Background Paper: Separation Anxiety

by

Katie Bittner

University of Pittsburgh

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Separation anxiety (DSM-IV-TR code 309.21) is considered a disorder of infancy or childhood. The anxiety must be present for at least 4 months before age 18 and interfere with a child's daily life significantly. Separation anxiety diagnosed in a child before age 6 is considered early onset[1] (DSM-IV, 2000). It is characterized by excessively high levels of anxiety when a child is separated from his/her primary caregiver (or anyone the child is attached to) or from their home. While some level of anxiety is normal when a child encounters a separation, a child with separation anxiety reacts in a manner that is not age-appropriate. A child with separation anxiety may become highly disturbed when leaving an attachment figure or a familiar place. They may worry about harm coming to those close to them when they are away. While away, they may become intensely homesick, express desire to return home, or constantly think about returning home.

Other characteristics of children with separation anxiety include insistence to remain near the parent or caregiver, especially at bedtime. Children often complain of physical symptoms, such as stomachaches, headaches, and nausea. Fainting or dizziness may also occur, typically in older children. The constant need for attention from their caregiver may make these children seem needy and demanding. Depressive mood and symptoms are typical, especially when separated or facing an upcoming separation. Children with Separation Anxiety show unusual patterns of thinking, characterized by negative reactions when faced with anxiety-provoking situations,

overestimating danger, and underestimating their ability to successfully handle dangerous or high anxiety situations[2]. This pattern of thinking has also been observed in adults with numerous types of anxiety disorders.

Separation anxiety is associated with many other psychiatric disorders, including Pervasive Developmental Disorder, Schizophrenia, and other disorders[1]. Typically, a separate diagnosis is only given to these children if the anxiety occurs separately from the course of these disorders. Separation anxiety is differentiated from Generalized Anxiety Disorder when the child experiences anxiety only during periods of separation and in no other situations. Additionally, a separate diagnosis of depression is necessary only if the depressive symptoms occur separately from (or in addition to) depressive symptoms surrounding situations of separation.

Prevalence rates for separation anxiety are around 4%. It is equally common in boys and girls, although boys are less likely to admit to feeling upset when they are faced with a separation. Separation anxiety is not common in adulthood, but some symptoms may carry-over, such as a hard time handling situations that involve change (college, getting married, moving, etc.). Adults with separation anxiety symptoms may also be overly anxious when their children or spouse are not with them. Typically, the disorder follows an uneven path, with periods of anxiety and periods of "remission."

There may be many factors that contribute to a diagnosis of Separation Anxiety. Many environmental factors are associated with a diagnosis of anxiety, including high levels of caregiver stress, negative family dynamics, marital strain, and parental anxiety and depression levels[3]. Attachment pattern may also play a role, with children in an insecure attachment pattern more likely to suffer from Separation Anxiety than children who have a secure attachment to a caregiver [4]. Children with a secure attachment are more likely to engage in exploration, confident that their caregiver will keep them safe. In contrast, children with an insecure attachment may not know who their caregiver is, may not be able to look to them for reassurance, or may not be allowed to express concern, all of which lead to anxiety surrounding novel situations[4]. Genes seem to play a lesser role in the etiology of the disorder.

In many cases, children seem to "outgrow" the symptoms of Separation Anxiety. However, numerous treatment models have been proposed to decrease a child's anxiety level. The most highly studied treatment for Separation Anxiety is Cognitive-Behavioral Therapy (CBT)[3, 5]. Cognitive Behavioral Therapy focuses on changing the negative, anxiety producing thoughts children have when faced with a separation and replacing them with more empowering thoughts. Typically, CBT is used in conjunction with other treatment methods, which may include pharmaceuticals, parent training, group therapy,[3] or desensitization[6]

[1] American Psychiatric Association (1994) *Diagnostic and statistical manual of mental disorders (*rev, 4th ed.). Washington, DC: Author. Retrieved from http://online.statref.com/Document.aspx?FxId=37&SessionID=160DECBHJSUUWILT

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