The Self-Management of School Phobia: A Case Study

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The successful resolution of a problem of school phobia using self-management strategies is reported. The clinical report is prefaced by the observation that differences of emphasis are apparent when authoritative reviews of the field of self-management are considered—and the conclusion drawn is that the successful outcome could be used to lend support to Kanfer's two-stage model of self-regulation. The client, Anne, was a pupil in the first year of comprehensive schooling. She attended school on only four days during the first term. Problem analyses in terms of operant and classical learning theories are described, and intervention strategies were generated which were accommodated within Kanfer's two-stage model of self regulation.

Anne self-recorded school attendance, lesson attendance and self-confidence. School attendance was immediately achieved and progress towards full lesson attendance was made over a seven-week period. Affective state (self-confidence) as assessed by self-report was observed to increase as lesson attendance improved but a temporal lag was observed. The report concludes with some observations of a theoretical nature and justification for the intervention to warrant the descriptor "self-management".

Introduction

This article reports the successful treatment of school phobia. The treatment strategies were such that they warranted the description "self-management". It has been observed by Kanfer (1977, p. 3) that the success of self-management techniques has encouraged clinicians to expand their efforts in this area; as a consequence Kanfer has identified a widening gap between clinical methods and a supporting theoretical framework securely anchored in research. The differences of emphasis and theoretical view which exist within the field are amply demonstrated by a survey of some of the reviews of the area
To restrict clinical innovation until a generally held theoretical framework emerged would obviously be untenable from a practical point of view; and in any event as London (1964) has concluded, “However interesting, plausible and appealing a theory may be, it is techniques not theories that are actually used on people. Study of the effect of psychotherapy, therefore, is always the study of effectiveness of techniques”.

None the less, to be atheoretical would result in sterile, inflexible practices unresponsive to changing circumstances. The treatment strategies utilised in the case described in this paper were generated from a consideration and use of Kanfer’s (1980) two-stage self-regulation model. It could be argued that the successful outcome of the treatment package lends support to the Kanfer model; but the practices involved could be generated from conceptual frameworks other than that proposed by Kanfer.

Case Study

Personal history

Anne, who lived alone with her mother, was a first-year pupil at a comprehensive school. The autumn term had begun early in September, and Anne was referred to the Schools’ Psychological Service on 25 November. Prior to the referral, Anne had attended school for four days, the last being 14 October. It was reported that no school attendance problems had been evident while Anne attended her primary school but that “emotional difficulties” had developed since she had transferred to the Secondary School. It was further reported that Anne hated the large size of the school, the noise and the bustle in the corridors, and so on. Anne had no wish to change school to the second comprehensive school situated locally. At the request of the girl’s General Practitioner, the Health Visitor had called for Anne on a number of mornings to attempt to accompany her to school. This failed. The Health Visitor reported that she was greeted by screaming hysterics from Anne who would run about the house undressed. The mother was reduced to tears.

Assessment

Problem precipitation. On her first day of attendance Anne and another pupil were placed in the medical room. The fume cupboard in the chemistry laboratory had not functioned efficiently and they had complained of feeling sick; the other girl left the medical room after a while and soon afterwards Anne too felt better and left. Outside the medical room a passing teacher asked, “Are you lost?”; then, Anne claimed, he shouted at her and told her to
call him "Sir". He then sent Anne to his room. Anne left the school premises and went home. The next day Anne attended school but cried. She was placed with the school nurse; Anne was eventually taken home as the school nurse said she was becoming hysterical, identifying the bell that sounded at the end of each lesson as frightening her. Anne attended school on only two further days prior to referral to the Schools' Psychological Service.

First problem analysis. On days when Anne was supposed to be attending school she was staying in bed until between 10.00 a.m. and 11.00 a.m. She would have breakfast and do some housework while her mother left to work over the lunch time at a nearby shop. It was hypothesised that Anne's non-school attendance was being positively reinforced by these domestic practices.

Treatment 1 was two fold. First, Anne and her mother were asked to ensure that Anne got up at the time necessary for her to attend school punctually. This was aimed at reducing the reinforcing consequences of non-school attendance. Secondly, Anne was asked to dress in her school uniform. This was intended to be the first step of a shaping programme aimed at eventual school attendance. Anne was also asked to complete a self-assessment booklet with respect to school attendance and to comment on non-attendance if this should occur.

The above objectives or goals were identified and set, as it was felt that they were the minimum requirements of any programme aimed at eventual school attendance. However, in addition to those limited objectives, it was felt that a further goal should be set—that of visiting the school, and if possible, staying in the buildings. The year tutor had agreed that Anne could remain in his room if she arrived at school.

Anne readily achieved the first two goals, i.e. getting up and dressed, without undue anxiety but never attended school.

Second problem analysis. It was hypothesised that Anne had acquired a conditioned school phobia resulting from the incident with the teacher described above. The possibility that the major obstacle to school attendance was overcoming a maternal separation anxiety was therefore discarded, at least to the extent that while this might be a contributory factor, an additional and possibly more important factor was school phobia, i.e. anxiety elicited both by the actual physical environs of the school and also even the thought of these environs. It was also predicted that success in achieving school attendance, i.e. physical presence in the school, might not automatically include success in attending lessons.

Treatment 2 involved two strategies, the first based on stress inoculation and imaginal rehearsal and the second based on systematic desensitization coupled with self-monitoring.
In addition to self-monitoring, certain behaviour targets were set for Anne and her efforts in achieving these targets were monitored by Anne in the form of graphs. These targets concerned school attendance, i.e. actually arriving at school, and the number of lessons attended. In one sense this component of the intervention was an implicit aspect of the self-monitoring task. However, this aspect of the intervention could also be viewed as an addition to self-monitoring as it was made explicit. This view is supported by the literature on the topic of goal setting which emphasises the goal setting component of the strategy as well as the monitoring of the progress towards that goal (Kanfer, 1972).

Stress inoculation and imaginal rehearsal. In the interview situation on a Friday afternoon, Anne was relaxed using a progressive muscle-relaxation routine (Martin and Pear, 1978, p. 390). It was then suggested to Anne that she would probably feel “dreadful” on the following Monday morning; in particular it was suggested that she would feel nervous, worried and possibly sick. It was emphasised to Anne that she would, none the less, attend school and these “horrible” feelings would reduce and progressively diminish as she went to school over a period of time. Subsequent to this exercise of inducing (or confirming) a set of anticipated discomfort, imaginal rehearsal of Anne overcoming the anticipated discomfort was carried out. She was asked to imagine leaving home for school and feeling worried; she was further asked to imagine herself crying and being sick, but still carrying on to school. The target was set for Anne to at least attend school and stay on the school premises in the year tutor’s room for the whole day on the following Monday.

Systematic desensitization. This was planned to be an “in vivo” desensitization commencing from the time Anne achieved school attendance by being present in the school buildings. The desensitization programme was aimed at helping Anne progressively attend more and more lessons.

Later on the same day that the above procedure and plans were implemented, Anne was taken to the school after 4.00 p.m. when the school had emptied of pupils. The programme for the following Monday was discussed with the year tutor. As many of the conceivable anxieties and worries that Anne could imagine were elicited from her and contingency arrangements made. For example, if she attended any lessons it was agreed that she could sit near the door, that the door could be left open, that Anne could leave the classroom without asking permission, that she could put her head in her arms and have a rest if she had a headache. Anne’s mother was asked to take Anne to the school on the Sunday afternoon and to walk about the grounds looking in the windows and so on. It was agreed that Anne should list her subject lessons
in order of preference and that she should progressively attend lessons until she was following a full timetable.

**Self-monitoring.** A number of behaviours were self-recorded: (i) school attendance, (ii) number of lessons attended and (iii) self-confidence. Goals were set for Anne with respect to attendance at school (the initial goal) and attendance at all lessons (the final goal).

**Attendance.** The initial goal was school attendance and it was agreed with Anne that just to be physically present in school would be a success—whether she remained in the sick bay, library or year tutor's room.

**Lesson attendance.** It was suggested that, as soon as Anne attended a lesson or lessons, she should at least attend the same number of lessons on the following day and preferably increase the number. Prior to attending school, Anne had been asked to rank her subject lessons in order of preference. It was suggested to Anne that she should progressively work down the hierarchy from most preferred subject (English) to least preferred subject (French).

**Self-confidence.** A feature of systematic desensitization is the objective of encouraging the client to become aware of his/her bodily sensations (Sharp, undated). This is a necessary prelude to the client recognizing "improvements" in somatic state, i.e. reduced levels of anxiety. A subjective assessment technique was used. Anne was asked to self-record her confidence level in school each morning and afternoon. A SUDS scale (Subjective Units of Disturbance) was used (Wolpe and Lazarus, 1966).

This rating scale ranged from 0% to 100% and was crudely "calibrated" in the following manner. It was suggested to Anne that 0% should indicate that she was dreadfully upset, felt sick and had tummy ache; 100% should indicate that she was completely at ease and happy at school; 50% was described as indicating that she was neither particularly happy nor particularly upset at school. This self-recording sheet was used for a period of four weeks, after which time it was substituted by a self-recording sheet that required Anne to self-record her level of self-confidence lesson by lesson. The reasons for this change were twofold. Firstly, it became apparent that Anne was filling in both the morning and afternoon sessions with the same self-confidence assessment—which indicated that she was not perhaps as discriminating as she could be; further support for this possible lack of discrimination was the fact that she assessed 10 consecutive days (week 2 and 3) at the same level. Secondly, there was some evidence that Anne was over-generalising to the possible detriment of overall school adjustment, i.e. rating a day as one on
which she was low in self-confidence because of a single incident in that day. Because of this Anne was asked to rate each lesson in terms of her self-confidence rating. This was intended to have a twofold effect: firstly, to facilitate Anne seeing isolated incidents in perspective, and secondly to reduce the likelihood of Anne’s perception of school being clouded or biased by very infrequent “uncomfortable” incidents.

**Behavioural goals**

Three behavioural goals were set for Anne. They were:

(a) *Attendance*. The target for this was 100% for the first week, i.e. full attendance. This was fortunately achieved: had this not been the case, then at the end of the first week it was intended to set minimum and maximum targets. The minimum target was to at least match the attendance of the previous week, and the maximum was the 100% attendance aimed for in the first week.

(b) *Lessons*. In like manner to the intent for attendance goal, both proximal and distal goals were identified. The distal goal was attendance at all lessons. The proximal goal was less specific. Anne was asked to attend as many lessons as she could on her first day in attendance. Subsequently, the goal was divided into minimum and maximum targets. The minimum daily target was to attend at least the same number of lessons as on the previous day; the maximum target was less specific—to attend more lessons than on the previous day. Anne was also asked to plot a graph on a weekly basis of number of lessons attended.

(c) *Self-confidence*. No specific goals were set for Anne. However, she was counselled to the effect that as she regained the habit of regular school and lesson attendance she would feel less anxious (i.e. more self-confident), and that this would be reflected in her self-confidence ratings, i.e. they would increase over time.

**Outcome**

(i) *Attendance*. It was arranged for a friend to call for Anne on the Monday morning: Anne cried on three separate occasions on the way to school, but nonetheless entered the school and reported to the year tutor. Anne never missed attending school for the remainder of the second term.

(ii) *Subject lesson attendance*. On her first day at school Anne attended one lesson, English. The year tutor, in whose room Anne stayed for the first days of school attendance, was also her English teacher and she accompanied him to the English lesson. The plan for daily increase in lesson attendance was not
achieved, probably because the order of lessons in the course of the week did not conform to the order of lessons as ranked in Anne's preference hierarchy; however, there was a trend over time for the number of lessons attended to increase on a daily basis (Fig. 1).

The progressive increases in numbers of lessons attended is best appreciated by inspection of Figure 2 which indicates that Anne successively attended more and more lessons over the first six weeks until the seventh when she attended all lessons. For the remainder of the school year Anne attended all her lessons.

(iii) Self-confidence. It was anticipated that Anne's self-confidence would increase as school and lesson attendance became more regular. This was not immediately evident when the self-confidence ratings were plotted on a daily basis (see Fig. 3), although a general trend in that direction is apparent when the data over a period of eight weeks are viewed.

The increase in self-confidence becomes more apparent when the data for self-confidence are dealt with in terms of weekly average (Fig. 4). However, the improvement in self-reported self-confidence level lagged behind the improvement in lesson attendance. This fact is returned to in the discussion section.

FIGURE 1. Increase in lesson attendance over a 42-day period.
FIGURE 2. Increase in lesson attendance over a 14-week period.

FIGURE 3. Increase in self-confidence (SUDS) over a 44-day period.
Discussion

Methodology

The case study reported in this paper conforms to a pre-experimental design, and this fact limits the inferences that can be drawn about the relationship between the treatment strategies and the outcome. However, the distinction between pre-experimental and single-case experimental designs is a matter of degree rather than a clear qualitative distinction (Kazdin, 1982). This case study has several of the features listed by Kazdin as characterising a single case experimental design, namely, the use of objective information, continuous assessment of performance over time and reliance on stable levels of performance before and after treatment. However, it is the manner in which the interventions are applied that distinguish the single-case experimental design from the pre-experimental case study. One such way is by utilising a multiple baseline design, and a post hoc analysis of the interventions utilised in this case study reveals a similarity to this design for two behaviours (lesson attendance and affective state) were assessed. The change in these two behaviours, when plotted on the same graph (Fig. 5), reveals that whereas lesson attendance accelerated rapidly once the intervention commenced, the increase in level of self-confidence as assessed by self-report lagged behind that for attendance. The initial hypothesis was that anxiety precipitated non-lesson attendance. Therefore there was an expectation on the writer’s part that as lesson attendance increased so anxiety would decrease, and that this reduction in anxiety would be reflected in increased levels of reported self-confidence. It could be hypothesised therefore that this “lag” in increased levels of self-confidence was to be expected for the
FIGURE 5. Increase in lesson attendance and self-confidence.
positive effects of the feedback and knowledge of results of increased levels of lesson attendance would occur some time after the increased levels of attendance had been achieved. Such a lag would be predicted on theoretical grounds from a consideration of cognitive-behavioural functional relationships. For example, Hollon and Bemis (1982) put forward the view that the world can be divided into several classes of events, namely, stimulus events, responses, cognitions and effective or automatic events. They go on to make the point that events can only influence one another in a temporally linear fashion. Thus Anne's responses (lesson attendance) would bear a functional relationship with her cognitions (information processing) which in turn would have a functional relationship with her affective state (feelings). However, in this case study such a post hoc interpretation of the data is confounded by the fact that the method of self-recording self-confidence was modified in week five. For the first four weeks self-confidence was rated on a sessions i.e. morning/afternoon basis. From the beginning of the fifth week onwards self-confidence was recorded lesson by lesson. Hence, this procedural alteration could have been the means of producing increased level of self-confidence. However, the increase in self-confidence began in week four not week five; therefore the acceleration in increased levels of reported self-confidence is difficult to attribute confidently either to the influence of increased levels of lesson attendances per se or to both this and the change of task demand, i.e. self-recording level of self-confidence on a lesson by lesson basis as opposed to sessional (morning and afternoon) assessment and recording.

Self-management

The concept of self-management is not easily defined: in therapeutic situations in which the "treatment" emanates totally from the therapist, e.g. hypnotherapy, self-management of the problem is patently not the case. Conversely, if an individual identifies a problem in his or her own life situation, e.g. drinking to excess, and decides to do something about it, then the management of that problem can correctly be described as self-management. Therefore any treatment that emanates from a therapist-client diad can never be a totally self-managed programme. However, between the two extremes or poles described above there exists a continuum; conceptualised in this way it follows that there can be degrees of self-management: the greater the clients active involvement in the programme, the greater the degree of self-management involved. For example, if the result of the therapist/client consultation was that the client left with an instructional manual to deal with a problem, then the actual programme would involve total initiation, monitoring and evaluation by the client. Consequently, the programme would, to a very high degree, be a self-management programme. In contrast to this, the client in a
hypnotherapy programme would be involved in a programme which would only minimally warrant the description of self-management, for the client’s input would virtually cease on arriving for the treatment session.

In the case reported in this paper the client/therapist contact was clinic-based on a weekly basis. Initial sessions were of one hour’s duration but these were reduced to half-hour sessions once school attendance was initiated. The therapist determined treatment consisted of (i) guidance to the parent to encourage Anne to get up and dress for school, (ii) one sessions of relaxation training coupled with stress inoculation procedures, (iii) eight sessions involving target setting (number of lessons attended), and reviewing self-monitoring data concerned with lesson attendance and self-confidence. Anne herself was actively involved in the programme in that (i) she recorded daily data concerned with lesson attendance and self-confidence, (ii) she set the goals for lesson attendance, and (iii) she graphed the weekly data in the presence of the therapist and discussed the data.

The main value of the programme from Anne’s viewpoint was the feedback it provided: “... I can see the improvements I’m making”. This would therefore support the view that affective state was influenced in a positive manner by the positive feedback provided by self-recording and graphing of lesson attendance.

Conclusion

The outcome of the case reported indicates that a phobic condition can be resolved by a programme that can be substantially self-managed by a 12-year-old pupil. A necessary pre-requisite was a desire on the part of the pupil to overcome the anxiety state. While a number of different strategies from different theoretical frameworks were utilised, the predominant model utilised by the therapist was Kanfer’s two-stage model. The first-stage requirement of the model, commitment to change, existed. The second stage, self-monitoring, self-evaluation and self-reinforcement, was encouraged and facilitated by the therapist but carried out by the client. The “facilitation” took the form of providing self-monitoring forms, suggesting target setting (which facilitated self-evaluation); the “encouragement” took the form of positive social reinforcement at the weekly “graphing” and review meetings. Consequently, the intervention warranted the descriptor “self-management”, for there was a high degree of involvement in the programme on the part of the client.

References


SHARP, R. (undated). Relax—and enjoy it! Cassette available from Institute of Behaviour Therapy, 3 Brighton Road, London, N2.


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