Stresne situacije u obitelji (kao što su bolest, nesreće i smrt) mogu također dovesti do naglog odbijanja pohađanja škole, koji se može razviti i u kroničnu školsku fobiju, naročito ako se neodlazak u školu potkrepljuje od članova obitelji. Psihopatologija roditelja i maritalni konflikti mogu biti uzrokom školske fobije jer uzrokuju stres kod djeteta i negativno se odražavaju na roditeljstvo te roditelji nisu u mogućnosti ili ne žele pronaći rješenja za problem nepohađanja škole svojeg djeteta. U ovakvim slučajevima u tretman je potrebno uključiti dijete, ali i roditelje, odnosno cijelu obitelj (7).

Školska sredina može također biti stresogeni čimbenik za dijete na različite načine. Ispitne situacije bilo pismene ili usmene, domaće zadaće, pritisak vršnjaka, zlostavljanje vršnjaka, javni nastup situacije su koje mogu kod djeteta dovesti do povišene razine anksioznosti ili straha koji može rezultirati odbijanjem odlaska u školu (7).

KLINIČKA SLIKA ŠKOLSKE FOBIJE

Razvoj školske fobije. Okidač (*trigger*) za javljanje školske fobije mogu biti različite situacije vezane za obitelj ili školu (18). Dijete razvija simptome anksioznosti koji se mogu manifestirati kao trbobolja, mučnina, vrtoglavica, temperatura (19). Zbog tih tjelesnih simptoma roditelj dopušta djetetu da ostane kod kuće. Ostanak kod kuće dovodi do smanjenja anksioznosti čime se negativno potkrepljuje neodlazak u školu i omogućuje razvoj školske fobije. Ako dijete i dobiva pažnju roditelja pojačanom brigom za tjelesno zdravlje, oslobađanje od školskih obveza kod kuće, ugađanje djetetu posebnom prehranom, igrom, neodlazak u školu pozitivno se potkrepljuje što doprinosi održavanju poremećaja.

Školska fobija može se manifestirati prikriveno ili otvoreno. Mlađa se djeca najčešće žale na somatske simptome (vrtoglavica, ošamućenost,

refusal. Changing school due to relocation can be very difficult for a child, especially if the child did not expect or want that change. Stressful family situations (such as illness, accidents and death) may also lead to a sudden rejection of school attendance, which can also turn into chronic school phobia, especially if school avoidance is being reinforced by family members. Parental psychopathology and marital conflicts may induce school phobia because they stress the child, which reflects negatively on parenting itself. In that way, parents are unable or unwilling to find solutions to the problem of school non-attendance. In such cases, treatments should involve both the child and its parents, or even the whole family (7).

School environment may also be a stressful factor for a child in different ways. Exam situations, either written or oral, homework, peer pressure, peer abuse, public appearance; these are all situations that can lead to an increased level of anxiety or fear that may result in school refusal (7).

CLINICAL PICTURE OF SCHOOL PHOBIA

Development of school phobia. Triggers for reported school phobia could be various situations related to family or school (18). A child develops symptoms of anxiety which can be manifested as stomach ache, nausea, dizziness or fever (19). Because of these physical symptoms, parents allow their child to stay at home. Staying at home leads to anxiety reduction, which is a negative reinforcement for school non-attendance, and contributes to the development of school phobia. If a child receives its parents' attention through increased physical care, liberation from school responsibilities, adjusting to its special diet or playing, school non-attendance is in that case positively reinforced, and contributes to maintaining a disorder.

glavobolja, tremor, palpitacije, pritisak u prsima, bol u abdomenu, mučnina, povraćanje, proljev, bol u leđima i zglobovima) (20). Simptomi se obično javljaju ponedjeljkom ujutro prije polaska u školu pa roditelji mogu misliti da je dijete bolesno i da ne može pohađati školu. Katkad se intenzivni somatski simptomi anksioznosti javljaju tijekom boravka u školi zbog čega se dijete vraća kući ranije. Mlađa djeca mogu također odbijati odlazak u školu uz izljeve plača, ljutnje ili bijesa. Starija djeca prije polaska u školu mogu navoditi uplašenost, tjeskobu, bespomoćnost (20). Anksiozna reakcija može ponekad poprimiti intenzitet panične atake. Neka djeca se trude otići u školu pri čemu su simptomi intenzivniji što su bliže školi, dok druga djeca odbijaju i pokušati otići u školu. Ako dijete ostaje kod kuće, simptomi nestaju, ali se vraćaju ponovno sljedeće jutro prije škole. Karakteristično je i da simptomi izostaju tijekom vikenda i praznika.

Školska fobija može se javiti iznenada nakon praznika, promjene škole, sukoba s vršnjacima ili nastavnicima, izbivanja iz škole zbog bolesti (21). Nekad se školska fobija javlja nakon najavljenog cijepljenja ili sistematskog pregleda. Što duže dijete izostaje iz škole, povratak u školu je teži.

Djeca sa školskom fobijom mogu imati istovremeno i simptome nekih drugih psihičkih poremećaja pri čemu su kod mlađe djece češći komorbidni anksiozni poremećaji kao što su generalizirani anksiozni poremećaj ili specifična fobija, a kod adolescenata panični poremećaj i depresija.

Kratkoročne posljedice školske fobije uključuju slabiji školski uspjeh, poteškoće u obiteljskim odnosima i probleme u odnosima s vršnjacima. Dugoročne posljedice školske fobije su školski neuspjeh, napuštanje školovanja, nezaposlenost, poteškoće socijalnog funkcioniranja, problemi u interpersonalnim odnosima i braku, te povećani rizik psihijatrijskih bolesti u odrasloj dobi (npr. agorafobija, anksioznost, depresija, alkoholizam i antisocijalna ponašanja) (22).

School phobia can be manifested or latent. Younger children tend to complain about somatic symptoms (dizziness, numbness, headache, tremor, palpitations, chest tightness, abdominal pain, nausea, vomiting, diarrhoea, back and joint pain) (20). Symptoms usually occur on Monday morning before going to school, and then parents think that a child is ill and not able to go to school. Occasionally, intensive somatic symptoms of anxiety occur in school, so a child returns home earlier. Younger children may also refuse to go to school, experiencing outbursts of crying, anger or rage. Older children may feel fear, anxiety or helplessness before going to school (20). Anxiety reactions may sometimes be as intense as panic attacks. Some children struggle with going to school, and as soon as they come close to the school building, symptoms become more intense. Other children refuse to even try going to school. If a child stays at home, the symptoms disappear, but they return again the next morning before school. It is also common for the symptoms to be missing on weekends and holidays.

School phobia can occur suddenly after holidays, school changes, conflicts with peers or teachers or due to school outbreaks of illnesses (21). Sometimes school phobia occurs after the announcement of vaccination or physical examination. The longer a child is absent from school, the harder it is for him or her to return to it.

Children suffering from school phobia may also have symptoms of some other psychic disorders at the same time, whereby younger children more commonly experience comorbid anxiety disorders such as generalized anxiety disorder or a specific phobia, while panic disorder and depression are more common in adolescent patients.

It is important to distinguish a child who is unjustifiably absent from school from a child with

Neugodni osjećaji vezani za školu te averzija prema učenju i postignuću rizik su i za rani prekid školovanja (23,24).

Važno je razlikovati dijete koje neopravdano izostaje iz škole (markira) od djeteta sa školskom fobijom. Dijete koje markira izostaje iz škole bez znanja i dopuštenja roditelja, boravi izvan kuće, najčešće s vršnjacima sličnog ponašanja provodeći vrijeme u zabavi, nezainteresirano je za školske sadržaje i učenje, te često iskazuje i antisocijalna ponašanja (krađe, laganje, i dr.). Kod neopravdanog izostajanja iz škole (markiranja) često se radi o poremećaju ponašanja.

Nepohađanje škole može biti i simptom depresije ili psihotičnog poremećaja što treba imati na umu prigodom postavljanja dijagnoze školske fobije i razmotriti u diferencijalnoj dijagnostici.

LIJEČENJE ŠKOLSKE FOBIJE

U liječenju je potreban multidisciplinaran pristup koji uključuje suradnju psihijatra i/ili psihologa, roditelja, stručnih djelatnika škole, liječnika obiteljske ili školske medicine i prema potrebi Centra za socijalnu skrb ako se radi o dugotrajnom izostanku iz škole ili problemima u funkcioniranju obitelji. Liječenje započinje savjetovanjem i psihoedukacijom roditelja o poremećaju, a može obuhvaćati individualnu psihoterapiju (psihoanalitičku ili kognitivno-bihevioralnu), grupnu terapiju i obiteljsku psihoterapiju, ovisno o težini poremećaja i uzrocima njegovog nastanka. Koristi se niz tretmana, odnosno primjenjuju se različiti terapijski postupci.

Rad na tome da se dijete ponovno vrati na nastavu cilj je u mnogim terapijskim pristupima: bihevioralnom, kognitivno-bihevioralnom, psihodinamskom i obiteljskom (5). U težim slučajevima koji ne reagiraju na psihoterapijsko liječenje, primjenjuju se i lijekovi iz skupine antidepresiva i anksiolitika. Uspješnom se pokazala primjena antidepresiva iz skupine selektivnih inhibitora

school phobia. A child who is missing from school without the knowledge and consent of a parent resides outside the home, most often with peers with similar behaviour, spends time at parties, shows no interest in school content and learning, and often expresses antisocial behaviour (theft, lying, etc.). Skipping classes can be found in behavioural disorders.

School absence can also be a symptom of depression or psychotic disorder, which should be kept in mind when establishing a school phobia or differential diagnosis.

TREATMENT OF SCHOOL PHOBIA

During treatment, and in case of long-term school absenteeism or problems with the functioning of the family, it's important to include a multidisciplinary approach. It involves a psychiatrist and/or a psychologist, parents, school staff, family or school physicians and, if necessary, the Social Welfare Centre. The treatment begins with counselling and the parents' psychoeducation about the disorder and may include individual psychotherapy (psychoanalytic or cognitive-behavioural), group therapy and family psychotherapy, depending on the severity and causes of the disorder. A variety of treatments are used, i.e. different therapeutic procedures.

The goal of many therapeutic approaches such as behavioural, cognitive-behavioural, psychodynamic and family therapy is to return a child to school (5). In severe cases, if a child does not respond to psychotherapeutic treatment, it is common to use drugs such as antidepressants and anxiolytics. The use of antidepressants in the group of selective serotonin reuptake inhibitors (SIPPSs) (fluvoxamine, sertraline, fluoxetine, escitalopram) has been shown to be successful, regardless of the presence of depression. SIPPS therapy should last 4-6 months after the improvement

ponovne pohrane serotonina (SIPPS) (fluvoksamin, sertralin, fluoksetin, escitalopram) neovisno o prisutnosti depresije. Terapija SIPPS treba trajati 4-6 mjeseci nakon poboljšanja primarnih simptoma, a potom se postupno smanjuje doza do ukidanja. Anksiolitici se kod djece s jakom anksioznošću primjenjuju kratkotrajno prije odlaska na spavanje ili prije odlaska u školu.

Primarni cilj liječenja školske fobije je smanjiti anksioznost oko odlaska i boravka u školi (5). Važno je započeti tretman što ranije kako dijete ne bi zaostajalo sa školskim gradivom, gubilo vezu s vršnjacima i dobivalo pažnju roditelja ostajanjem kod kuće. Što duže dijete izostaje iz škole, anksioznost oko povratka u školu raste i povratak je teži. Roditelji ponekad nastoje problem riješiti promjenom škole što intenzivira anksiozne smetnje kod djeteta (21). Dok je dijete kod kuće važno je održati kontinuitet sa školom te iako ne pohađa nastavu inzistirati da redovito piše školske zadaće te kontaktira nastavnike i učenike iz razreda, kako bi se spriječilo zaostajanje u školskom gradivu i intenziviranje anksioznosti. Potrebna je suradnja roditelja i stručnjaka u čijem je tretmanu dijete zbog emocionalnih poteškoća sa školom kako bi se učitelje senzibiliziralo za emocionalne tegobe djeteta, omogućio postupni povratak i pozitivno ozračje (povjerenje, sigurnost) pri povratku djeteta u školu.

Liječenje školske fobije obično traje od nekoliko tjedana do nekoliko mjeseci. Prema podatcima istraživanja 70 % djece ponovno krene u školu nakon jednogodišnjeg tretmana (25).

Tretman školske fobije najčešće se provodi ambulantno ili u okviru dnevno bolničkog liječenja. U vrlo rijetkim slučajevima se dijete zbog školske fobije hospitalizira. Naročito je korisno ako je tijekom psihijatrijskog liječenja dijete uključeno u školu u bolnici kako bi se postupno izlagalo nastavi i školskim aktivnostima i omogućila desenzitizacija na školu. Takav tretman provodi se u okviru kognitivno-bihevioralne terapije (KBT) koja će, uz prikaz slučaja, biti pojašnjena u nastavku rada.

of primary symptoms, and then the dose should gradually be reduced to *termination*. Anxiolytics are used in children with severe anxiety shortly before going to bed or before going to school.

The primary goal of the treatment of school phobia is to reduce anxiety caused by going to and staying in school (5). It is important to start treatment as early as possible, so that a child does not lag behind the school curriculum, lose contact with peers, and get the parents' attention by staying at home. The longer a child stays out of school, the harder the school comeback is because anxiety levels rise.

Parents sometimes try to solve the problem by changing schools, which intensifies the anxiety disorder in the child (21). While the child is at home, it is important to maintain school obligations, and even though the child does not attend classes, one should insisted on it doing homework and contacting classroom teachers as well as classmates daily in order to prevent school backlash and anxiety intensification. During treatment, collaboration of parents and experts is needed in order to sensitize teachers to the child's emotional problems, and to set a positive atmosphere (trust, safety) to help ease the return to school.

Treatment of school phobia typically takes several weeks to several months. According to research data, 70% of children return to school after one year of treatment (25). Treatment of school phobia usually involves outpatient care or day care hospitalization. It is very rare that a child is hospitalized due to school phobia. It is particularly useful if a child is included in hospital school during psychiatric treatment, where it can be gradually exposed to school activities and to enable desensitization to school. Such treatment is carried out within cognitive-behavioural therapy (CBT), which will be explained in the follow-up, as well as a *clinical case*.

KOGNITIVNO-BIHEVIORALNA TERAPIJA ŠKOLSKE FOBIJE

Kognitivno bihevioralna terapija (KBT) često je terapija izbora za liječenje školske fobije (10), jer joj je u cilju prepoznati i modificirati neprimjerene i maladaptivne misli, osjećaje i ponašanja. Takvi tretmani su, u kliničkoj praksi, često korišteni za tretiranje odbijanja škole temeljeno na anksioznosti, budući da nude konkretne upute djeci kako se nositi sa situacijama koje u njima izazivaju anksioznost, upute za konfrontaciju situacija straha te modifikaciju maladaptivnih misli (26). Kognitivno-bihevioralna terapija (KBT) uključuje psihoedukaciju, trening socijalnih vještina, kognitivnu restrukturaciju, relaksaciju te metodu postupnog izlaganja, što se pokazalo vrlo važnim u prevladavanju školske fobije (27). Kognitivno-bihevioralna terapija (KBT) je, za razliku od ostalih pristupa, jedina terapijska tehnika koja nudi dovoljnu empirijsku potporu (28). Rezultati meta-analize istraživanja tretmana školske fobije upućuju na učinkovitost kognitivno-bihevioralne terapije (KBT) osobito u pogledu ponovnog povratka djeteta na nastavu (14). Last i sur. (1998.) su u istraživanju na 105 djece pokazali učinkovitost KBT kod školske fobije (26). Djeca su bila randomizirana u skupinu za KBT ili u skupinu za edukativno-suportivnu terapiju (EST). KBT pristup bazirao se na postupnom izlaganju školi s ciljem povratka djeteta u školu. EST se sastojala od podučavanja djece i podrške djeci. Djecu se ohrabrivalo da govore o svojim strahovima, učilo ih se da razlikuju strahove, anksioznost i fobiju. Na kraju tretmana, 95 % djece u KBT skupini se vratilo u školu, a 45 % u skupini EST. Edukativno-suportivna terapija (EST) pokazala se sličnom kognitivno-bihevioralnoj terapiji (KBT) te također učinkovitom, no nije davala direktne, specifične upute o tome što bi dijete trebalo raditi za prevladavanje straha te se nije izlagalo školi, odnosno nije dobivalo pozitivna potkrepljenja za odlazak u školu.

COGNITIVE-BEHAVIORAL THERAPY OF SCHOOL PHOBIA

Cognitive-behavioural therapy (CBT) is often the therapy of choice for the treatment of school phobia (10) because it is intended to identify and modify inappropriate and maladaptive thoughts, feelings and behaviours. In clinical practice, such treatments are often used to address anxiety-based school rejection, as they offer specific guidance to children to deal with anxiety situations, directions to confront fear situations and modification of maladaptive thoughts (26). Cognitive-behavioural therapy (CBT) involves psychoeducation, social skills training, cognitive restructuring, relaxation and the method of gradual exposure, which has proven to be very important in overcoming school phobia (27). Cognitive-behavioural therapy (CBT) is, unlike other approaches, the only therapeutic technique that provides sufficient empirical support (28). The meta-analysis results show the importance of cognitive-behavioural therapy (CBT), particularly for returning a child to school (14). Last et al. (1998) showed the effectiveness of CBT regarding school phobia in a study of 105 children (26). The children were randomly divided into a CBT group and an Educational-supportive therapy group (EST). The CBT approach was based on gradual school presentation, with the aim of returning a child to school. The EST consisted of teaching and supporting children. Children were encouraged to talk about their fears, and taught to distinguish fears, anxiety and phobia. At the end of the treatment, 95% of children included in CBT returned to school, and in the EST group 45% of them returned to school. EST has shown to be similar to cognitive-behavioural therapy (CBT) and also effective, but has failed to provide direct, specific instructions on what a child should be doing to overcome fear, did not exhibit school or did not receive positive reinforcement while going to school.

Kognitivno-bihevioralna terapija (KBT) je vrlo strukturirana terapija u kojoj se djecu postupno izlaže školskim situacijama. Premda se često koristi uz farmakoterapiju, prednost je ta da KBT prevenira povrat simptoma, jer se djecu uči kako se nositi s problemima, što dovodi do dužeg trajanja postignutih učinaka. Djecu se ohrabruje da se suočavaju sa strahovima i podučava ih se kako da mijenjaju negativne misli koje su u osnovi fobije i izbjegavajućeg ponašanja. U kognitivnoj terapiji i roditeljima se pomaže osvijestiti njihova disfunkcijska vjerovanja vezana za djecu i zamijeniti ih adaptivnijim vjerovanjima (19).

Ono što se pokazalo učinkovitim faktorima za uspješan tretman su uključenost roditelja, odnosno dobra suradnja s njima, ako su u pitanju mlađa djeca (do adolescencije), te nepostojanje komorbiditeta (29). Uz to, za dobar ishod je posebno korisna tehnika izlaganja, posebice ako postoji prolongirana školska odsutnost. Studije su pokazale da je upravo izlaganje najbolji tretman jer se na taj način najbolje umanjuje strah (30).

Bihevioralne intervencije ponajprije se osnivaju na postupcima izlaganja (10). Najčešće se radi postupak sistematske desenzitizacije koji se osniva na postupnom izlaganju zastrašujućim situacijama vezanim za školu uz uvježbavanje tehnike relaksacije, rješavanja problema i socijalnih vještina (10). Na primjer, sistematska desenzitizacija postupnog izlaganja za dijete može početi gledanjem slike škole (što kod djeteta nije zastrašujuće), nakon čega slijedi šetnja ili vožnja do škole (što je za dijete minimalno zastrašujuće), a nakon toga se dijete izlaže igranjem na školskom igralištu (što mu je umjereno zastrašujuće). Kada dijete savlada jedan stupanj izlaganja, odnosno kada ta situacija kod djeteta više ne izaziva visoku anksioznost, prelazi se na novi stupanj. U ovom slučaju to za dijete može biti ulazak u zgradu škole (jako zastrašujuće), a pohađanje nastave bio bi najviši stupanj neugode (izrazito

Cognitive-behavioural therapy (CBT) is a highly structured therapy in which children are gradually exposed to school situations. Although often used with pharmacotherapy, CBT prevents the recovery of symptoms as children learn how to cope with problems, which results in longer effect duration. Children are encouraged to face fears and taught how to change negative thoughts, which are the foundation of phobia and avoidance behaviour. In cognitive therapy, parents can also recognize and evaluate their dysfunctional beliefs related to their children in order to replace them with more adaptive beliefs (19).

Parental involvement, a good relationship with parents, younger children and adolescents, as well as a lack of comorbidity have been identified as effective and important factors for a treatment to be successful (29). Additionally, exposure techniques are particularly useful, especially if there is a prolonged school absence. Studies have shown that exposure is the best treatment for reducing fear (30).

Behavioural interventions are primarily based on exposure procedures (10). Systematic desensitization is the most commonly used process, which is based on gradual exposure to frightening school-related situations through practicing relaxation, problem-solving and social skills training (10). For example, systematic desensitization through gradual exposure can begin with a child looking at a picture of school (which is not frightening for a child), followed by a walk or a ride to school (which is minimally frightening for a child), and eventually exposing a child to playing on the school playground (which is moderately frightening) . When a child reaches one stage of exposure, or when that situation fails to cause a high level of anxiety, the child proceeds to the next level. In this case, it can be the child's entry into the school building (very frightening), and school attendance would be the highest degree of discomfort (extremely frightening), which is also one of the goals of therapy - that in this situation the level of anxiety can be tolerated.

zastrašujuće), što je ujedno i cilj terapije - da u toj situaciji razina anksioznosti za dijete bude podnošljiva.

King i Bernstein (2001.) su našli kako oko polovina djece koja izbjegavaju školu postižu slab školski uspjeh (11). Jedno istraživanje provedeno u razdoblju od 15 do 20 godina pratilo je 35-ero djece, koja su u dobi između 7 i 12 godina bila u tretmanu zbog školske fobije. Nađeno je da su u odrasloj dobi oni dvostruko češće trebali psihijatrijsku skrb u usporedbi s kontrolnom skupinom psihički zdravih ispitanika (25). Slična istraživanja (31) upućuju na onesposobljujuće dugoročne posljedice neliječene školske fobije u obliku problema sa zapošljavanjem i rizika od psihijatrijskih poremećaja. Zbog toga bi školska fobija trebala biti prepoznata kao značajan problem i privući pažnju svih koji su uključeni u školovanje djece.

PRIKAZ BOLESNICE

Djevojčica u dobi 13 godina, pohađa šesti razred osnovne škole, upućena je na psihijatrijski pregled od pedijatra zbog niza somatskih tegoba (mučnine, pritisak u prsnom košu, te bolovi u koljenima i rukama). Opsežnom pedijatrijskom obradom nije nađen uzrok somatskim tegobama. Tijekom intervjua doznaje se da je djevojčica odrasla u hiperprotektivnoj obitelji, majka je visokoanksiozna, ali nije nikad bila uključena u psihijatrijski tretman, otac brižan i pasivan. Rani psihomotorni razvoj djevojčice bio je uredan. Djevojčica nije pohađala predškolsku ustanovu, a u maloj je školi pokazivala separacijske smetnje (plakanje, mučnina, tražila je prisutnost majke, teško se odvajala od nje). Polaskom u školu ponovo je iskazivala separacijske teškoće (plač, mučnine, trbuhobolju, zabrinutost za roditelje). Tijekom osnovne škole bila je odlična učenica, sklona perfekcionizmu, dobro prihvaćena od vršnjaka. Početkom šestog razreda djevojčica je izostala iz škole dva tjedna (listopad) zbog urinar-

King and Bernstein (2001) have found that about half of the children who avoid school achieve poor school success (11). One study on school phobia, conducted over a period of 15 to 20 years, followed 35 children whose age was between 7 and 12. It was found that they were twice as likely to need psychiatric care at an adult age than a control group of mentally healthy subjects (25). Similar studies (31) refer to the disabling long-term consequences of untreated school phobia in terms of unemployment and the risk of psychiatric disorders. For this reason, school phobia should be recognized as a significant problem and attract the attention of all who are involved in child education.

CASE REPORT

A girl at the age of 13, who is attending the sixth grade of elementary school, has been advised to undergo psychiatric examination by a pediatrician for a series of somatic problems (nausea, chest tension, pain in knees and hands). Extensive pediatric treatment did not find the cause of somatic problems. During the interview, it was found out that the girl has been growing up in a hyper-protective family, her mother is highly anxious, but has never been involved in psychiatric treatment, and her father is caring and passive. Early psychomotor development was without any severe deviations. The girl didn't attend kindergarten, and in preschool she showed separation issues (crying, nausea, always demanding the mother's presence, it was hard for her to be separated from her mother). When she started going to school, she expressed separation issues (weeping, nausea, tiredness, concern for her parents). During elementary school, she was an excellent student, prone to perfectionism, well-received by peers. At the beginning of the sixth grade, the girl was absent from school for two weeks (October) for urinary infection, after which she manifested frequent somatic complaints along with occasional absence from school. Since December, she has complained

nog infekta nakon čega manifestira učestale somatske pritužbe uz povremeno izostajanje iz škole. Od prosinca se žali na intenziviranje tjelesne tegobe te prestaje pohađati školu. Tjelesne pritužbe (mučnina, težina u prsnom košu, slabost, bolovi u zglobovima) izražene su ujutro prije polaska u školu, a povlačile bi se ako je ostajala kod kuće i ne bi se pojavljivale do sljedećeg dana, odnosno vremena polaska u školu. Učinjena je opsežna somatska obrada tijekom prosinca i siječnja, te se djevojčica javlja na prvi psihijatrijski pregled u veljači. Do dolaska psihijatru djevojčica nije pohađala školu tri mjeseca.

Nakon multidisciplinske obrade (psihijatar, psiholog, logoped, neuropedijatar, EEG) kod djevojčice je utvrđeno da se radi o školskoj fobiji u osnovi koje je separacijski anksiozni poremećaj.

Na početku psihoterapijskog liječenja s djevojčicom i roditeljima definirani su sljedeći problemi: visoka anksioznost i somatizacije ujutro prije polaska u školu, potpuni prestanak učenja, nepohađanje škole. Postavljeni su sljedeći terapijski ciljevi: reducirati anksioznost vezano uz školu, uspostaviti izvršavanje obaveza vezano za školu, postupni povratak u školu. Djevojčica se vratila u školu tri mjeseca nakon uključivanja u psihijatrijski tretman, odnosno nakon 4,5 mjeseca (od potpunog prestanka pohađanja škole), tj. 5 tjedana prije završetka školske godine, te je vrlo dobrim uspjehom završila školsku godinu.

S djevojčicom je napravljena kognitivna konceptualizacija tijekom koje se primjenjuje kognitivna terapija, koja uključuje rad na automatskim mislima te posredujućim i bazičnim vjerovanjima (slika 1).

Bihevioralne tehnike koje su korištene s djevojčicom bile su ove: edukacija o osjećajima, prepoznavanje anksioznosti i tehnike relaksacije (abdominalno disanje), samoopažanje (dnevnik aktivnosti i osjećaja), planiranje ak-

about the intensification of her physical symptoms, due to which she stopped attending school. Physical complaints (nausea, chest pain, weakness, joint pain) were most prominent in the morning, before going to school, would recede if she stayed at home, and wouldn't appear until the next day or school time. Extensive somatic treatment was performed during December and January, and the girl was examined by a psychiatrist for the first time in February. Prior to visiting the psychiatrist, she had not attended school for three months.

After multidisciplinary examination (psychiatrist, psychologist, speech therapist, neuro-pediatrician, EEG), it was concluded that this girl was suffering from school phobia, which originated from separation anxiety disorder.

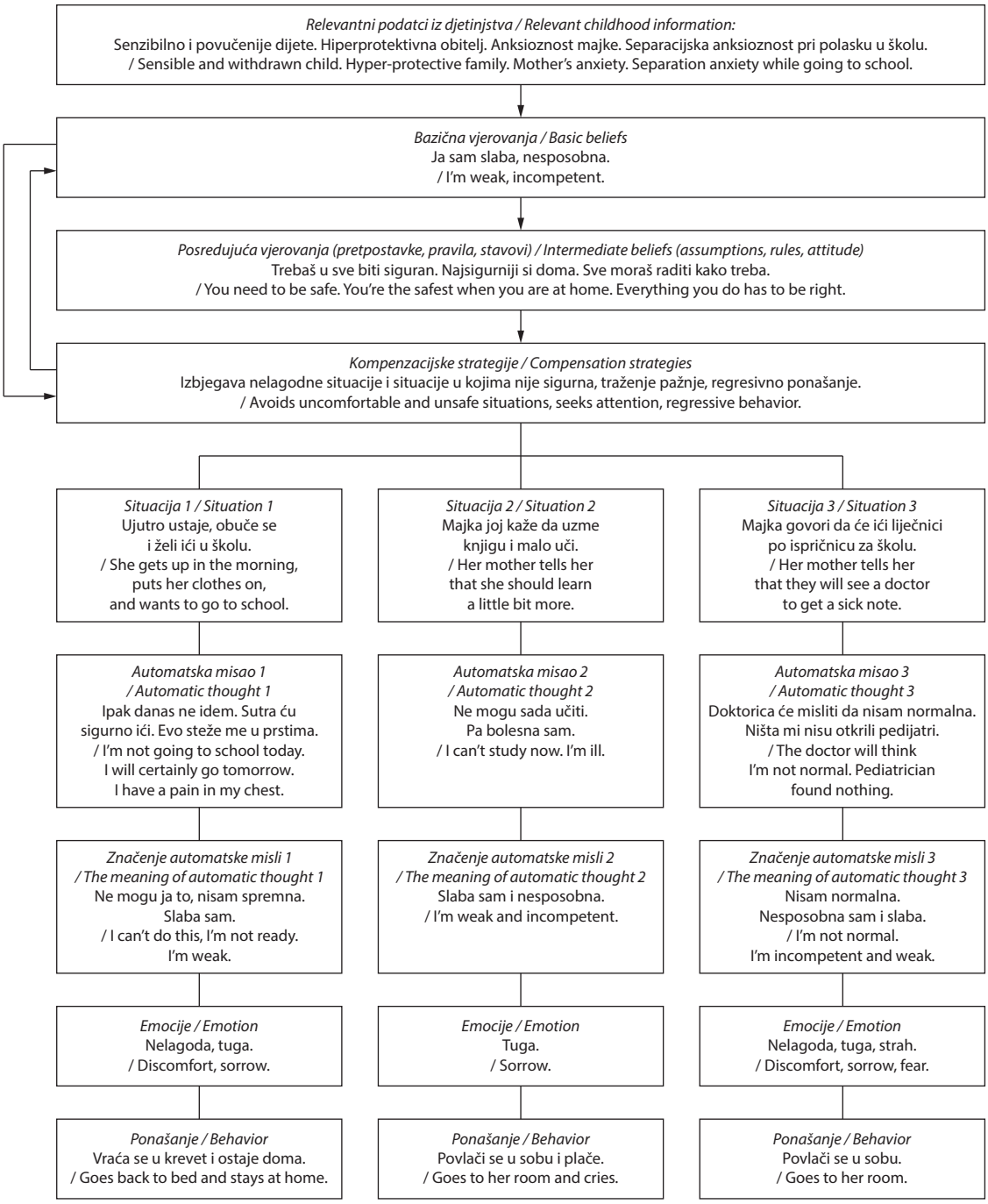
At the beginning of psychotherapeutic treatment, which included the girl and her parents, the following problems were defined: high anxiety and somatization in the morning before going to school, complete cessation of learning, failure to attend school. The following therapeutic goals have been set: reducing school-related anxiety, establishing school-related obligations and gradual return to school. The girl returned to school three months after being enrolled in psychiatric treatment, i.e. after 4.5 months (since complete cessation of school attendance), i.e. 5 weeks before the end of the school year, and she was very successful at completing the school year (finished with the grade B).

Cognitive-behavioural therapy, which included working on automatic thoughts and intermediate and basic beliefs, was applied through cognitive conceptualization (Figure 1).

The behavioural techniques used in the treatment were: education regarding emotions and feelings, recognizing anxiety and teaching relaxation techniques (diaphragmatic breathing), self-report (diary of activities and emotions/feelings), activity planning and graduate tasks (school tasks), self-conditioning and parents' conditioning for completing tasks (self-prais-

tivnosti i stupnjeviti zadatci (školske obveze), samopotkrepljivanje i potkrepljivanje od roditelja za izvršene zadatke (samopohvale, izlet u Zagreb, odjeća), sistemska desenzitizacija, tj. postupno izlaganje školi (hijerarhija situacija i izlaganje: šetnje u blizinu škole, prošetati se po školskom dvorištu, ući u školu, biti malo u predvorju škole uz ugodnu aktivnost, odlazak

ing, a trip to Zagreb, buying new clothes), systematic desensitization (gradual exposure to school: hierarchy of situations and exposure - walking by the school, walking in the school backyard, entering the school, being in the school hallway doing a satisfying activity, going to school during the opposite shift, conversation with a school teacher or school pedagogue



SLIKA 1. Prikaz kognitivne konceptualizcije djevojčice sa školskom fobijom
FIGURE 1. Cognitive conceptualization of a girl with school phobia

u školu u suprotnoj smjeni, razgovor s razrednicom, školskim pedagogom i dogovor o planu rada i ispitivanja, polaganje prvog ispita iz najlakšeg predmeta, pisanje testova i provjera znanja jednom tjedno), ugodne aktivnosti (izlasci i izlaganje s roditeljima nevezano uz školu uz praćenje uživanja i zadovoljstva, druženje s prijateljicom), trening socijalnih vještina (gledanje u oči, davanje komentara i komplimenata drugima).

Od kognitivnih tehnika u radu s djevojčicom korištene su: psihoedukacije o anksioznosti, normaliziranje teškoća, distrakcija (brojanje, gledanje izvan učionice što se zbiva), modifikacija negativnih automatskih misli i nalaženje alternativnih, realističnijih i funkcionalnijih misli (negativna misao „Svi će vidjeti da se bojim, da sam jadna“ promijenjena u „Ako sam došla u školu to znači da nisam toliko slaba. Jadna bih bila da sam ostala doma. Uvijek sam bila dobra učenica to znači da ja puno toga mogu. Ako i primijete da sam preplašena svi nastavnici su rekli da će mi pomoći.“), modeliranje i igranje uloga, pozitivne samoizjave („Ja mogu odgovarati. Mogu doći u školu. Učila sam, želim pokazati da se trudim, a i želim se riješiti toga gradiva.“).

Rad s roditeljima uključivao je sljedeće tehnike: psihoedukacija o anksioznosti i školskoj fobiji, o kognitivno bihevioralnom modelu anksioznosti i KBT, pomaganje djevojčici u provođenju bihevioralnih i kognitivnih tehnika te inkorporaciji u svakodnevni život, uz pomoć roditelja kao koterapeuta. Zajedno s djevojčicom roditelji su provodili stupnjevite zadatke vezane uz školske obveze (redovito pisanje zadaća, kontakti s razrednicom i stručnim timom škole), plan aktivnosti tijekom dana - strukturiranje dana, pozitivno potkrepljenje (pohvala, pažnja, nagrade) za izvršene zadatke, postupno izlaganje zastrašujućim situacijama i prekid sigurnosnih ponašanja (izbjegavanje škole i negativno potkrepljenje). S roditeljima se provodila i kognitivna restrukturacija njihovih automatskih

and making an agreement of the work plan and oral exams, taking the easiest exam first, taking exams once a week in the beginning), satisfying activities (going out with friends and tracking the enjoyment or satisfaction unrelated to school), social skills training (maintaining eye contact when talking to someone, making comments and giving compliments to others).

The cognitive techniques used in the treatment were: psychoeducation about anxiety, normalization of difficulties, distraction (counting, looking outside of the classroom at whatever is happening outside), modification of negative automatic thoughts and finding alternative, more realistic and functional thoughts (negative thought: “Everyone will see that I’m afraid, I’m so miserable” changed to “If I come to school, it’ll mean I’m not as weak as I thought”, “I’d have been miserable if I’d stayed at home”, “I have always been a good student, so I can do a lot of things”, “If they notice I’m frightened, all of the teachers will help me”); modelling and role-playing, positive self-expression (“I can do it” (in test situations), “I can go to school,” “I’ve studied”, “I want to show my effort because I’ve been studying”, and “I want to pass that exam and get rid of it”).

Working with parents included the following techniques: psychoeducation on anxiety and school phobia, the cognitive behavioural anxiety model and CBT in general, helping the girl to conduct and incorporate behavioural and cognitive techniques in everyday life, with her parents being co-therapists. The parents have, together with the child, carried out gradual tasks related to school duties (writing assignments regularly, keeping in contact with the school teacher and the school’s professional team), performed the activity plan during the day - structuring the day, providing positive reinforcement (praise, attention, awards) for accomplished tasks, progressive exposure to frightening situations and the removal of security behaviours (school avoidance and negative reinforcement). The parents were also involved in cognitive restructuring of their automatic

negativnih misli („Pa kako ćeš ti to sve naučiti, past ćeš razred…“) kako bi usvojili realističnije i funkcionalnije kognitivne obrasce („Polako ćeš se pripremati, imati ćeš pomoć, do sada si bila odlična učenica, uz trud i pomoć ćeš uspjeti to svladati“).

KBT je provođena jednom/tjedan u trajanju od četiri i pol mjeseca. Uz KBT, suradnju s roditeljima i školom djevojčica je naučila prepoznati svoju anksioznost i smanjiti je na razinu uz koju je mogla funkcionirati. Izvršavala je redovito kod kuće obaveze vezano uz školu, uz postupno odgovaranje u školi. Vratila se u školu nakon 4,5 mjeseca. Razred je završila vrlo dobrim uspjehom.

ZAKLJUČAK

Školska fobija nije posebna dijagnoza u klasifikacijama psihičkih poremećaja, već klinički entitet koji uključuje anksioznost i izbjegavajuće ponašanje vezano uz odlazak u školu, koje se može javiti bilo kada tijekom školovanja. Najčešće se radi o separacijskoj ili socijalnoj anksioznosti, mada odbijanje odlaska u školu može biti povezano i s drugim emocionalnim poremećajimae u djece i adolescenata kao što su generalizirani anksiozni poremećaj, panični poremećaj ili depresija. Dijete zaostaje u savladavanju gradiva i gubi kontakt s vršnjacima. To djeluje frustrirajuće na dijete i rezultira daljnjim povlačenjem od školskih aktivnosti. Stoga su rano postavljanje dijagnoze i rana intervencija od ključne važnosti za liječenje školske fobije. Škola može pomoći u ranoj detekciji ovog poremećaja suradnjom i informiranjem roditelja o izostancima, školskom medicinom i drugim stručnjacima upućivanjem djeteta na procjenu psihofizičkog stanja, određivanjem primjerenog oblika školovanja u skladu sa sposobnostima djeteta te tijekom tretmana uvažavanjem terapijskih planova i preporuka omogućiti djetetu da lakše prevlada školsku fobiju. S obzirom na to da se školska fobija

negative thoughts (“How will you manage to learn it all?”, “You will fail this class”) in order to adapt more realistic and functional cognitive patterns (“You are going to be ready”, “You were an excellent student”, “You will manage to master it with help and effort”).

CBT was performed once a week for four and a half months. With CBT and cooperation with her parents and school, the girl learned to recognize her anxiety and reduce it to the level of normal functioning. She had regular school-related duties at home, with gradual oral exams in school. She returned to school after 4.5 months. She successfully completed the class with a very good success (grade B).

CONCLUSION

School phobia is not a separate diagnosis in psychological disorders classifications, but a clinical entity that involves anxiety and avoidance associated with school attendance, which can occur at any time during schooling. Most often it is related to separation or social anxiety, although school refusal may be related to other emotional disorders in children and adolescents such as generalized anxiety disorder, panic disorder or depression. A child fails in completing school activities and might lose all contacts with peers. This can be frustrating for a child and may result in a further withdrawal from school activities. Therefore, early diagnosis and early intervention are of crucial importance for the treatment of school phobia. The school can help in early recognition of school phobia by cooperating and informing parents about skipping school, informing the school doctor and other experts, sending a child to undergo an assessment of the complete psychophysical condition and adjusting the form of education program based on the child’s abilities. During treatment, it is important to accept therapeutic plans and recommendations in order to enable a child to overcome school phobia easily. Given that

uspješno liječi postupnim izlaganjem zastrašujućim situacijama vezanim uz školu, važno je izbjegavati školovanje kod kuće zbog školske fobije i omogućiti postupan povratak djeteta na nastavu.

school phobia is treated successfully through gradual exposure to frightening school-related situations, it is important to avoid home-based schooling due to school phobia and to ensure that the child returns to school gradually.

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