

SEPARATION ANXIETY DISORDER

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OBJECTIVES

1. Participants will identify **three criteria listed** in the DSM5 of separation anxiety disorder.
2. Participants will **list three symptoms seen in either the** family, classroom and community that are known to exist in children and adolescents with separation anxiety disorder
3. Participants will understand **three methods to address and manage behavior** related to separation anxiety disorder in the home, the classroom and in the community.

NORMAL SEPARATION ANXIETY

- Developmentally normal in infants and toddlers until about age 3-4 years
- Mild distress and clinging occur when children separated from primary caregivers or attachment figures..
- Left in daycare setting, or with those who do not usually care for them.



SEPARATION ANXIETY DISORDER

DSM5 309.21/F93.0

- **Persistent and excessive anxiety** related to **separation or impending separation** from the attachment figure (primary caretaker, close family member)
- Anxiety is **beyond that expected for the child's developmental level**
- Boys and girls **similar symptom presentation**
- **Fairly common** anxiety disorder
- Occurs in **youth younger than 18 years** (persistent, lasting for at least 4 weeks)
- and **ADULTS** (duration of 6 months or more)
- May be associated with **panic attacks** that can occur with **comorbid panic disorder**

AT LEAST 3 OF THE FOLLOWING CRITERIA FOR AT LEAST 4 WEEKS (IF 18 \leq) OR 6 MONTHS (ADULT)

- Recurrent **excessive distress** when **anticipating** or **experiencing separation** from home or from major attachment figures
- Persistent and excessive **worry about losing major attachment figures** or about **possible harm to them, such as illness, injury, disasters, or death**
- Persistent and excessive worry about **experiencing an untoward event** (eg, getting lost, being kidnapped, having an accident, becoming ill) that **causes separation from a major attachment figure**
- Persistent **reluctance or refusal to go out, away from home, to school, to work, or elsewhere** because of fear of separation
- Persistent and excessive **fear of or reluctance about being alone or without major attachment figures** at home or in other settings
- Persistent **reluctance or refusal to sleep away from home or to go to sleep without being near** a major attachment figure
- Repeated **nightmares involving the theme of separation**
- Repeated complaints of **physical symptoms** (eg, headaches, stomachaches, nausea, vomiting) when **separation from major attachment figures occurs or is anticipated**

SEPARATION ANXIETY DISORDER

Causes **clinically significant distress or impairment** in



- **social, academic, occupational, or other important areas of functioning** and is not better explained by
- **another mental disorder** such as refusing to leave home because of excessive reluctance to change in **autism spectrum disorder**
- delusions or hallucinations concerning separation in **psychotic disorders**
- refusal to go outside without a trusted companion in **agoraphobia**
- worries about ill health or other harm befalling significant others in **generalized anxiety disorder**
- or concerns about having an illness in **illness anxiety disorder**

SYMPTOMS OF SEPARATION ANXIETY DISORDER

EMOTIONAL/ BEHAVIORAL

- Fear something bad will happen to parent/caregiver or child if separated
- Refusal to attend school to stay with cg
- Refusal to go to sleep without cg
- Fear of being alone
- Nightmares about being separated
- Temper tantrums
- Pleading
- Panic attacks
- Frequent nurse's office visits

PHYSICAL/SOMATIC

- Bed wetting
- On school days complaining of Headaches
- Stomachaches
 - Light headed
 - Faint
 - Dizzy

ASSOCIATED CONDITIONS: SELECTIVE MUTISM AND PANIC ATTACKS

- 3/4's of children who present with separation anxiety disorder will have school refusal
- Screen for **selective mutism**- may have school refusal as symptom of selective mutism
- **Panic attacks** can be cause of school refusal and commonly associated with separation anxiety disorder in youths and adults

Selective Mutism-

- Comprehensive evaluation
- Ruling in or out comorbid conditions such as expressive and receptive language delays and other communication disorders
- Anxiety Disorders
- Social Phobia and
- Selective Mutism

SEPARATION ANXIETY DISORDER: INCIDENCE AND COMORBIDITY IN THE US

Prevalence of school refusal and separation anxiety disorder

- 4.1-7% children 7-11 yrs
- 1.3% teens 14-16 yrs

1/3 of have a depressive disorder

27% have ADHD, ODD, CD

As many as **40% of students** who do not graduate high school **have a diagnosable mental health disorder**; and

As many as **one half of those individuals may have anxiety disorders, such as posttraumatic stress disorder (PTSD) and school phobia. (CDC, 2005)**

Among children with **anxious school refusal and truancy**, as many as **88% had psychiatric disorder**, (2003, Egger)

ANXIETY RELATED SCHOOL REFUSAL... HIGHLY ASSOCIATED WITH OTHER PSYCHIATRIC DISORDERS

Generally begins when the **child first enters school** (age 5-6 y) and **increases at age 10-11 years**, at which time truancy begins.

School nonattendance (especially when it intensifies) and **truancy associated with**

- an increased risk for social problems such as
- school failure
- unemployment
- drug misuse
- delinquency

Significant relationships between

- parenting style
- relative poverty
- living in socially disadvantaged areas
- attitudes towards school
- the quality of the school system
- the quality of peer interactions.

CHARACTERISTICS OF CHILDREN WITH SEPARATION ANXIETY DISORDER

- No specific difference in prevalence rates for specific racial or cultural groups
- Somewhat increased incidence among close-knit families of lower socioeconomic status and single parent families.
- Slightly greater in females than males but school refusal equal between males females
- Mean onset of separation anxiety disorder is at age 7.5 yrs
- Mean onset of school refusal is at age 10.3 yrs

Prognosis:

- Waxing and waning disorder over years
- 30-40% have psychiatric symptoms into adulthood
- As much as 65% with separation anxiety disorder have a comorbid anxiety disorder
- Prognosis good with early detection and treatment with family and child

ETIOLOGY OF SEPARATION ANXIETY DISORDERS

- **Hormonal influences** during pregnancy and neonatal period with endocrine activation during pregnancy
- **Early separation or loss** (infant not being raised by original primary caregiver) result in lower cortisol levels and may develop anxiety, learned helplessness, and depression.
- Develops after a **significant stressful or traumatic event in the child's life**, such as a stay in the hospital, the death of a loved one or pet, or a change in environment (such as moving to another house or a change of schools).
- Children whose **parents are over-protective** may be more prone to separation anxiety.
- May be a **manifestation of parental separation anxiety as well** -- parent and child can feed the other's anxiety.
- Often have **family members with anxiety or other mental disorders** suggests that a vulnerability to the disorder may be inherited.
- Linked to **dysregulation in fear and stress response system in the brain**

SLEEP RELATED PROBLEMS

- Common feature of anxiety disorders
- Obtain **detailed information related to both sleep & anxiety in children/adolescents presenting** with difficulties in either domain
- Sleep problems are **early markers for nascent psychopathology, including anxiety disorders**
- SRPs associated with **impaired family functioning**
- Sleep dysregulation, irritability, social withdrawal, poor concentration, negative attitude about self and future, decreased appetite

PREVENTION OF SEPARATION ANXIETY

Prior to attending school and throughout from parents and in classroom

- Modeling
- Role-playing,
- Relaxation techniques
- Positive reinforcement for independent functioning



THERAPY TREATMENT OF SEPARATION ANXIETY DISORDER

- Parental Education
- Child Education
- School Education
- Cognitive Behavioral Therapy- start small and build; child's choice of goals
- Exposure Response Therapy
- Focus on good sleep hygiene
- Therapist explores with child and family at a relaxed pace family stressors, losses, separations
- Delineate specific symptoms, what time(s) of day more problematic
- When does child do very well and promote those good times
- Have child develop plan of care with parents and therapist to promote sense of control

MEDICATION TREATMENT OF SEPARATION ANXIETY DISORDER

Selective serotonin reuptake inhibitors

Fluoxetine (Prozac)

Sertraline (Zoloft)

Antihistamines

Hydroxyzine hcl

Diphenhydramine

Supplements

N-acetylcysteine (NAC)

Anxiolytics

Buspirone (Buspar)

- Severe separation anxiety disorder
- Comorbidities
- Helps to get child to work with therapist and attend school
- Should be given in combination with CBT



RESEARCH AND TREATMENT OF ANXIETY DISORDERS

Child–Adolescent Anxiety Multimodal Study examined combination treatment (CAMS)

CAMS included children and adolescents with **separation anxiety**, GAD, and social phobia.

Children were randomly assigned to one of four conditions:

1. individual CBT only
2. sertraline only
3. combination CBT with sertraline
4. or pill placebo.

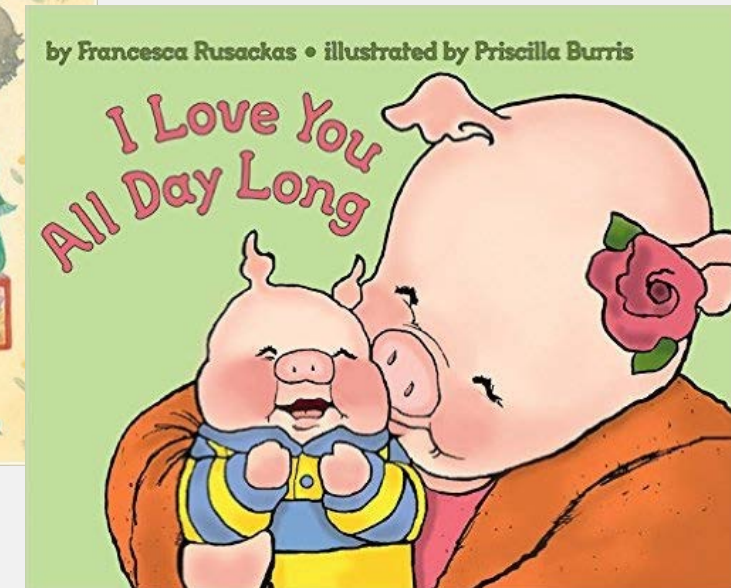
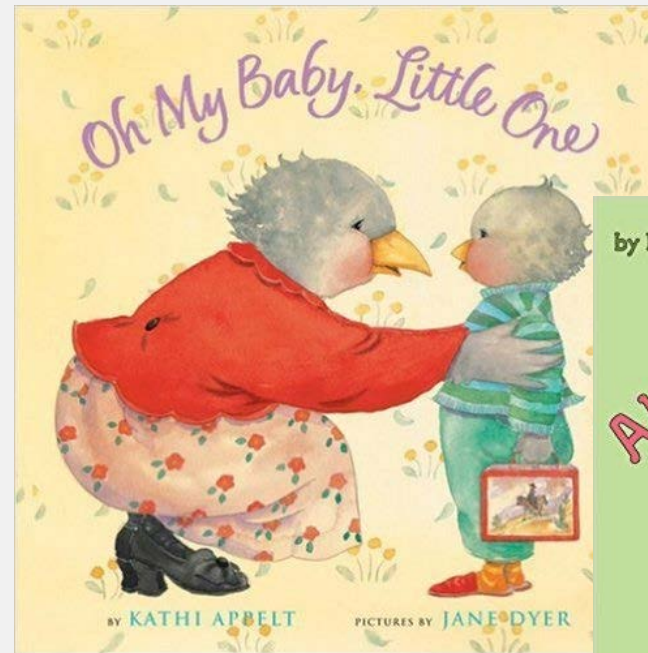
- CBT in this trial was based on the **Coping Cat** manual
- Employed **psychoeducation, anxiety management training, and exposure techniques.**

General findings

- indicate that sertraline only, CBT only, and combination treatment **were superior to pill placebo.**
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- **Combination treatment was superior** to both unimodal treatments, which were equivalent.

SCHOOL STRATEGIES PRESCHOOL

1. Make sure child prepared ahead of time
2. Ask parents for background information
3. Ask parents to provide a comfort item.
4. Provide distraction
5. Give child a little extra TLC
6. Engage child in art or writing project



HOME STRATEGIES

- Early on assist child with **self regulation of emotions**; identifying them and managing them
- Teach about anxiety being **normal and adaptive**
- Model relaxed, calm, problem solving behavior (get help with this)
- Provide **anticipatory guidance**
- **Maintain schedule** for eating, sleep, know what to expect

Help child build **toolbox of strategies**

- calm breathing
- muscle relaxation
- facing fears
- STOP Plan or realistic thinking
- Building on Bravery, Making it a Habit

SUMMARY

- Separation anxiety common disorder in child, adolescents and adults
- Children must have at least 3 criteria of symptoms for at least 4 weeks, over 18 must have 3 criteria for at least 6 months
- Prevention, early identification and treatment are key
- CBT and Meds are superior to either alone
- Comorbidities common- selective mutism, panic disorder
- Problems with sleep and truancy may be symptoms associated with separation anxiety disorders and other psychiatric issues

RESOURCES - WEB-BASED

Websites:

1. Anxiety Disorders Association of America, www.adaa.org
2. Children's Center for OCD and Anxiety, www.worrywisekids.org
3. Child Anxiety Network, www.childanxiety.net/Anxiety_Disorders.html
4. www.schoolbehavior.com
5. www.aacap.org

Facts for Families

http://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/FFF-Guide-Table-of-Contents.aspx

REFERENCES

- Bernstein, B. E. (2016) Separation anxiety and school refusal. Medscape, October 6, 2016.
- Davis, T. E, May, A., & Whiting, S. E. (2011). Evidence-based treatment of anxiety and phobia in children and adolescents: current status and effects on the emotional response. *Clinical Psychology Review*, 31, (592-602).
- Egger, H. L., Costello, E. J., & Angold, A. (2003). School refusal and psychiatric disorders: a community study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 42(7):797-807.