

SCHOOL AND SEPARATION ANXIETY IN CHILDREN: THE PSYCHOTHERAPEUTIC VALUE OF ART THERAPY*

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Abstract

The clinical illustration presented here showcases the psychotherapeutic benefits of art therapy for children experiencing separation anxiety. Its containing quality facilitates the reconstruction of internal and external boundaries and fosters a sense of personal integrity. By stimulating creativity, imagination, and the projection of internal fears, art therapy enables children to process and express their emotions effectively, leading to improved emotional regulation and coping mechanisms.

Separation anxiety can give rise to social and academic adaptation difficulties, which are often associated with learning challenges and academic failures. Based on this, we concluded through an experiment that introducing art therapy, as a form of mental health care for these children, is highly beneficial for improving their well-being.

Key words: School, Separation anxiety, Child, Art therapy.

1. Introduction

The structuring of a child's personality as well as the construction of their identity is not a smooth path and may sometimes be subject to alterations that can generate significant disorders.

After the family, school is the privileged place where children learn the social skills that will be essential for their successful adult life. There, they learn the rules of collective living, respect for others, and how to be autonomous.

Separation anxiety coincides with the construction of the essential elements of the psychological development: the construction of a Self-distinct, and separate from the other individuation research, has shown that his separation becomes painful and hinders their learning and adaptation in some cases (Wendland, Camon-Sénéchal, 2011).

School environment is therefore only a particularly sensitive scapegoat where all difficulties are catalyzed.

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The concept of “autonomy” is at the heart of the educational system. Teachers refer to it to describe those students who know how to work individually or without any help (Bélanger, Farmer, 2012).

Several studies revealed that a child with a separation anxiety disorder often presents psychic suffering that limits their functioning in different spheres of life. This suffering affects a good number of school-aged children.

Art therapy is the result of applying creativity in a care context. Through creativity, it is also possible to overcome life's difficulties. It is about generating new ideas that are useful in solving the encountered problems. Art therapy proposes to draw on this resource. Individuals are asked to express their ideas, emotions, and feelings through the plastic arts, theater, music, and dance.

For this reason, we thought of using art therapy as a mediator so that we could restore this feeling of security and internal peace and allow the child to be creative and fulfilled in their school environment.

2. State of the art

2.1. Defining Anxiety, School Anxiety, and Separation Anxiety

Anxiety:

Several definitions of anxiety have been proposed, but no consensus has yet been established among researchers. In general, anxiety is described as an "emotional state" often accompanied by physical symptoms (Lambert-Samson, Beaumont, 2017).

School Anxiety:

Whether situational (state anxiety) or chronic (trait anxiety), anxiety is likely to be encountered in school settings. It can manifest itself in behaviors of an externalized (e.g., aggression, opposition) or internalized (e.g., fear of others, new situations, avoidance, passivity) nature (Lambert-Samson, Beaumont, 2017).

Separation Anxiety:

Among childhood anxiety disorders, pathological separation anxiety is considered the most common. The most represented age in this pathology is between 7 and 9 years (Vera, 2014, p 152).

That a child is anxious when separated from their attachment figures is a normal developmental process. This anxiety usually occurs between the sixth and the twelfth month. Then, with age, the child will learn to tolerate these separation experiences. However, some children continue to exhibit severe and persistent anxiety symptoms. Separation anxiety is characterized primarily by "excessive fear or anxiety about separation from home or attachment figures" (Zebdi, Lignier, 2017).

Affected children desperately try to avoid such separations. When separation is forced, these children are desperately preoccupied with the desire for reunion. The diagnosis is based on clinical criteria (Elia, 2023).

Clinically, separation anxiety is an excessive anxiety occurring when a child is separated from the people to whom he or she is primarily attached. Stimuli that may promote this anxious state can also be the separation from familiar places (home, neighborhood) (Vera, 2014).

Distinguishing between normal separation anxiety and separation anxiety disorder:

The work of separation during the first year of life has essential functions to allow the young child to acquire motor and physical skills to apprehend reality. It is also a privileged moment allowing children to differentiate themselves and understand that their environment does not necessarily depend on their will or their actions.

Collaborators of Bowlby, Ainsworth et al. propose the paradigm of "the strange situation", highlighting the abilities of children to accept separation by creating different situations in which the parents are gradually removed from their child. Her observations have revealed the existence of different groups of children, distinguished essentially by their perceived security in the absence of an attachment figure. Thus, we meet "avoidant" attachments when their mother returns; the "ambivalent" ones who seek closeness while rejecting it and finally the "secure" ones that are ready to renew the attachment (Brandibas, Sudres *et al.*, 2010).

The child gradually builds an internal operating attachment model. The parent-child relationship is seen as a prototype of intimate relationships, which will regulate the child's expectations and social behaviors in his subsequent interactions with his friends and teachers (Berkouche, 2022).

A major challenge in anxiety disorder is to differentiate between normal and pathological anxiety. The distinction between these two constructs is a matter of degree rather than nature. The criteria for the diagnosis of separation anxiety disorder are based on the duration of the symptoms, psychological distress, the presence of avoidance and anxiety in multiple situations, and dysfunction in multiple spheres of life (Grenier, 2017).

Silverman *et al.* (2004) therefore put forward three criteria to mark this distinction. The first concerns the recurrence of Separation Anxiety Disorder (SAD)-related symptoms: they must have been present for more than four weeks. The prolonged and extreme nature of symptoms compared to what is normally observed in children of the same age group and developmental stage constitutes the second criterion. The last criterion concerns the manifestation of symptoms that cause clinically significant psychological distress that interfere with the child's social, academic and occupational development (Chiosa, 2007). Anxiety disorders are among the most prevalent psychopathologies in children. (Therriault, Houle *et al.*, 2022).

2.2. Clinical Manifestations of Separation Anxiety Disorder and Developmental Stages

Studies of children with Separation Anxiety Disorder reveal some differences in symptom presentation depending on the child's developmental level. For example, in younger children, this distress manifests as loud crying, screaming, or tantrums aimed at delaying separation as long as possible. Or, in its more severe manifestation, the child may experience a panic state accompanied by somatic signs such as headaches, nausea, vomiting, and stomach aches.

In older children, the signs of distress are usually less pronounced, but with the development of language and thought, the child manifests unrealistic and recurrent worries and fears that are difficult to alleviate with logical reasoning.

Dysfunctional thoughts focus mainly on the integrity of the family, such as fear of illness or death of a parent, but also on the integrity of the child himself, such as his fear of being sequestered and separated from his family (Chiosa, 2007).

2.3. Etiology of Separation Anxiety

Studies have shown that both biological and environmental factors play a role in the onset of separation anxiety disorders in children. There is a broad consensus that an interaction between different biological and environmental factors increases the risk of anxiety disorders (Figueroa, Soutullo *et al.*, 2012).

2.4. Art Therapy

The definition proposed by the French Federation of Art Therapists is: "Art therapy is a care practice based on the therapeutic use of the artistic creation process" (Lecourt, Burat, 2020).

Art therapy uses art as a mediator to offer a new treatment option. It is a recent practice.

Unlike the artistic approach, the final production, the work, is not an end in itself and the idea of "talent" is absent from the creative act. What interests the therapist is the creative process he/she witnesses: the gestures, attitudes, and behaviors of the patient that will take place in a given context. The therapist ensures that the imposed framework is respected, defined by the time of the session, the supports and materials used, the instructions, the individual or group reception (Krotenberg, Lambert, 2012).

2.5. The Therapeutic Values of Art Therapy

It allows the patient to relive childhood experiences thanks to the possibility of evolving in an intermediate space where they can practice mastery. It allows, thanks to its containing value, to reconstruct the internal-external boundaries. It stimulates creativity and imagination and has an anxiolytic effect, through regained self-confidence. It improves or even restores the relationship with others.

The indications for art therapy are numerous: neuroses, psychoses, depressive states, etc. They also extend to the field of disability (sensory, intellectual disability, head trauma).

Art therapy can use all forms of art as mediators. It is possible to distinguish four forms of relationships between the work of art and the human being that are:

- Representation of man: plastic arts, photography, cinema, video, writing;
- Man in representation: theater, dance, mime, storytelling;
- Hybridization of man and thing: puppet, masks, makeup;
- Emanation: music, voice (Krotenberg, Lambert, 2012).

2.6. The Artistic Process of Art Therapy

Through their artistic expertise, art therapists guide the patient to grasp sensory stimuli and the resulting emotions. This initiates a phenomenon of appetite, allowing the patient to access an intention to create, which will be the driving force behind the production of a work of art. The initial contemplative act results in a pleasure that just needs to be "replayed". Assessed by the patient, this principle of "pleasure to be renewed" is an active and effective therapeutic agent (Forestier, 2007).

The specific items most frequently encountered are as follows:

- *Contemplation, impression, or capture*: These are considered from an aesthetic rather than physiological point of view.
- *Intention, interest, or motivation*: These are observed through the expression of aesthetic tastes.
- *During the action*: The art therapist particularly observes imagination, creativity, and the use of know-how with an aesthetic aim.
- *During the realization*: It is the nature and effects of the production that are observed.
- Regarding relational capacities, the art therapist examines the links between the following:
 - The degrees and nature of the patient's expression and the artistic phenomenon.
 - As well as the patient's critical faculties or self-evaluation abilities (Forestier, 2007).

2.7. Art Therapy and Therapeutic Mediations

The work of D. W. Winnicott (1971) opened up the therapeutic relationship to welcome objects that he recognized could occupy therapeutic functions.

Winnicott's contribution lies in the conception of a space within the dual relationship, which is situated between fusion and separation, individuation, a space ensuring the transition. This space, born from the first affective relationship (mother-child), plays an essential role in the foundation of society and culture. We find therefore, in these two conceptualizations, a driving force to account for and develop what the spontaneous practices of art therapies have observed in their benefits (Lecourt, Burat, 2020).

Therefore, any artistic object or activity can enter this framework at a given moment. We thus, speak of "artistic mediation." Here is the definition proposed by Anne Brun: "Psychotherapies with artistic mediations activate the patient's creative processes, who, by creating an object, create themselves as a subject: the support of artistic mediations engages the subject in the emergence of new forms of representation and in a permanent reopening of symbolization processes" (Lecourt, Burat, 2020).

3. Methodology

3.1. Assessment Tools

3.1.1. Semi-structured Clinical Interview. The semi-structured interview is a data collection technique that contributes to the development of knowledge favoring qualitative and interpretive approaches.

It is a privileged moment of listening, empathy, sharing, and recognition. Empathy in the interview represents a real dilemma in which the combination of empathy and the "just distance" and that of respect and critical thinking are particularly difficult to achieve (Imbert, 2010).

3.1.2. Assessment Instruments Screen for Child Anxiety Related Emotional Disorders (SCARED)

The revised form of the SCARED was developed by Birmaher in 1999 and contains 41 items. It has the following features:

- The scale has been widely used in several countries and cultures other than those where it was initially standardized (Martinelli, Gatt, 2022).
- It is one of the new assessment scales developed to be specifically adapted for children and adolescents aged 8 to 18. Its main interest is to make it possible to distinguish anxiety disorders from a questionnaire that is based on the DSM criteria.
- It assesses five different anxiety disorders: panic disorder, generalized anxiety, separation anxiety, social phobia, and school phobia. There are two forms of this questionnaire: a self-report form for young people and a hetero-report form for parents or other informants (Zebdi, Lignier, 2017).
- It assesses 41-item scale for parents and children, which is freely downloadable (<https://www.ohsu.edu/sites/default/files/2019-06/SCARED-form-Parent-and-Child-version.pdf>), quick to use, and provides a summary score of anxiety symptoms (Lohr, Daniels *et al.*, 2017).
- For children aged 8 to 11, it is recommended that the clinician explains all the questions or that the child answers the questionnaire sitting with an adult in case they have any questions (Birmaher, Brent *et al.*, 1999).

Administration Mode of SCARED:

This measurement can be completed in person through a test stating the following instructions to the user:

“You will find below a list of sentences that describe what people feel. Read each statement and decide whether it is “Not true or almost never true” or “Rather true or sometimes true” or “Very true or often true” for you. Then, for each sentence, fill in a circle that corresponds to the answer that seems to describe you over the past 3 months.” (Birmaher, Brent *et al.*, 1999).

Scoring is as follows: 0: Not true, 1: Sometimes true, 2: True, often true.

Scoring and Interpretation of the SCARED:

- A total score > 25 may indicate the presence of an anxiety disorder. Scores above 40 are more specific.
- A score of 7 for statements 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38 may indicate panic disorder or significant somatic symptoms.
- A score of 9 for statements 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate generalized anxiety disorder.
- A score of 5 for statements 4, 8, 13, 16, 20, 25, 29, 31 may indicate separation anxiety disorder.
- A score of 8 for statements 3, 10, 26, 32, 39, 40, 41 may indicate social phobia.
- A score of 3 for statements 2, 11, 17, 36 may indicate anxious school refusal.

3.1.3. Clinical Observation

Direct observation allows, indeed, to collect data on what individuals do in a natural environment and it gives access to what happens beyond the discourse, namely behaviors (Guikas, Morin *et al.*, 2016).

To study the behaviors actually implemented, direct observation is essential. This data collection method "consists of being a witness to the social behaviors of individuals or groups in the very places of their activities or residences without modifying their ordinary course" (Bocquillon, Baco *et al.*, 2022).

To objectively assess behaviors, we had developed an observation grid to carry out repeated measurements of behaviors during the sessions. Our observation grid contained aspects relating to: the quality of the child's interactions, his verbal and non-verbal expressions (facial expressions, gestures, etc.), his creativity, his adaptation during the sessions, attention, emotions, behaviors and thoughts.

4. Therapeutic Intervention Tools

4.1. The Specific Framework of Art Therapy

More specifically on the framework in art therapy, Judith Rubin (2010) specified the different elements that are part of it. She included the following:

- **The materialistic conditions:** The place must be sufficiently welcoming, the equipment adequate and the confidentiality conditions met (soundproofing, secure space, sheltered from prying eyes, interruptions or inopportune passages, etc.)
- **The psychological conditions:** The therapist must be in a position of availability and sufficiently free from their own concerns to welcome and favor the production of the patient's material;

The framework has a third-party role that ensures the continuity, stability, predictability and specificity of the therapeutic relationship (Lecourt, Burat, 2020).

4.2. Art Therapy Material

The equipment used in Art Therapy usually contains:

- Mats are arranged on the ground, as well as a motor skills module which often allows work within the child's limits and safety.
- Several toys to create a theater scene: Symbolic play: allowing the setting up of symbolic games are also made available: dolls, dinette, cars, doctor's case.
- Construction games (bricks), Rolling toys to pull (trucks, roulette dog, which allow the child to move around by carrying their toy with them, the string can represent the link to the object, separated from their body, but which they have full control of), Hide-and-seek games and a tunnel (games around the mastery of absence and presence) (Wendland, Camon-Sénéchal, 2011).
- Paint: sheets and brushes.
- Modeling clay: in order to make the character or the object that suits the theme addressed by the child.

5. Place and framework of the study

We will present the case of a child who came to us for psychological consultation at the School Screening Unit in Algiers, Algeria.

We had received the child accompanied by his parents, mainly referred by his teacher by sending us a letter where he mentions the child's anxiety with his school environment, which has affected his learning despite all the efforts made towards him. In order to establish the therapeutic framework, we had set two sessions per week as an initial step to soothe the child's psychological discomfort and with the progress of the child's condition; we would see the child once a week.

We had insisted on the importance of working closely with the parents and the teacher in order to be in a continuum and establish a secure bond.

6. Clinical illustration

Amine, 8 years old, comes to our consultation at the School Screening Unit accompanied by his parents on the referral of his teacher, who mentions in a letter that Amine has an anxious state related to school, sometimes going as far as school refusal which manifests itself through crying episodes each morning and a lack of investment in his academic activities. On the other hand, he manages to learn very easily when he is at home. We had carried out the first clinical interview with the parents and Amine, where they reported that before leaving for school he presents somatic complaints, abdominal pain, headaches, nausea and vomiting; once at school, he withdraws, cries, and shows a state of sadness and has difficulty concentrating on his schoolwork. Amine has a very hard time with separations, saying that he prefers to go with his mother to work. Amine has anxious thoughts (fear that his parents will have an accident). This scenario is repeated every morning but the parents never thought about psychological care if the teacher had not insisted and referred under the pretext that with age it will be fine.

Session 1:

For a first interview, we used the observation of Amine's behavior who was sitting on his father's lap for the entire session without using the crayons and white sheet that we had put at his disposal. The child did not seek to explore the world around him and avoided eye contact with the therapist.

During the anamnesis, we learned from the parents that the pregnancy was desired and his arrival at the family was a happy event as the family wanted the arrival of a boy. Amine's psychomotor development was normal, he did not attend kindergarten under the pretext of protecting the child from external attacks and that the family environment was safer for him. Amine was the youngest of a family of two sisters.

Regarding the history of the disorder, it had appeared since starting school, which was the first separation from his family environment. Amine's anxiety attacks subside during the long holidays and at each new school year.

We tried to understand the quality of the child's attachment to his parents, especially his mother, who is rather anxious about her son's condition. On the other hand, the father constantly talked about all the sacrifices he made for his family. We

noted that the family environment was not safe due to family conflicts and financial instability, which is a risk factor for separation anxiety disorders according to (Figuerola, Soutullo *et al.*, 2012). There is a broad consensus between specialists that an interaction between different factors, biological and environmental, increases the risk of anxiety disorder.

Beyond the clinical interview, we used an observation grid to carry out repeated measurements of behaviors, emotions and to observe all the factors aggravating or reducing his anxiety.

Session 2:

On the second session, we administered the Screen for Child Anxiety Related Emotional Disorders (SCARED) assessment instrument, that is widely used to assess childhood. This tool is reliable, valid, and accurate for screening pediatric anxiety disorders. (Behrens, Swetlitz *et al.*, 2019). According to (Zebdi, Petot, 2014) it would be possible to save a lot of time in the diagnosis of anxiety disorders in children by using the SCARED as a first-line tool.

The total SCARED score was 30, which is high and indicates the presence of an anxiety disorder. Additionally, Amine scored 12 in the separation anxiety disorder component of the tool. This score is above the normal values that are supposed to be below 5 (Birmaher, Brent *et al.*, 1999).

Faced with this separation anxiety suffered by Amine, we were inspired by the attachment theory which led to a reflection on the helping relationship, by taking into account the basic needs for security and its circle which always remains active, as well as its contextual aspect and the world of representations. Playing is a part of it. (Berkouche, 2022) For this, we used art therapy which will help us to decipher the discomfort experienced by Amine through his own creation. Art therapy is the essential means we have to move from a simple, unreflective, purely operational know-how to a reflective know-how, allowing conscious intervention on this know-how itself. Only this learning of self-evaluation can give access to autonomy (Forestier, 2007).

Session 3:

After the interviews and the assessment, we decided to work with Amine alone. At first, it was difficult for him as he demanded his mother's presence. We provided Amine with a mat (which serves as a container for the child) and all the materials (games, stories, painting, modeling clay...) next to it. To put the child at ease, we took the initiative of showing him all the materials that were available to him and that he could choose what he wanted. Amine sat alone on the mat for a long time, and from time to time asked for his mother. He finally decided to play with some characters, where we encouraged the child's interactions so that he could create and play a scene that he wants or that he has lived or would like to live. We encouraged the principle of playing for pleasure while providing a calm and serene place under the watchful eye of the psychologist.

During this session, Amine did not interact much, too preoccupied by the absence of his mother in our room. He just took the time to see the different toys and put them back at their place.

Session 4:

At the next session, we only provided Amine with paint and sheets, while reassuring him on the absence of his parents. During this session, Amine decided to draw without really talking to the therapist. He drew a rather peculiar shape that is orange and blue. We let him work quietly. At the end, he told us that it was a house, (while observing his anxious and fearful behavior towards the place). We agreed to stick each drawing on the wall to see the evolution.

Session 5:

The following session, the child was calm. This time, he decided to create a theatrical scene but insisted on our help. We were available to build a relationship of trust and serenity with him, and we took the opportunity to treat the theme of school. There, Amine clearly expressed his anxieties about loss; any distance from the family home was anxiety provoking for him. He chose a character sitting alone, we reassured the child each time in order to reduce any anxiety. During this theatrical scene we introduced the principles of disappearing/reappearing (games around the mastery of absence and the permanence of the object).

Progress and Therapeutic Mediations

Gradually, Amine no longer needed our support (help), he managed to fully invest his play space (pleasure of the game) around the limits of the mat, no longer mentioned the presence of his parents. Amine put words on emotions, behaviors.

We alternated between drawing with crayons, painting, modeling clay and characters, in order to provide a variety of things to encourage his creativity.

In our observation grid, we noticed a progressive regression of anxious behaviors at each session. We observed that our introduction of art therapy during the sessions had played a role of therapeutic mediator. This expressive play activity involved the whole body, sensorimotor skills, the relationship to space, to oneself and to others. "The malleable medium" was the malleable material (paint, clay, modeling clay) that the therapist proposed.

The "play" proposed in the psychological intervention, with the material, therefore consisted in making "psychic material" malleable in a physical material (the medium) (Lecourt, Burat, 2020).

On the school side, we recommended to the teacher to introduce therapeutic mediations - Art therapy - such as theater, painting, storytelling, modeling clay... whenever possible in work groups in order to encourage collective creation and make the school a safe and secure place for children.

7. Discussion

Piaget attributed autonomy to the natural self-organizing capacities of any living system (through adaptation and organization). Student autonomy is seen as a social process, resulting from the transition from interpersonal to interpersonal (Raab, 2016).

Amine faced difficulties in acquiring autonomy, constantly expressing complaints and fear due to his separation anxiety, which was confirmed by his family, clinical interviews, and evaluation.

Amine's family environment, particularly his mother's anxiety, exacerbated his suffering. Hsu (2004) found that high levels of maternal separation anxiety were associated with greater maternal reactivity to the child's negative cues, influencing the quality of mother-child interactions (Pessoa, Costa, Torres *et al.*, 2014).

Art therapy served as an expressive outlet for Amine's emotions and cognitions, providing a physically defined and containing space. This approach is based on the principle that the permanence of the setting, including the characters, physical space, and toys, contributes to the work of securing and containing the child's anxiety, both psychologically and physically.

Authors agree that parents should be involved in their child's care. This commitment to care involves establishing a therapeutic alliance with the family (Caron, 2018). Our introductions to the parents at the end of each session helped us maintain a reassuring and secure environment for the child.

Art therapy provided a safe and supportive space for Amine to express his anxieties and fears related to school separation. Through various art activities, Amine was able to explore his emotions, develop coping mechanisms, and gradually gain confidence in his ability to manage his anxiety. The collaboration between the therapist and the teacher also played a crucial role in creating a consistent and supportive environment for Amine to thrive both at school and in his personal life.

8. Conclusion

Separation anxiety is an intense and persistent fear of being separated from a parent or primary attachment figure. It is common in young children but may also occur in older children and adults.

Amine's separation anxiety trapped him in his fears and complaints. Our use of art therapy in Amine's case was highly beneficial. The support of artistic mediations encouraged the emergence of new forms of representation and a permanent reopening of symbolization processes. Art therapy provided a containing and reassuring function for Amine, enabling him to transition from personal to intrapersonal experiences, which would help him engage in his school environment.

Art therapy played a crucial role in Amine's personal growth by providing a safe and expressive outlet, promoting symbolism and representation-facilitating self-discovery and personal growth.

The successful treatment of Amine's separation anxiety highlights the importance of collaboration and therapeutic support. The combined efforts of the therapist, parents, and school personnel played a vital role in creating a supportive and nurturing environment for Amine to overcome his anxiety and thrive in all aspects of his life.

Based on our experience using art therapy as a form of mental health care for Amine, who suffered from severe separation anxiety, we can conclude that it is highly beneficial and has significantly improved his well-being.

While our findings are based on a single case, we consider them conclusive and promising for a more comprehensive investigation. We will continue our work

further in this direction by expanding our research group and aiming at developing a generalized therapeutic protocol.

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