

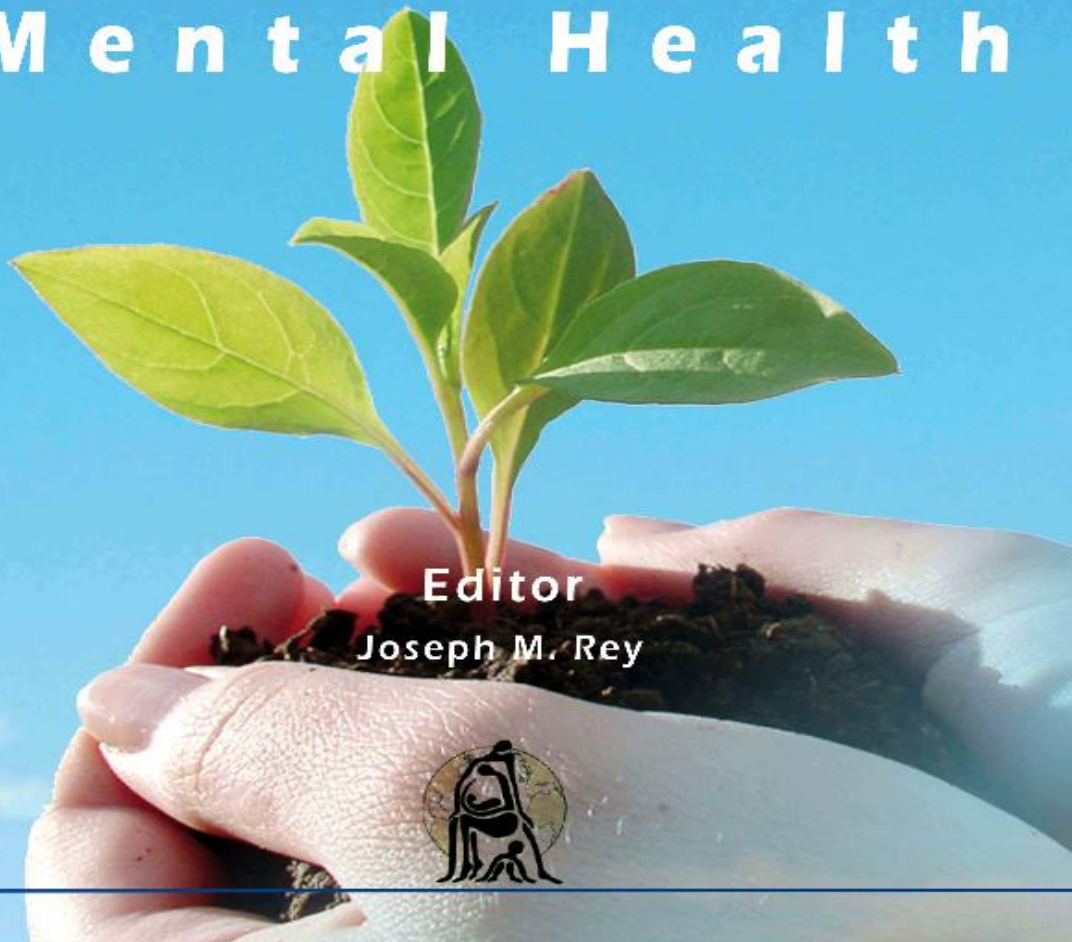
SEPARATION ANXIETY

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**Companion PowerPoint
Presentation**

Adapted by Julie Chilton

IACAPAP Textbook of Child and Adolescent Mental Health



**Editor
Joseph M. Rey**



The “IACAPAP Textbook of Child and Adolescent Mental Health” is available at the IACAPAP website <http://iacapap.org/iacapap-textbook-of-child-and-adolescent-mental-health>

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IACAPAP

**International Association for
Child and Adolescent Psychiatry
and Allied Professions**

...because every child matters

Separation Anxiety Outline

- The Basics
- Clinical Presentation
- Diagnostic Criteria
- Epidemiology
- Etiology
- Comorbidity
- Diagnosis
- Treatment
- Cross-Cultural Syndromes



The Basics

Separation Anxiety Disorder (SAD):

- Abnormal reactivity to real or imagined separation from attachment figures
- Interferes with daily activities and development
- Lasts longer than 4 weeks
- Begin before age 18
- Significant distress or impairment
- Beyond what is expected at developmental stage



<https://www.youtube.com/watch?v=58khDBvteTs&feature=related>

The Basics

- A common psychopathology in youth
- Prevalence: 5-25% worldwide
- Much lower percentage get treatment
- Usually not assessed till refusing school or somatic symptoms
- Accounts for half of all anxiety referrals
- Different diagnostic criteria than in adults
- Negative psychosocial outcomes
- Predictive of adult pathology especially panic disorder

Clinical Presentation

- Heterogeneous
- Cardinal symptom = excessive distress or fear with separation from attachment figures
- 3 characteristics:
 - 1) excessive or persistent fears or worries before and at the time of separation
 - 2) behavioral and somatic symptoms before, during, and after separation
 - 3) persistent avoidance or attempts to escape the separation situation

Clinical Presentation

Worries:

- Something happen to parents
 - Disappear
 - Get lost
 - Forget child
 - Physical safety
- Something happen to child
 - Get lost
 - Kidnapped
 - Killed

Behaviors:

- Crying
- Clinging
- Complaining
- Searching
- Calling

Physical symptoms:

- Headaches
- Abdominal pain
- Fainting, dizziness
- Nightmares, sleep problems
- Nausea, vomiting
- Cramps, muscle aches
- Palpitations, chest pain

Separation Anxiety

Case Presentation

Marina is a nine year old girl who lives in a large city with her parents and her four year old brother. She is doing 4th grade at a private school. Since she started kindergarten at the age of two, her teachers noted she was shy and would only start relating to her class mates by the end of the school year. During the first months of the school year she spent as much time as possible with her tutor, even avoiding contact with the rest of the teachers. Transition to pre-school had been difficult but she managed to make some friends by the last trimester. After that, although she appeared distressed at the beginning of each school year, she managed to relate normally to her classmates.

At the age of nine, Marina had the flu, which made her stay in bed for two weeks. When she got better and was allowed to attend school, she cried impatiently clinging to her mother while begging her not to go. After a few days she managed to return to school without excessive crying. However, in the middle of the morning she began complaining of abdominal pain and had to return home. Her pediatrician found no evidence of abdominal pathology. Another day she felt very tired at school, dizzy and with headaches. Again, the pediatrician found no evidence of pathology that would explain her symptoms, but her parents were worried about Marina's problems and went to see a different doctor who conducted more tests that were all negative. She never experienced these physical problems on weekends but when Sunday night arrived she became anxious about presenting the same symptoms at school again on Monday.

Comment: this clinical vignette highlights the symptoms of social anxiety that often precede SAD, the viral infection that triggers the onset of SAD, the problems with separation and the non-explained medical symptoms upon separation.

Diagnostic Criteria

- 3 of 8 persistent, recurrent and excessive anxiety:
 - Distress with separation
 - Worry about losing or harm to attachment figures
 - Worry about getting lost or kidnapped
 - School/work refusal
 - Being alone or away from caregivers
 - Sleeping away from caregivers
 - Separation nightmares
 - Physical complaints
- Symptoms at least 4 weeks
- Begins before age 18
- Not explained by another psychiatric disorder
- Moderate impairment or worse

Separation Anxiety

Common Triggers

- Day care drop-off
- Entering school
- Boarding school bus
- Bedtime
- Left at home with babysitter
- Summer camp
- Moving
- Spending the night out
- During parental separation or divorce
- Change in friends
- Bullying
- Medical illness



Separation Anxiety

Epidemiology

- Scarce data
- Peak onset between ages 7 to 9
- 3-5% prevalence, decreasing with age
- Most common anxiety disorder of childhood
- Usually resolves by adolescence
- 1/3 childhood cases persist into adulthood if untreated
- 7th most common lifetime disorder
- Adult prevalence 6%
- Sub-threshold SAD much more common
- Possibly more common in girls, African-Americans and low socio-economic status within US

Age of Onset and Course

- Some anxiety at separation developmentally normal
- Usually peaks at 9-13 months of age
- Decreases after age 2
- Increased autonomy at age 3
- Increases again at age 4-5
- Parental anxiety disorder → persistent SAD in child
 - Genetics
 - Decreased exposure to separation
- Diagnosis not made before age 5

Remission Predictors

Child/Adolescent Anxiety Multimodal Study (CAMS):

- Younger age
- Non-minority status
- Lower severity at baseline
- Absence of other internalizing disorders
- Absence of social phobia

Etiology

- Both biological and environmental factors
- Large scale twin study: heritability 73% (Bolton et al, 2006)
- Anxiety disorders 5 x more likely if anxious parents
- Fear conditioning in fear reward circuits (amygdala, orbitofrontal cortex, anterior cingulate cortex)

Etiology: Family Risk Factors

- Low parental warmth
- Little child autonomy
- Overprotective and overinvolved parents
- Insecure attachment, especially with mother
- Anxious mothers
- Severe parental discord
- Separation or divorce
- Parental physical illness
- Parental mental illness
- Parental job loss
- Egocentric, immature, instable or antisocial father
- Exposure to family violence
- Birth of a sibling

Etiology: Other Risk Factors

- Stressful life events: major disaster or crime
- Behavioral inhibition
- Low tolerance for humiliation
- Fear of failure
- Depression
- Females > males
- Being bullied
- Low achievement in school and sports

Comorbidity

- Other anxiety disorders
- Depression
- Disruptive behavior disorders
- Specific phobias
- School avoidance
- Major depression
- Bipolar disorder
- Attention deficit hyperactivity disorder

Diagnosis

- Assess: behaviors, thoughts, physical symptoms
- Multi-informant, multi-method approach: child, school, caregivers
- Structured or semi-structured interview ideal:
 - Anxiety Disorder Interview Schedule for DSM-IV Child and Parent Version (ADIS-IV-C/P)
 - Kiddie Schedule of Affective Disorders and Schizophrenia for School age Children, Present and Lifetime version (K-SADS-PL)
 - The Preschool Age Psychiatric Assessment (PAPA)

Table F.2.1 Scales* to rate separation anxiety symptoms

Scale	Rater	Patient's age	Recommended for screening	SAD subscale	Comments
SCAS (Spence, 1997)	Child, (Parent version)	8-12	✓	✓	<ul style="list-style-type: none"> • 44 items, uses a 4-point scale • 6 subscales: separation anxiety, panic/agoraphobia, social anxiety, generalized anxiety, obsessions/compulsions, and fear of physical injury • Preschool scale for 2.5-6.5 years of age • Available in 16 languages
SAAS-C/P (Eisen & Schaefer, 2007)	Child, Parent			✓	<ul style="list-style-type: none"> • 34 items, some specific of SAD • 4 dimensions: fear of being alone, fear of abandonment, fear of physical illness, and worry about calamitous events. • Also contains a "frequency of calamitous events subscale" and "safety signals index".
SCARED-R (Muris et al, 1998)	Child (parent version)	7-18	✓✓✓	✓	<ul style="list-style-type: none"> • Total of 66 items including all DSM-IV anxiety disorders, 8-items specifically assess SAD. • Available in 8 languages
PARS (Research Units on Pediatric Psychopharmacology Anxiety Study Group, 2002)	Clinician				<ul style="list-style-type: none"> • Requires interviews with parents and child
RCADS (Chorpita et al, 2000)	Child, Parent	6-18		✓	<ul style="list-style-type: none"> • 47 items, self-report questionnaire. • Includes all anxiety disorders and major depression • It yields a total anxiety score and a total internalizing score. There is also a parent version. • Available in 5 languages.
The Preschool Anxiety Scale (Spence et al, 2001)	Parent	2-6			<ul style="list-style-type: none"> • Parent self-report. • A preschool version of the SCAS.

*Non-proprietary: free for clinical use.

Differential Diagnosis

- Normal development
- Medical illness
- Other anxiety disorders: social phobia, generalized anxiety disorder
- Depression
- Substance use: cannabis, cocaine, caffeine, alcohol
- Inappropriate educational placement
- Violence or bullying at school
- Grief reaction
- Truancy

Differential Diagnosis: Rule Out Medical Causes of Somatic Symptoms

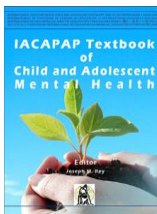
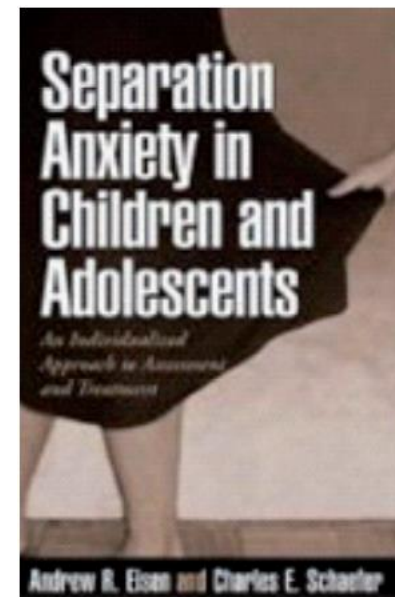
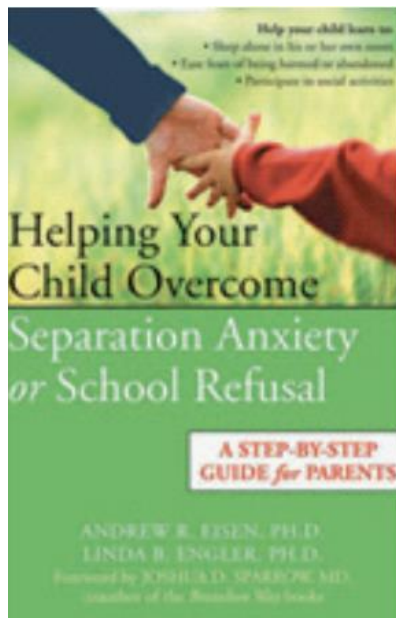
- Anemia
 - Infections
 - Hyperthyroidism
 - Mitral valve prolapse
 - Asthma
 - Gastrointestinal issues
 - Diabetes mellitus
 - Lead and mercury levels
 - Brain tumor
 - Seizure disorder
-
- **BUT AVOID UNNECESSARY INVESTIGATIONS**

Separation Anxiety Treatment

- Psychoeducation
- Behavioral management
- Interventions at school
- Interventions at home
- Cognitive Behavioral Therapy
- Pharmacological treatment

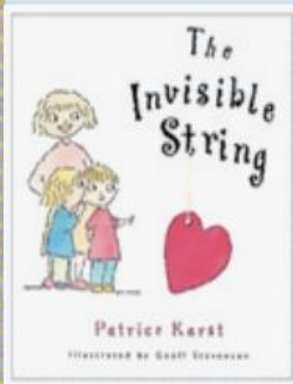
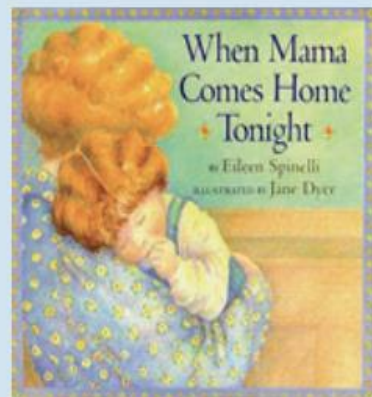
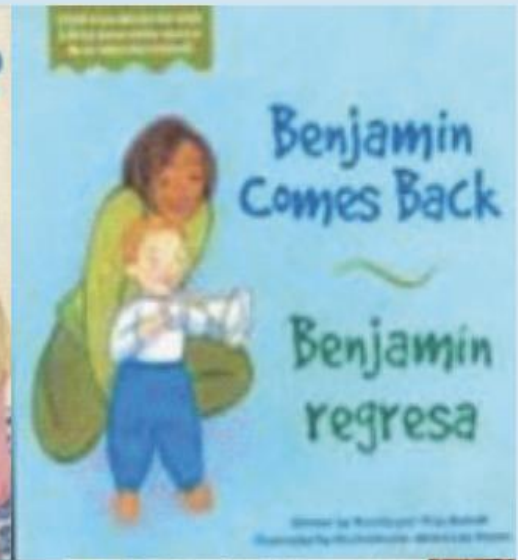
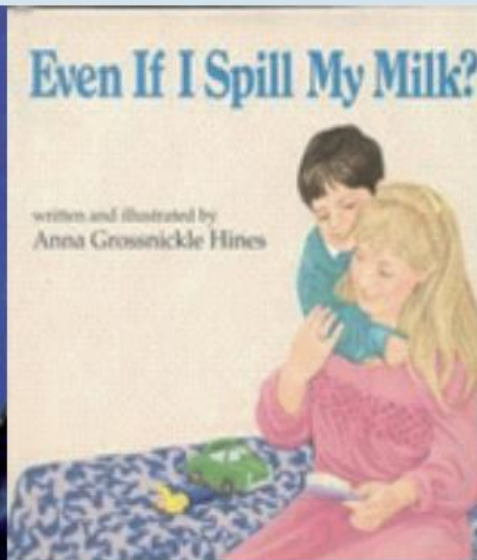
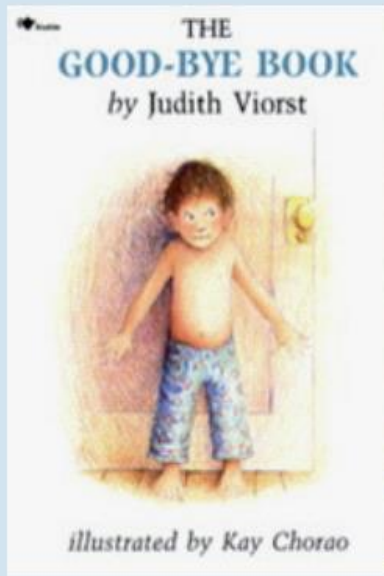
Separation Anxiety

Psychoeducation: Reference Books for Parents

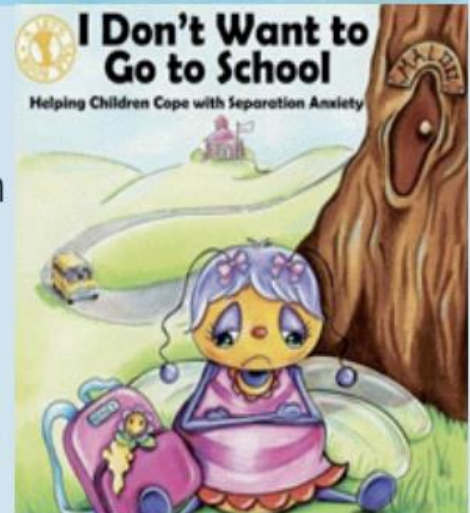


Interventions at home

A parent may read a specialized book with the anxious child, while reassuring that it is fine for the child to feel that way and that nothing will happen. There are many books for this purpose, such as "The good-bye book" by Judith Viorst; "The Kissing Hand" by Audrey Penn; "Even if I Spill My Milk" by Anna Grossnickle Hines; "Benjamin Comes Back" by Amy Brandt; "When Mama comes home" by Eileen Spinelli; "The invisible string" by Patrice Karst.



When symptoms of separation anxiety result in the child rejecting school, a parent can share books that specifically discuss this such as: "I don't Want to Go to School" by Nancy Pando.



Behavioral Management at Home

- Listen empathically
- Model calm
- Reminders of past success
- Teach relaxation
- Plan transitions
- List strategies
- Return to school ASAP!
- Encourage activities without parent
- Discourage avoidance
- Praise efforts
- Reframe somatic symptoms

Behavioral Management Interventions at School

- Plan for return to school ASAP!
- Frequent meetings
- Assess and address cause
- Supervised daily arrival
- Attachment figure initially allowed
- Slow increase of school day length
- Identify safe place
- Relaxation techniques from home
- Alternative activities to distract from physical symptoms
- Encourage small groups
- Reward efforts
- Prepare for transitions

Cognitive Behavioral Therapy (CBT)

- Most effective evidence-based therapy
- Short and long term benefits
- Based on: classical, operant, social learning
- Targets: gain insight, control worries, reduce arousal, confront fears
- Methods: psychoeducation, cognitive restructuring, skill building, relaxation training, modeling, contingency management, exposure and response prevention
- Examples: Coping Cat, Friends, Camp-like CBT, Parent-Child Interaction Therapy (PCIT), CALM program
- Family involvement is key

Pharmacological Management

Table F.2.2 US Food and Drug Administration approved SSRIs for children and adolescents

SSRI	Indication	Patient's age
Escitalopram	Depression	12-17
Fluoxetine	Depression	8-17
Fluoxetine	OCD	7-17
Fluvoxamine	OCD	8-17
Sertraline	OCD	6-17

Table F.2.3 Summary of the characteristics of commonly used SSRIs

SSRI	Initial dose (mg/day)	Target dose (mg/day)	Comments
Citalopram	5	10-40	
Escitalopram	5	10-30	
Fluoxetine	5	10-80	<ul style="list-style-type: none"> • Long half life • Can decrease appetite and sexual function
Fluvoxamine	10	50-300	
Paroxetine	5	10-60	<ul style="list-style-type: none"> • Very short half life • Less effective in children (FDA discourages its use) • Frequent side effects
Sertraline	25	50-200	<ul style="list-style-type: none"> • Few interactions • Few side effects

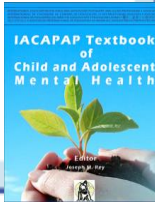


Table F.2.4 Second line medications* for anxiety disorders in children and adolescents

Medication	Possible indication	Comments
SNRIs: (e.g., venlafaxine, duloxetine)	<ul style="list-style-type: none"> Refractory to SSRIs and CBT 	<ul style="list-style-type: none"> No compelling evidence of effectiveness in anxiety disorders More side effects than SSRIs
TCAs: (e.g., imipramine, clomipramine)	<ul style="list-style-type: none"> Refractory to SSRIs and CBT 	<ul style="list-style-type: none"> More side effects than SSRIs Requires baseline and periodic ECG monitoring Potentially lethal in overdose
Benzodiazepines: (e.g., clonazepam, clorazepate)	<ul style="list-style-type: none"> Short term treatment of acute anxiety (rapid solution needed) 	<ul style="list-style-type: none"> Potential abuse and dependence Risk of paradoxical reaction in children
Buspirone	<ul style="list-style-type: none"> Refractory to SSRIs and CBT 	<ul style="list-style-type: none"> Effectiveness not demonstrated in children
Propranolol	<ul style="list-style-type: none"> Intense autonomic response 	<ul style="list-style-type: none"> Should not be used by asthmatics or with antihypertensive agents
Clonidine	<ul style="list-style-type: none"> Intense autonomic response Comorbid PTSD or acute stress reactions 	<ul style="list-style-type: none"> More side effects than SSRIs Potentially lethal in overdose Requires baseline and periodic ECG and blood pressure monitoring
Antihistamines	<ul style="list-style-type: none"> Insomnia 	<ul style="list-style-type: none"> Can provoke somnolence, increased appetite
Melatonin	<ul style="list-style-type: none"> Insomnia 	<ul style="list-style-type: none"> Unknown long term side effects

*None of these medications are FDA approved for the treatment of anxiety disorders in children.

Separation Anxiety

Cultural Factors

- Autonomy
- Supervision level
- Sleeping practices
- Size of house
- Role of parents in childcare

Japanese terminology:

- tokokyohi
- futoko
- hikikomori

Separation Anxiety

Evolution of Terminology Related to School Attendance Issues

- School refusal
- Truancy
- Social phobia
- Refusal to go to school
- School non-attendance
- School phobia

OCD in Children and Adolescents

Thank You!

