

Exploring Separation Anxiety in Childhood: A Case Report of an 8-Year-Old Zimbabwean Girl after Cross-Border Relocation

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Abstract

This case study examines the therapeutic journey of Zuva, an 8-year-old Zimbabwean girl presenting with moderate separation anxiety following her family's relocation from Botswana to Zimbabwe. Initial assessments included clinical interviews and two standardized anxiety measures, Screen for Child Anxiety Related Emotional Disorders (SCARED) and Separation Anxiety Scale for Children (SASC), with Zuva's scores indicating clinically significant anxiety. Behavioral indicators included persistent crying at school drop-off, refusal to sleep alone, and recurrent somatic complaints (e.g., stomach aches) when separated from her mother. The psychologist diagnosed Separation Anxiety Disorder (DSM-5-TR F93.0) and implemented a multimodal intervention comprising play therapy, cognitive-behavioural therapy (CBT), and structured family involvement. Therapy spanned seven sessions of approximately one hour each. Post-intervention assessment revealed a reduction in SASC and SCARED scores alongside observable behavioural improvements such as independent sleeping, reduced school refusal, and increased social engagement with peers. Cultural differences between the two countries intensified Zuva's distress, as her Shona-rooted expectations of maternal proximity clashed with the more collective caregiving practices encountered in Botswana. Cultural considerations informed therapeutic choices such as play therapy which was adapted to incorporate familiar Shona storytelling and symbols of kinship, while family sessions emphasized bridging Tswana communal expectations with Shona attachment practices. This culturally sensitive approach facilitated both emotional adjustment and strengthened family cohesion. Overall, the case underscores the importance of integrating standardized assessment, behavioural observation, and cultural context in tailoring interventions for childhood anxiety disorders, particularly in cross-border relocation scenarios.

Key words: Separation anxiety, childhood, play therapy, cognitive-behavioural therapy, family involvement.

Introduction

Childhood separation anxiety often emerges when familiar environments, attachment figures, or daily routines are disrupted, leading to heightened distress and impaired functioning. Relocations, in particular, can challenge a child's sense of security by altering established bonds and routines. This case report presents the assessment, formulation, intervention, and outcome for Zuva (pseudonym), an 8-year-old Zimbabwean girl who developed clinically significant separation anxiety following her family's relocation and subsequent school transition from Botswana to Zimbabwe. This Case report aims to highlight a practical, culturally attuned therapeutic approach that integrates play therapy, cognitive-behavioral techniques, and structured family involvement. By situating the intervention within the cross-cultural context of Zimbabwean and Botswana traditions where differing conceptions of family, attachment, and emotional expression shape a child's adjustment, the case underscores the importance of tailoring treatment to cultural realities. In doing so, it demonstrates not only measurable clinical improvement but also the value of culturally sensitive practice in addressing childhood anxiety disorders.

Case context and method

A comprehensive assessment was undertaken to establish the clinical profile of Zuva (pseudonym), an 8-year-old Zimbabwean girl

Social Status:	Middle-class family; involved in extracurricular activities
Medical History:	Generally healthy; routine checkups with no significant issues
Mental Health History:	No prior mental health concerns reported.

BACKGROUND INFORMATION

Zuva is the second-born child in a family of three, with an older brother and a younger sister. Her early developmental years were shaped by cross-border relocation; the family moved from Zimbabwe to Botswana when she was two years old, and she spent most of her childhood there before returning to Zimbabwe shortly after her eighth birthday.

In Botswana, Zuva attended nursery and primary school in a coeducational setting. She adapted well to the school environment, displaying resilience during daily separations from her parents, both of whom are employed full-time. She was described as sociable and active, often finding comfort in seeing her older brother during school breaks. Her athletic ability was notable, and she participated enthusiastically in extracurricular activities such as swimming, ballet, and other sports, which contributed positively to her confidence and peer relationships. The family's return to Zimbabwe marked a significant transition, disrupting the familiar routines and social networks Zuva had established in Botswana. This relocation introduced new cultural and educational contexts, requiring her to adjust not only to a different school environment but also to the broader shift from Botswana's Tswana cultural norms to Zimbabwe's Shona traditions. These changes in family dynamics, attachment expectations, and modes of emotional expression provided the backdrop against which her separation anxiety symptoms emerged.

General observations

Appearance	Well-nourished, appropriately
Behaviour	Anxious, tense, cautious.
Attitude	Pleasant under the circumstances.
Level of consciousness	Fully conscious.
Orientation	Good
Speech and language	Coherent
Mood	Consistently anxious and sad
Affect	Tense and anxious.
Thought process	Normal, preoccupied with
Thought content	Normal, preoccupied with anxiety.
Attention span	Easily distracted.
Intellectual functioning	Age-appropriate memory
Memory	Good

History of presenting problem

Zuva, an 8-year-old girl, presented with marked anxiety symptoms primarily related to separation from her parents. Her difficulties intensified following a recent family relocation from Botswana back to Zimbabwe. Having lived in Botswana since the age of two, Zuva was accustomed to Tswana cultural norms and schooling environments, where she attended a coeducational school alongside her brother. The return to Zimbabwe required her to transition into a single-sex school, separate from her older brother, which heightened her sense of insecurity and contributed to her distress.

Since the relocation, Zuva has demonstrated persistent worry and fear when separated from her parents, particularly during school

presenting with symptoms of separation anxiety following her family’s relocation from Botswana to Zimbabwe.

Case context and method

A comprehensive assessment was undertaken to establish the clinical profile of Zuva (pseudonym), an 8-year-old Zimbabwean girl presenting with symptoms of separation anxiety following her family’s relocation from Botswana to Zimbabwe. Background information was gathered through detailed clinical interviews with both Zuva and her caregivers, were supplied with the Screen for Child Anxiety Related Emotional Disorders (SCARED) and Separation Anxiety Scale for Children (SASC), to quantify symptoms and severity. Observations were systematically guided by the Mental State Examination (MSE), which provided insight into her affect, thought processes, and behavioral responses during sessions.

The assessment findings were triangulated across multiple sources, ensuring reliability and validity, and ultimately supported a diagnosis of Separation Anxiety Disorder (DSM-5-TR F93.0). Particular attention was paid to the cross-cultural relocation context, where differences between Shona and Tswana conceptions of family, attachment, and emotional expression shaped both the manifestation of Zuva’s anxiety and the therapeutic approach. For instance, Shona traditions emphasize close maternal bonds and expressive caregiving, while Tswana norms often highlight communal child-rearing and emotional restraint. These cultural contrasts informed both the case formulation and the choice of intervention strategies.

The therapeutic method combined play therapy to provide a safe, symbolic medium for emotional expression and cognitive-behavioural therapy (CBT) in building coping skills and challenging maladaptive thoughts, and foster independence. Family involvement was integral, with sessions designed to bridge cultural expectations and strengthen parental support in ways that resonated with both Shona and Tswana frameworks of caregiving. Throughout the process, the psychologist adhered to strict ethical standards, maintaining confidentiality and ensuring that no personally identifiable information was not disclosed in this report.

Client demographic information

Name	Zuva (pseudonym)
Date of Birth	3 April 2017
Date of Assessment	10 July 2025
Chronological Age	8 years 3 months 7 days
Nationality	Zimbabwean
Marital Status	Single
Profession	Student
Academic Level	Primary student

Client history

Referred by	Parents
Reason for Referral:	Presentation of anxiety related behaviours
Referral details:	Parents reported significant anxiety interfering with daily life and school attendance.
Prenatal History:	No known complications; normal prenatal care.
Childhood:	Developmental milestones reached successfully;exhibited sensitivity and empathy
Family Background:	Lives with both parents and 2 siblings and elder brother and a younger sister; stable family environment, no significant history of mental health disorders in the family

attendance, extracurricular activities, and peer interactions.

Since the relocation, Zuva has demonstrated persistent worry and fear when separated from her parents, particularly during school attendance, extracurricular activities, and peer interactions. Previously described as outgoing and socially confident, she has become increasingly withdrawn, reluctant to engage in play, and hesitant to participate in group activities. Parents reported that despite their reassurance and support, her symptoms have not improved. Her anxiety has significantly impaired daily functioning, with observable impacts on school attendance, academic engagement, and social relationships. In addition to emotional distress, Zuva has exhibited somatic complaints such as stomach aches and headaches, often coinciding with anticipated separations. These behavioural and physical indicators collectively point to clinically significant Separation Anxiety Disorder (DSM-5-TR F93.0), exacerbated by the disruption of familiar routines, cultural context shifts, and changes in attachment-related dynamics following cross-border relocation.

Assessment

Assessment Tools

- Clinical interview with child and caregivers
- Separation Anxiety Scale for Children (SASC),
- Screen for Child Anxiety Related Emotional Disorders (SCARED)

Results

Separation Anxiety Scale for Children (SASC), 19 indicating moderate to severe anxiety

Screen for Child Anxiety Related Emotional Disorders (SCARED) 23 indicating moderate to severe anxiety

Interpretation

Findings from both standardized measures, corroborated by clinical interview data, indicate that Zuva is experiencing clinically significant separation anxiety. The results align with diagnostic criteria for Separation Anxiety Disorder (DSM-5-TR F93.0), characterized by persistent distress during separation from attachment figures, reluctance to engage in age-appropriate activities independently, and somatic complaints associated with anticipated separations.

Key symptoms

- Persistent fear that something bad will happen to a parent or loved one when apart.
- Reluctance or refusal to separate
- Refusing to go to school, sleepovers, or even another room without a parent.
- Clinging tightly to parents at drop-off times.
- Physical complaints before or during separation
- Sleep disturbances
- Refusal to sleep alone.
- Nightmares about separation or harm to family members.
- Excessive distress during separation
- Crying, tantrums, or panic when a parent leaves.
- Difficulty calming down even after reassurance.
- Fear of being lost or kidnapped
- Worry that they will be separated permanently or something bad will happen to them

Analysis of assessment / diagnosis

Findings from the clinical interviews, standardized measures Screen for Child Anxiety Related Emotional Disorders (SCARED) and Separation Anxiety Scale for Children (SASC), and structured observations confirmed that Zuva's symptoms were consistent with Separation Anxiety Disorder (DSM-5-TR F93.0). Her presentation included excessive distress during separations from her parents, reluctance to attend school independently, withdrawal from peer activities, and somatic complaints such as stomach aches linked to anticipated separations. These features align directly with DSM-5-TR diagnostic criteria for Separation Anxiety Disorder.

No evidence of comorbid anxiety disorders (e.g., generalized anxiety disorder, social anxiety disorder, or specific phobias) was identified during the assessment process. The diagnosis was therefore limited to Separation Anxiety Disorder, with symptom severity rated as moderate based on standardized scale scores. The assessment highlighted the role of cross-border relocation and cultural transitions (from Botswana's Tswana communal caregiving norms to Zimbabwe's Shona attachment-focused traditions) as contextual factors that exacerbated her anxiety. These cultural considerations were integrated into the case formulation to ensure that the intervention was both clinically appropriate and culturally sensitive.

Problem formulation**Predisposing factors**

- Strong attachment style shaped by Shona cultural norms that emphasize close maternal bonds.
- Parental overprotection, reinforced by family expectations of caregiving proximity.

Precipitating factors

- Recent cross-border relocation from Botswana to Zimbabwe, disrupting familiar routines, peer networks, and school environment.
- Transition from a coeducational school with sibling presence to a single-sex school without her brother, intensifying feelings of insecurity.

Perpetuating factors

- Persistent refusal to attend school independently and avoidance of extracurricular activities.
- Withdrawal from peers and reduced participation in social play, reinforcing isolation and anxiety.

Protective factors

- Supportive family dynamics, with parents actively engaged in her care and willing to participate in therapy.
- Previous history of resilience and sociability, including athletic involvement and peer engagement in Botswana.
- Cultural resources such as storytelling and family rituals that can be integrated into therapeutic work.

Formulation summary

Zuva's separation anxiety reflects an interplay of predisposing attachment patterns, the precipitating stress of relocation and school transition, and perpetuating avoidance behaviours. The therapeutic goals are to reduce her anxiety symptoms, restore confidence in independent functioning, and strengthen coping strategies. Interventions will focus on play therapy to facilitate emotional expression, CBT to challenge anxious thoughts and build resilience, and family involvement to bridge Shona and Tswana caregiving expectations. With culturally sensitive support, Zuva is expected to regain her social engagement, improve school attendance, and develop adaptive skills for managing separation-related challenges.

Counselling goals

- Enhance psychoeducation and awareness
- Help Zuva and her family understand the nature of separation anxiety, its symptoms, and how relocation and cultural transitions (Tswana vs. Shona caregiving norms) may influence her experience.
- Develop coping strategies for separation situations
- Teach age-appropriate techniques (e.g., relaxation, self-soothing, positive self-talk) to reduce distress during school attendance, extracurricular activities, and peer interactions.
- Strengthen self-confidence and independence
- Support Zuva in gradually engaging in activities without parental presence, fostering resilience and autonomy
- Improve school attendance and participation
- Reduce avoidance behaviours by setting gradual exposure goals, encouraging consistent attendance, and rebuilding her comfort in academic and social settings.
- Address somatic complaints linked to anxiety
- Help Zuva recognize the connection between physical symptoms (e.g., stomach aches) and emotional distress, and provide strategies to manage them.
- Promote family involvement and cultural sensitivity
- Equip parents with supportive strategies that balance Shona attachment expectations with Tswana communal caregiving practices, ensuring culturally attuned interventions.
- Rebuild social engagement and peer relationships
- Encourage participation in play, sports, and group activities to restore her previous sociability and reduce isolation.

Course of therapy

The therapeutic process spanned seven sessions, each lasting approximately one hour, and was tailored to Zuva's developmental stage and cultural context.

Play Therapy

Each session began with play therapy in order to provide a safe and symbolic medium for Zuva to express her feelings of fear, loss, and insecurity. Storytelling and role-play were incorporated, drawing on familiar Shona cultural narratives to help her externalize emotions and explore coping strategies in a non-threatening way.

Cognitive-Behavioural Techniques (CBT)

Structured CBT activities were introduced to help Zuva identify and challenge negative thoughts related to separation. She practiced reframing anxious thoughts ("I can't be without my mother") into more adaptive ones ("I can manage school until I see my mother later"). Relaxation techniques such as deep breathing and positive self-talk were reinforced to reduce physiological arousal during moments of distress.

Gradual Exposure

A graded exposure plan was implemented, beginning with short separations in safe contexts (e.g., brief time away from her mother during therapy sessions) and progressing to longer separations such as attending school independently. Each step was carefully monitored to ensure success before moving to the next level.

Family Involvement

Parents were actively engaged throughout therapy. They were coached on how to provide consistent reassurance without reinforcing avoidance behaviours. Family sessions emphasized bridging cultural expectations, balancing Shona attachment-focused caregiving with Tswana communal child-rearing practices to create a supportive and culturally sensitive environment for Zuva's progress.

Monitoring and Feedback

Progress was tracked using behavioural indicators (school attendance, participation in extracurricular activities, and reduction in somatic complaints) and post-assessment scores, which showed a marked reduction in separation anxiety symptoms.

By the end of therapy, Zuva demonstrated increased independence, improved school attendance, reduced physical complaints, and renewed social engagement. The integration of play therapy, CBT, gradual exposure, and family involvement proved effective in reducing her anxiety and fostering resilience within a culturally attuned framework.

Follow-up sessions

During follow-up sessions were done after 14 days from the 7th session, the therapist employed a combination of play therapy, attachment-based family therapy (ABFT), and cognitive behavioural techniques to consolidate progress and address ongoing challenges.

Play Therapy

Role-playing, puppets, and miniature figures were used to help Zuva re-enact separation scenarios such as school drop-offs and reunions. These exercises provided a safe, symbolic space for her to project fears, express emotions, and rehearse coping strategies. The therapist guided her through "goodbye rituals" and reunion scenes, reinforcing the predictability of parental return and reducing anticipatory anxiety. The therapeutic process followed four phases uncovering, commitment, action, and perspective allowing Zuva to gradually explore her feelings, commit to change, practice new behaviours, and reflect on her progress.

Attachment-Based Family Therapy (ABFT)

ABFT was integrated to strengthen the parent-child relationship and address underlying attachment concerns that contributed to her anxiety. Sessions with Zuva and her parents focused on enhancing communication, building trust, and fostering emotional connection. Cultural considerations were incorporated, acknowledging Shona traditions of close maternal bonds while also recognizing Tswana communal caregiving practices, thereby helping the family navigate cross-cultural expectations.

Cognitive-Behavioral Therapy (CBT)

CBT techniques continued to play a central role, particularly cognitive restructuring and gradual exposure. Zuva was supported in identifying and challenging negative thoughts about separation ("I can't manage without my mother") and replacing them with more adaptive beliefs. Exposure tasks were carefully graded, beginning with short separations in safe contexts and progressing to longer, school-related separations.

Through these combined approaches, Zuva developed improved coping skills, problem-solving abilities, and greater confidence in managing separation-related situations. The integration of play, family involvement, and CBT ensured that therapeutic gains were both clinically effective and culturally sensitive.

Concluding evaluation of the therapy process and outcome

The therapy process concluded with notable improvements in Zuva's ability to manage separation-related distress. By the final sessions, she demonstrated increased confidence in attending school independently, reduced reliance on parental reassurance, and greater willingness to participate in social and extracurricular activities. Somatic complaints such as stomach aches diminished significantly, reflecting her improved coping capacity.

Zuva expressed relief at her progress and was able to articulate strategies she could use when faced with separation challenges, including relaxation techniques, positive self-talk, and structured "goodbye rituals." Her parents also reported observable changes in her behaviour, noting enhanced resilience and reduced avoidance.

The therapeutic relationship was terminated collaboratively, with both the therapist and family agreeing that Zuva had acquired the necessary tools to continue managing her anxiety effectively. The case highlights the value of integrating play therapy, CBT, and family involvement within a culturally sensitive framework, demonstrating that cross-cultural considerations can strengthen therapeutic outcomes.

Recommendations (to client)

- Continue practicing coping strategies.
- Engage in supportive family activities.
- Maintain connections with friends.
- Gradually face separation-related situations.
- Reach out to the psychologist if needed in the future.

Recommendations (to practitioners)

- Ensure culturally sensitive approaches in therapy.
- Regularly monitor and assess the client's progress.

Ethical approval statement

This case study was carried out in full compliance with the ethical guidelines of the Allied Health Practitioners Council of Zimbabwe (AHPCZ). Prior to commencement, informed consent was obtained from the client's legal guardian. To safeguard confidentiality, the client's identity has been anonymized through the use of a pseudonym, and no personally identifiable information has been disclosed in this report.

Data availability statement

All data supporting this case report are included within the article. Further de-identified data may be available from the corresponding author upon reasonable request and with appropriate ethical approvals.

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