Anxiety in Children Preschool: Can it be overcome with gradual exposure?



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Abstract

Anxiety problems do not only occur in adolescence or adulthood. Children also often experience anxiety. Anxiety that occurs in childhood often occurs when they are in the school environment. Symptoms that occur in this anxiety include physical characteristics, behavioral characteristics and cognitive characteristics. Anxiety in children when at school is characterized by not being able to go to school independently, so parents must always wait for them. The purpose of this study was to determine the effectiveness of behavioral therapy in reducing anxiety in preschool children at school. The assessment methods used were clinical interviews and observations. The technique in behavioral therapy used was gradual exposure, where the subject will be faced with situations that trigger feelings of anxiety gradually. The results of the study showed that there was a decrease in the level of anxiety, which was also marked by the subject being able to go to school independently.

Keywords

Anxiety, behavioral therapy. children, gradual exposure, independence, preschool school

Introduction

The developmental period of children aged three to five years is when children begin to be introduced to the school environment. A school is an educational institution that implements rules. These rules must be obeyed by elements in the school, one of which is students. However, many preschool students are still unable to apply these school rules. Basically, children aged three to five years, in general, can put aside their desires and follow the rules that have been set (Jones et al, 2019).

The attachment of parents to children aged three to five years certainly has a close relationship. This attachment plays a significant role in influencing separation anxiety in children (Karayağız et al, 2020). Attachment to the emotional bond formed between the child and the primary caregiver, who is often the parent. Research shows that the type and quality of this attachment can have a major impact on the level of separation anxiety experienced by children (Gonzálvez et al., 2018). Children who have started school certainly experience differences when compared to the home environment. The school environment has several rules that need to be obeyed, one of which is that parents are not allowed to accompany children to school. Parents who have anxiety can be behavioral models, responsive to children's needs, and reinforce children's anxiety (Rev et al, 2019).

This will also have an impact on children's behavior at school. John Bowlby's attachment theory explains that the attachment between children and attachment figures, namely parents, occurs in the developmental stage and has a positive impact. Children become more independent and confident in building better interpersonal relationships and moral intelligence (Cenceng, 2015). In addition, in children's adolescence, children are able to minimize criminal acts,

violence, and negative behaviors that occur in society and at school; this is also inseparable from parental care.

During childhood, many experience anxiety problems that are shown in the school environment. Children aged three to five years are generally able to put aside their desires and follow the rules that have been set (Jones et al, 2003). If children cannot put aside their desires and are reinforced by parental parenting, they will continue to break school rules. While schools also have several rules that must be obeyed, one of which is that parents are not allowed to accompany children to school.

Excessive anxiety in children leads to behavior that does not want to be left by close figures such as mothers. However, in this phenomenon, mothers do not have the heart to leave their children because they feel sorry for them when they cry. Behavioral responses are reinforced with consequences as reinforcement, thereby increasing the frequency of the appearance of previous behavior, or called operant conditioning (Nevid et al, 2018). This makes children's behavior that cannot be independent in school continue to repeat itself. Research shows that children who are able to participate in activities in Kindergarten actively show better behavior, such as mutual respect, tolerance, and cooperation (Liao et al, 2021). Therefore, to achieve behavioral change, it is necessary to have treatment involving

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professional staff supported by teachers and parents or guardians of the students themselves.

Psychological interventions that can effectively reduce children's anxiety while at school are cognitive behavioral therapy (CBT), behavior therapy, and parental training programs. CBT has been shown to be effective in overcoming various forms of anxiety in children. However, CBT also has several shortcomings when applied to overcome the anxiety of children who are separated from their mothers at school. Children have limitations in language and cognitive skills, and they will have difficulty understanding concepts during therapy (Kunas et al, 2021).

Parental training programs have shortcomings, namely time constraints, and if parents do not do it consistently or in accordance with the techniques taught, the training will not be effective (Barlow & Coren, 2018). Meanwhile, in behavior therapy with gradual exposure techniques, children will be gradually introduced to situations that cause anxiety so that children learn that frightening situations are not always dangerous and reduce anxiety (Galán-Luque et al, 2023).

In addition to reducing anxiety levels, the gradual exposure technique can increase children's self-confidence, teach adaptive coping skills, increase social adaptation, and minimize the occurrence of behavioral disorders (Davis et al, 2020). This technique is also effective in reducing fear, avoidance behavior, distress, and functional impairment due to behavior avoiding feared objects (Hofmann, 2009; Bouchard et al, 2012).

The reason for using gradual exposure interventions is that children will be gradually taught situations that cause anxiety and taught techniques that can be used to reduce their anxiety. The purpose of this study was to prove the effectiveness of gradual exposure in reducing anxiety in children at school.

Method

Assessment

The assessment method in this study uses clinical interviews and observations. Clinical interviews aim to reveal the history of the formation of the problem, the symptoms experienced in more depth, interactions with the environment, the impact of the problem on daily life, and the efforts that have been made to overcome the problem. Observation aims to obtain more in-depth data related to the subject's behavior through observation results. Observation is also used as a baseline for measuring behavior.

Case Presentation

He is the youngest son of three siblings. His mother works as a laundry entrepreneur at home. He is a cheerful child. He often invites his mother, father, and older siblings to play together. The father also often takes the time to invite him to help with housework and play together, such as washing the car, playing ball, and cycling together. When the mother works at home, He dares to play outside with his neighbors. The mother often leaves him at home to deliver laundry orders. He is also brave when left at home when the mother works by being given a cell phone and watching videos. This makes him able to be left by the mother by being given a cell phone. The mother stated that his child had previously attended Kindergarten

(pseudonym), which was different from the current one. When he was in Kindergarten, he only attended school for ten days. He attended school there from 06.45 to 12.30. When he first entered Kindergarten in August 2022, He dared to be left by his mother after being dropped off.

His classmates at Kindergarten were the ones who cried more often and did not want to be left by their parents who dropped them off. So their parents always accompanied them to school. After a week of attending Kindergarten, He also followed his friends who wanted to be waited for by their mother at school. He would cry and whine after his mother dropped him off at school. He said that his mother should not leave him at school. If his mother left him at school, he would threaten to cry and not want to attend lessons. Since then, his mother has never left him at school for ten days. However, there was one time when his mother left him during class hours. When he looked for his mother at school and could not find her, He cried hysterically until the teacher called his mother to come back to school and take him home. When he got home, his mother gave him his favorite video to watch so that he could calm down after crying at school.

Seeing this incident, the principal at Kindergarten told the mother to leave her child. The principal of the Kindergarten told the mother to go back home screaming so that her child could also hear it. The subject, who was already crying and screaming because he did not want to be left behind, was stopped and carried by the teachers and forced to return to class. Meanwhile, the principal stopped the mother from leaving him immediately. The mother, who saw him being treated like that, felt that she could not accept the teacher's treatment. Then, the mother got angry with the teachers and the principal and said she did not like the teacher's treatment. Then, the mother stayed at school and waited for his child to go home even though he kept crying in class.

The next day, he did not want to go to school. If his mother woke him up and told him to go, he would cry, scream, and lock himself in his room. He continued to do this behavior for five days. There was a time when his eldest brother forced him to go to school. However, he cried and screamed even more until he fell asleep in the room. Finally, the mother decided not to send him to school for two months.

One time, the mother and his child accidentally met the principal of Kindergarten at a mosque. The principal of Kindergarten persuaded the mother to let his child go back to school. However, when he saw the principal, he said, "I do not like this mother, she's mean". Hearing that, the mother was shocked by his statement and immediately left the principal.

Two months passed, and the mother invited his child to go to several schools. When he arrived at another Kindergarten (pseudonym), he was warmly welcomed by the teachers. He was invited to sing and play together. He wanted to go to Kindergarten with the persuasion of the teacher and also the mother. He finally started going to Kindergarten in September 2022. However, until now, he does not want to be left by his mother during class hours. His mother always accompanies him outside the classroom. According to the mother, he became enthusiastic about learning when accompanied by his mother. She once asked him why he did not want to be left, he only answered because the teacher would force him and shout at him like at the previous school. Once upon a time, he

was dropped off by his eldest sibling. The older sibling only dropped him off at school and monitored him from a distance.

During recess, he was seen sitting alone with teary eyes because his mother was not with him. When in class, he was also not enthusiastic and did not follow the teachers instructions. Their mother also tried to leave him quietly during class. However, the subject cried hysterically and did not want to go to class. So the teacher called the mother and asked him to return to school. When that happened, his hands also felt cold. This incident made the mother not have the heart to leave him alone at school. Until now, the mother has never left him at school. Several times, the subject left the classroom to see his mother outside. The mother also encouraged him to be able to follow the learning. One time, the mother tried to wait for him outside the school. The mother told him to wait outside the school. However, he returned to look for his mother even though the teacher asked him to play with other friends.

Diagnosis and Prognosis

Diagnosis

Based on the results of the assessment that has been carried out, the subject has met the criteria for anxiety problems (Nevid et al, 2018). The symptoms in the subject meet the criteria for anxiety by Nevid, which are indicated by physical characteristics, namely cold hands when going to school; behavioral characteristics, namely crying and not wanting to follow instructions from the teacher; cognitive characteristics, he thinks that the teacher will shout at him which makes him unfocused and difficult to concentrate at school. Furthermore, the physical, behavioral, and cognitive characteristics show the criteria for anxiety experienced.

Prognosis

The prognosis can be reviewed from the type of problem, history of its formation, history of physical illness, cognitive ability, family support, onset (emergence of disorders), social support, and family history of disorders (Fusar-Poli et al, 2018). The prognosis problem is good. This is because the subject has good enthusiasm, and there is family and teacher support for the subject's changes. There is no history of disorders in the family. Cognitively, he is also good at capturing information and communicating, and there are no delays in the development process.

Intervention

The target of the intervention carried out is to reduce the level of anxiety, which is indicated by being able to attend school independently without having to be accompanied by the mother. Considering that the mother has to work, she must continue to accompany him to school until she finishes. She is expected to be able to follow the lessons well, follow the teacher's instructions, and not cry or whine when not accompanied by the school's mother. In addition to reducing anxiety levels, this intervention aims to increase children's self-confidence, teach adaptive coping skills, increase social adaptation, and minimize the occurrence of behavioral disorders (Davis et al, 2020). Children learn that frightening

situations are not always dangerous and reduce anxiety (Galán-Luque et al, 2023).

The type of intervention given is behavioral therapy with the gradual exposure technique. In the gradual exposure technique, according to Joseph Wolpe, the subject will be gradually faced with situations that cause fear and anxiety (Vinet & Zhedanov, 2011). This technique can be called exposure because it requires them to expose themselves to situations that can arouse anxiety as a way to reduce anxiety. The subject will be directly confronted with the source of anxiety triggers with gradual steps so that he can start from the easiest level to the most difficult level. Anxiety problems in children, the role of parents can support changes in children's behavior. In the gradual exposure stage, the lowest level of the child will be accompanied by parents first at the specified time until the most difficult level, namely, the child can go to school independently (Lingenfelter & Hartung, 2015). Therefore, the use of gradual exposure techniques can be effective in dealing with anxiety problems in children. The following are the stages of gradual exposure (Mustajab & Suryaningrum, 2020).

Session 1: Rapport, informed consent and problem identification Building a rapport by inviting play so that can trust in handling the intervention. Then, a discussion is held with the mother regarding the problems currently experienced, and the focus of the goal is set so that the problem can be resolved. After that, an informed consent form is given to the mother to follow the intervention until it is finished. The target in this session is to build trust and help the mother understand the picture of the problem that has been faced.

Session II: Building commitment and explaining intervention Building In this session, the subject is invited to build high motivation so that they can follow the intervention session until it is finished. Then, explain to the mother about the intervention that will be carried out after the mother understands the description of the therapy. Then, explain again in more depth the sessions that will be carried out during the intervention process. The target of this session is to have the enthusiasm for therapy and the mother to gain insight into the therapy process that will be carried out.

Session III: Psychoeducation for the family. Education is given to the family, especially the mother, regarding the history of the formation of problems. The problems began when he was in kindergarten; the teacher forced him to stay at school, and the mother was not allowed to accompany him to school. From this, he always asked to be accompanied by his mother when he was at school. His mother also complied with his request when he did not want to go to school or always had to accompany him and show him videos to make him calmer. The target of this session was for the mother to gain insight into the problem started by the mother, who always complied with his requests.

Session IV: Relaxation Before entering the exposure, he was invited to relax to reduce his anxiety. The relaxation techniques used were breathing and 54321. 5 things that can be seen, 4 things that can be held, 3 things that can be heard, 2 things that can be smelled and 1 thing that is felt using simple sentences.

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Session V: Mother is near the gate in the school . The first level is that he can go to school, but his mother accompanies him near the fence in the school. Initially, the mother accompanies him outside the classroom, but at this level, the mother will gradually move away until he really feels comfortable. The teacher also reinforces the form of praise when he carries out the first level. When the subject shows whining or crying behavior, the client will be calmed and also directed to apply the relaxation that has been taught previously. The target of this session is that the subject is able to carry out learning accompanied by the mother, who is at the school gate.

Session VI: EMother is at the school gate outside which is visible to the subject The second level is that he is able to go to school, and the mother accompanies him at the school gate outside, which is visible. After he is able to do the first level, the mother's position gradually begins to move away from being at the school gate to being at the school gate outside. This level is continued until the subject feels comfortable. The client will continue to be given reinforcement so that he can feel comfortable when the mother is outside the school. The target in this session is to learn at school even though the mother is at the school gate outside.

Session VII: Mother is outside the school without being visible At this third level, the mother is asked to go further by being outside the school but not visible. Before doing this level, the mother will reassure the child that even though she is not visible, the mother is still at school. This is done so that the child can adapt first if he does not see his mother at school before the mother really does not accompany him.

Session VIII: Not accompanied by mother at school The fourth level is that the mother is not accompanied at school. This is the last level he can learn without being accompanied. When the subject is able to carry out the previous level, the mother moves away again by leaving him at school. He will be praised for his courage. The target of this session is to be able to go to school without having to be accompanied by the mother.

Session IX: Evaluation and termination The subject and his mother together conduct an overall evaluation of the intervention that has been carried out. The mother and subject can explain activities that are difficult to do during the intervention process. In this session, a baseline form is given to the teacher after the intervention to fill in. This aims to see changes in behavior that are experienced. Furthermore, the intervention ended by reinforcing so he and his mother could maintain their behavior.

Session X: Follow up Follow-up was carried out two weeks after the intervention. The child and his mother were given an explanation regarding the conditions after the intervention. In addition, an evaluation of the baseline results that the teacher had filled in after the intervention was carried out. At this stage, reinforcement was also continuously provided so that the subject and mother could maintain the positive thoughts that had been taught during the intervention process.

Results and Discussion

Results

The first session of the intervention implementation brought up closeness with his child and also the mother so that they could trust each other. The mother and teacher explained his complaints about who did not want to be left behind when at school and also her experiences when she was at her previous school. The mother also gained insight related to the description of the intervention by filling out the informed consent.

The results of the second session showed that the mother and subject had committed to following the intervention from start to finish. Although, at first, the child was silent and reluctant to follow it, he was invited to understand that the higher the level of education, the more he would be required to be independent. Also, the mother had to work in the morning to meet her needs. Finally, the subject agreed to the statement, and the mother also described the intervention.

The results of the third session were that the mother understood the history of the formation of the problem in the subject. In addition, the mother's consistent role will also help him be more independent when going to school. The mother stated that she could not bear to see him crying, so she would always accompany him.

The results of the fourth session showed that the child was able to relax according to what was taught. The relaxation was done three times in a row so that she would relax. Measurement of anxiety using the emoticon rating scale also showed a decrease. Before the relaxation was carried out, it was 9, but after the relaxation was carried out, it became 7.

The results of the fifth session were that he was still seen peeking at his mother through the classroom window several times, even though he had been given reinforcement at the beginning. When school was over, the mother was asked to reinforce with praise because he was able to go through this session well. The target in this session was achieved with the mother, who was further away, namely at the gate, and he did not meet his mother even though he peeked during the learning process.

The results of the sixth session were that he was able to participate in activities in class even though he did not see his mother. Although at the beginning the subject whined, the role of the mother and teacher helped him. The relaxation techniques that had been taught helped him to be calmer. The mother gave praise for her behavior of not looking for her during school hours. The teacher also gave praise for his behavior.

The results of the seventh session were that he was able to participate in class activities even though she still peeked at the gate several times to see her mother. However, the teacher helped her by calling her and inviting her to play with her friends. The mother praised the subject's behavior for not looking for her and was willing to follow the teacher's instructions.

The results of the eighth session were that he was able to go to school without having to be accompanied by her mother. The role of the teacher and friends greatly influenced the subject's behavior. Relaxation techniques were still carried out when he showed anxious behavior. After the subject came home from school, the mother approached and hugged him,

plus gave him praise and said, "smart, you're brave". The teacher also gave praise for the change in his behavior.

The ninth evaluation session will be conducted by inviting the mother and the teacher to discuss the obstacles experienced during the intervention process. The mother stated that the hardest thing, according to her, was in the previous session, where she had to leave his child at school. When in class, the teacher explained that he was able to follow the lesson even though he looked restless several times. The subject was given questions about the level of anxiety with a rating scale emotion. The subject pointed to a scale of 5. This indicates that there was a decrease in the level of anxiety compared to the previous session.

The tenth session was a follow-up carried out two weeks after the intervention. Within two weeks, the child was able to go to school without being accompanied by his mother six times. This means that there was a change in behavior, whereas, before the intervention, he had always been accompanied. However, it could only be done sometimes. Actually, according to the teacher, he could be left out and did not look for his mother when going to school. However, the mother stated that if there was no work, she accompanied him to school because she could not bear it and kept thinking about it if he cried at school. The mother was reminded that the expected behavioral target is that he could be independent when at school and must be done consistently

Based on the intervention that had been carried out, the gradual exposure technique was able to effectively provide changes to the subject with anxiety problems at school. During the implementation of the intervention, there was a decrease in the subject's anxiety level based on the rating scale. Changes in the subject's behavior also supported this. When at school, with the support of the teacher and his friends, he no longer looked for his mother. The teacher also trained him to apply the relaxation techniques that had been taught.

When in class, the subject was also able to participate in learning actively. The teacher stated that he could complete the tasks given and dared to appear in front of the class even though his mother did not accompany him. Therefore, the intervention target can be said to have been achieved. However, the mother has not been able to consistently leave him at school because she keeps thinking that the subject is looking for her and crying at school. Graph 1. Changes in Anxiety Levels

Based on the graph above, it is known that during the implementation of the intervention, there was a decrease and increase in the level of anxiety of the subject. The increase occurred on the first and second days. The first day was the implementation of relaxation, where the subject was directed to be able to control anxiety. On the second day, the mother began to move away to accompany her, namely at the gate of the school. This made the subject often look out the window while in class so that she still felt anxious. There was a decrease on the fifth and sixth days when the teacher participated in controlling the subject's anxiety while in class.

The results of baseline measurements carried out before and after the intervention also showed changes. The baseline filled in by the teacher before the intervention showed that the subject always wanted to be accompanied by his mother while going to school. After the intervention, the subject was able to go to school alone without having to be accompanied by his mother six times in two weeks. When in class, he also did not look for his mother and followed the lessons happily with his friends. However, the mother was less consistent in allowing the subject to go to school alone

Discussion

Intervention with the gradual exposure technique effectively changes behavior in children with anxiety problems at school. These behavioral changes are carried out gradually from the lowest to the highest level with different levels of difficulty. The gradual exposure intervention approach to anxiety problems in children is an effective form of forming social skills training and children's self-confidence (Guedes et al, 2019). The subject showed gradual behavioral changes so that he could independently go to school without being waited on by his mother.

Anxiety in children is caused by several factors, one of which is from the closest family environment, namely parents. The mother shows excessive involvement in the child's activities, which can form negative reinforcement for the child to feel continuous anxiety at school (Hudson et al, 2019). Mothers or parents play an important role in managing anxiety in children, so the intervention given will involve parent training and behavior modification in children (Lebowitz et al, 2020).

From the factors that have been explained, when the subject does not see his mother at school, he will scream, cry, and not follow the teacher's instructions. The mother always complies with his request to be accompanied. On the other hand, the mother stated that it was difficult to work because she had to wait for the subject to come home from school. This habit is carried out continuously by the mother, thus creating anxiety at school until now. This is in accordance with the results of research where anxiety in children is influenced by the role of the family.

Preschool children initially often experience anxiety because they do not feel comfortable with their new environment at school. This anxiety usually occurs for three to seven days and is marked by crying, screaming, and also holding their parents while at school. Children who experience anxiety need social and emotional development so that children feel comfortable and safe at school (Swan et al, 2019).

Social and emotional development is obtained by providing learning opportunities for children to respond to various environments. A positive social response will be able to form a good self-concept for the child. He gets a positive response from the teacher towards school. However, the mother, who always obeys him when he rebels at school, provides negative consistency. Identification of sources of anxiety, gradual exposure, support and reinforcement, and evaluation in this gradual exposure intervention can effectively reduce anxiety symptoms and maintain consistent behavior (Reid et al , 2018).

School anxiety in children can be intervened by presenting direct stimulus exposure or in vivo exposure (Liao et al, 2021). By presenting stimuli directly, the subject will be able to adapt to the environment so that avoidance behavior can be eliminated. There are several forms of gradual exposure, such as dividing the level of difficulty from time and distance (Lingenfelter & Hartung, 2015). The intervention used in

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the subject's case is to gradually provide distance between the mother and the subject. The exposure technique is also able to reduce the subject's feelings of anxiety towards feared stimuli (Ilmi, 2021).

Gradual exposure is a therapeutic approach that aims to reduce anxiety by gradually introducing individuals to situations they fear. In the context of separation anxiety, this means helping children feel more comfortable with separation from their mother or caregiver by doing it gradually and in a planned manner (Comer et al, 2019). At the stage of compiling an anxiety hierarchy, conducting gradual exposure, providing emotional support, and adjusting the approach as needed, children can learn to feel more comfortable and confident when separated from their mother or caregiver at school (Jong et al, 2020).

Conclusion

Gradual exposure interventions can be effective in reducing anxiety levels at school in children. The decrease in anxiety levels is also marked by behavioral changes, namely that the subject can attend school independently without being accompanied by his mother. This technique is carried out by gradually providing distance between the mother and the subject with the lowest to highest level of difficulty. In addition, the subject also has relaxation skills that can be used when symptoms of anxiety occur.

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Author Contribution

Amelinda Regita Nurfelita Rosyada conducted writing, collected related data, designed and carried out the intervention. Diah Karmiyati Created the writing format and technical design of the intervention. supervised the intervention process and intervention results.

Conflict of Interest

There is no relevant conflict of interest in this writing. All authors have no financial or non-financial relationships with organizations or individuals that could influence the results or interpretation of the study.

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