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Research Paper

Separation anxiety disorder among children and adolescents

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ABSTRACT

Separation Anxiety Disorder (SAD) can be defined as excessive, persistent, and unrealistic worry about separation from the people one is most commonly attached to like parents or other family members. The present paper reviews the presence, assessment, and treatment of separation anxiety disorder among children and adolescents. Individuals diagnosed with SAD often showcase a fear of an occurrence of a catastrophic event when and if separated from an attachment figure. People are well aware of its prevalence not only in young children but also in adolescents. Separation anxiety also acts as an intriguing topic for many researchers, as it is relatively common, yet it can be extremely impairing to a child's social and emotional development. The prevalence of SAD is seen as 3.9% in childhood (6–12 years) and 2.6% in adolescence (13–18 years), according to two meta-analyses carried out with 13 and 26 epidemiological studies, respectively. SAD has a strong risk factor of 78.6% in the development of psychopathology in young adulthood, age 19–30 years. This makes the diagnosis, assessment, and treatment of children having separation anxiety disorder extremely crucial and relevant for preventing the appearance of disorders such as panic and depression. Relaxation techniques and various behavior therapies along with medications are used in the treatment of SAD. Also encouraging constant support from parents, teachers, and caregivers to make the child or adolescent feel safe and can help them combat this disorder.

Keywords: *Separation Anxiety, Separation Anxiety Disorder (SAD), Developmental Separation Anxiety (DSA), Anxiety, Children, Adolescents*

Today in this age of anxiety, we encounter anxiety in its various forms in our daily life. Anxiety-related issues are widely spread across the world and are no more uncommon to people. People today are aware of its prevalence in overbearing and excessive amounts not only in adults but also among children and adolescents. Anxiety can be described as an anticipation of a vague yet threatening event causing tension and unsettling feeling of uneasy suspense (Rachman, 2004). Anxiety disorders are one of the most common forms of psychopathology in youth, with occurrence ranging from 5% to 25% worldwide (Boyd, Kostanski, Gullone, Ollendick, & Shek, 2000; Costello, Mustillo, Erklani, Keeler, & Angold, 2003; Roza, Hofstra, Van der Ende, & Verhulst, 2003; Wittchen, Nelson, & Lachner, 1998). Amongst this Separation Anxiety marks as the most frequently diagnosed childhood anxiety-related disorder which accounts for approximately 50% of the referrals

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for mental health treatment concerning anxiety disorders (Bell-Dolan, 1995; Cartwright-Hatton, McNicol, & Doubleday, 2006). According to the American Psychiatric Association (2000), separation anxiety disorder is characterized by developmentally inappropriate and excessive anxiety concerning separation from home or from those to whom the individual is attached.

Separation anxiety disorder (SAD) can be defined as excessive, persistent, and unrealistic worry about separation from the people one is most commonly attached to like parents or other family members. The Diagnostic and Statistical Manual of Mental Disorders (DSM)-IV-TR, suggested separation anxiety (disorder) primarily as a childhood disorder requiring an onset before the age of 18 as a criterion. This age for onset requirement was recently dropped in the latest edition of DSM-V, hence suggesting separation anxiety as a diagnosable disorder for adults. Separation anxiety occurs as a child feels unsafe in some way. Some common causes of separation anxiety in children and adolescents include aspects like; (1) Change in the environment i.e. a change of surrounding like a new house or neighbourhood, and first time at daycare. (2) Stressful situations like the divorce of parents or the death of a parent, a loved one, or a pet. (3) Insecure attachment i.e. the attachment bond which is like an emotional connection shared by a child and its caretaker since infancy, which ensures that the child feels safe, secure, and understood. An insecure bond can result in childhood problems like separation anxiety. (4) At times separation anxiety may be caused by the manifestation of parent's own stress and anxiety i.e. anxiety caused by an overprotective parent.

Significant symptoms exhibited during separation anxiety disorder include;

1. Recurrent immoderate misery whilst separation from home or most important attachment figures which happen or are anticipated.
2. Chronic and immoderate fear of losing or approximate viable damage to someone important.
3. Chronic and excessive fear that an untoward occasion will result in separation from the main attachment figure. (e.g., getting lost or being kidnapped)
4. Persistent reluctance or refusal to head to school or someplace else due to worry of separation
5. Consistent and excessive worry and the reluctance of being left alone without a major attachment figures at home or in a different setting.
6. Chronic reluctance or refusal to fall asleep without being close to a parent or to sleep away from home.
7. Repeated nightmares related to the subject of separation.
8. Repeated somatic complaints and symptoms (consisting of headaches, stomach aches, nausea, or vomiting) when separation from important attachment figures happens or is anticipated.

In contrast to other subcategories of anxiety-related disorders, subjects with separation anxiety disorder in history recorded have shown more severe symptoms of depression, anxiety, and stress in adulthood.

REVIEW OF LITERATURE

Separation anxiety acts as an intriguing topic for many researchers, as it is relatively common, yet it can be extremely impairing to a child's social and emotional development. Individuals diagnosed with SAD often showcase a fear of an occurrence of a catastrophic event when and if separated from an attachment figure. Following generalized anxiety

disorder, separation anxiety disorder is the second most frequent disorder that are closely resembled among cases of anxiety disorder not otherwise specified (Comer, Gallo, Korathu-Larson, Pincus, & Brown, 2012). Research suggests that childhood separation anxiety disorder may significantly limit interaction and involvement with peers, which risks future social impairment and isolation. For example, SAD in childhood can be associated with increased risk of experiencing marital instability or remaining unmarried later in life (Shear et al., 2006). In addition to clinging behaviors and avoidance, children and adolescents with SAD may often display oppositional behaviors which can be a cause of significant interference in the functioning of family and social development (Tonge, 1994).

Separation anxiety in a child may affect overall family life and result is parental stress as the child's anxiety may limit the activities of the siblings and parents (Fischer, Himle, & Thyer, 1999). Some studies have reported prevalence of significantly higher SAD in girls than boys (Bowen et al., 1990). Results from the Great Smoky Mountains Study indicate that childhood SAD predict adolescent SAD (Bittner et al., 2007). Recent factor analytic work in young children around 2 to 3 years of age yielded consistent factor loadings for symptoms of separation anxiety across early development, suggest these symptoms being equally informative of separation anxiety throughout early development (Mian, Godoy, Briggs-Gowan, & Carter, 2012).

Among children

Developmental separation anxiety [DSA] is a phenomenon that generally occurs in the early stages of development and is considered quite normal. For example, when a 10-month-old baby is handed to someone the baby might not recognize, the baby would begin to cry for no specific reason until handed and united with his/her mother. This concept of developmental separation anxiety is not likely to be accepted as appropriate for older children of age 1/2 years or older. Certain studies conducted concerning to separation anxiety among nursery students revealed that separation anxiety could be muted after the initial weeks of schooling with the help and support of teachers and parent's by staying patient, gentle, and consistent yet firm by setting limits. Some children may however experience separation anxiety even after parent's constant and best efforts. This continuation of intense separation anxiety may occur during their elementary or primary school years or beyond. It is most likely that separation anxiety stops by age 2 for most children, it may even reoccur before the after of 4 but the continuation of it past that age may result in its interference with the child's functioning and is known as separation anxiety disorder or SAD. The key features of SAD may include refusing to go attend school, crying for parents presence at school, and fearing to sleep without parents. The level of intensity and the timing of separation anxiety varies from child to child. In pre-adolescent children, separation anxiety disorder (SAD) is one of the most commonly diagnosed anxiety disorders, with prevalence rates of 4-5% (Cartwright-Hatton, McNicol, & Doubleday, 2006; Costello, Mustillo, Erkanli, Keeler, & Angold, 2003).

Compared to older children, higher rates of separation anxiety disorder have been found in children under the age of 8. A diagnosis of SAD at this age or in childhood can indicate a significant risk of mental health risks in the future, it may be associated with physiological hyperarousal in separation situation, academic difficulties, internalization of problems and, other somatic complaints. Childhood separation anxiety disorder can also be associated with a heightened risk in the development of other anxiety and depressive disorders, such as panic disorder and agoraphobia in adolescence and adulthood. Given that separation anxiety disorder, symptoms have shown a frequent onset prior to the age of six, these symptoms

exhibited in the early childhood have been linked to possible psychopathology later, this makes the early identification of SAD extremely important.

Among adolescents.

Adolescents also can experience separation disorders in middle school or with entrance the in high school. These teenagers may often deny tension and anxiety of separation, but it can be noticed by their reluctance to go away from home or leave home and resistance to being drawn into an independent activity like moving out of parent's home. Separation anxiety in adolescents is difficult to spot because adolescents are less likely to throw a tantrum when dropped off to school or while doing other activities. Teenagers begin to internalize their anxiety once they realize that their peers may not accept this behavior. Separation anxiety is very often behind an adolescent's refusal to attend, wait or continue to be at school, this may affect his/her educational attainment. Few other symptoms may include insomnia, avoidance of extra-curricular activities, complaints of somatic pain, nightmare involving separation from a loved one, and panic attacks. SAD among adolescents has the potential to negatively impact ones emotional and social functioning by leading to the avoidance of certain activities and experiences.

The core feature of separation anxiety is excessive distress when face with actual or perceived separation from people who share one shares a strong emotional connect with. Roughly 8% of youth have met diagnostic criteria for SAD at some point in their lives by adolescence (Merikangas et al., 2010). Among adolescents, this separation anxiety may not necessarily be triggered by something related to school, but something such as a death in the family or of a loved one, divorce of parents, or illness.

Assessment

Separation anxiety disorder is usually underdiagnosed and thus undertreated, the recognition of this type of anxiety is important, because if not treated it may result in an affected normal behavior of a child. To know the severity and frequency of presenting certain problems, semi-structured and respondent-based interview techniques are commonly used to determine if a child meets the diagnostic criteria for separation anxiety disorder, this gives clinicians a framework and opportunity to begin a functional analysis with the patient and their family.

A semi-structured interview that has proven useful in diagnosing children is *the Anxiety Disorders Interview Schedule for the DSM-IV, Child and Parent Version (*ADIS-IV-C/P), it helps identify a range of anxiety disorders including SAD, social phobia, specific phobias, GAD, and obsessive-compulsive disorder (OCD), in addition to mood disorders. (Silverman & Albano, 1996). This assessment technique has excellent psychometric properties and evidence supporting its convergent validity (Silverman, Saavedra, & Pina, 2001). This method enables clinicians to obtain precise knowledge of the symptoms presented by the child, including their frequency, duration, and intensity. Children and adolescents may also be asked to fill various self-report questionnaires like social anxiety scale and phobia and anxiety inventory. There are various general self-reports for assessing different childhood anxiety related disorders including separation anxiety disorder. the Screen for Child Anxiety-Related Emotional Disorders (SCARED) (Birmaher B, Khetarpal S, Brent D, Cully M, Balach L, Kaufman J, Neer SM, 1997) and the Spence Children's Anxiety Scale (SCAS) (Spence SH, 1997). For a specific assessment and validation of SAD, there are other self-report scales like the Separation Anxiety Assessment Scale (SAAS) (Eisen AR, Schaefer CE,2005), the Separation Anxiety Avoidance Inventory (SAAI) (In-Albon T, Meyer AH, Schneider S, 2013), and the Separation Anxiety Scale for Children (SASC) (Méndez X,

Espada JP, Orgilés M, Hidalgo MD, García-Fernández JM, 2008). Children's separation anxiety scale (CSAS) is another self-report that assesses the various symptomatology of separation anxiety disorder, together with the positive dimension of calm at separation, with smart internal consistency, high temporal stability, discriminant, and adequate convergent validity, and good specificity and sensitivity. it's an instrument that may be of prime utility within the framework of multi-method assessment. Moreover, if it may be shown with clinical population that the psychological properties are similar, the CSAS would represent a useful tool in the context of identification and treatment planning.

Treatment

Given the unfavorable course, high prevalence and considerable impairment associated with child separation anxiety disorder, effective identification and its treatment is critical. The clinical importance of separation anxiety as a factor of concern for mental disorders has often been underestimated. Separation anxiety has been discussed to create a strong vulnerability for various affective and anxiety-related disorders, and thus clinicians should be more sensitive to the presence of separation anxiety (Manicavasagar et al., 1998).

Children suspected of having Separation Anxiety Disorder must be assessed and treated by a mental health clinician with expertise in working with children having anxiety disorders. Treatment of SAD generally includes effective psychotherapies like behavioral therapy, cognitive-behavioral therapy and individual therapy. It also includes guidance and counseling for parents, teachers, and caregivers. Two behavioral techniques that have proven useful in SAD treatment are systematic desensitization and flooding. Both techniques are types of exposure therapy. Systematic desensitization avoids overwhelming anxious individuals by teaching them relaxation methods first, to help ease and cope with anxious sensations. They are later gradually exposed to progressively more intense images of situations that they may fear, in this case the fear of separation for an attachment figure. This eventually results in the individuals habituating and feeling less or no anxiety in the presence of anxiety provoking situations. As compared to systematic desensitization the flooding technique is not as gentle but has a virtue of taking less time to implement. During this procedure a therapist tends to provide the anxious child with intense and sudden exposure to a fearful situation like separation from parents. Because no hierarchy or buildup occurs the child is faced with imagining the feared situation all at once, which may cause some initial anxiety but later the child accustoms or habituates to the same as they learn that nothing bad happened to them despite their fears about the situation, thus they learn to remain calm and positive in the fearful situation. Cognitive-behavioral therapy techniques focus on anxious thoughts of the children having separation anxiety which leads them into feeling anxious and scared. The cognitive therapist helps children and adolescents having SAD to examine and to become aware of their beliefs and thoughts to verify if they make logical sense. Cognitive-behavioral therapy has proven its efficacy in reducing anxiety symptoms and increasing logical functioning in children having separation anxiety disorder. Treated youths have exhibited an increase in anxiety self-efficacy and emotional awareness, along with reduced anxiety post-treatment.

Though non- pharmacological is the first and foremost choice for the treatment of SAD, the use of medications is also made in the treatment of Separation Anxiety Disorder. Both anxiolytic medicines and antidepressants have presented a positive success. Pharmacological treatment mainly makes use of selective serotonin reuptake inhibitors and anxiety-reducing medications like Buspirone. Children or adolescents taking these medications are advised to keep a regular check with a mental health therapist for close monitoring.

Suggestions

Parents, caregivers and teachers can act as a child's or adolescent's greatest support and help them combat separation anxiety disorder by educating and helping the child or adolescent. Taking steps like providing a sympathetic environment at home and school, making the child feel comfortable, empathizing with them, and helping them solve certain problems can be done to make them feel safer. Educating oneself about separation anxiety disorder can help one learn and understand their child's or adolescent's concern effectively and helps them sympathize with their struggles. Talking about the issue is a healthier option with regard to a child's feelings and worries. Along with talking it is very important to listen and to respect your child's feelings, as a child may feel isolated by their disorder and listening can act a powerful healing source. Acting as a model for the child can be very effective as the child notices that their parent or care giver being calm and patient during the time of separation and after can be extremely motivating and assuring to the child. Encouraging the child or adolescent to take part in healthy physical and social activities can be very effective in easing the fear of being left alone among other people. It can encourage them to make friends and mingle with other members of the society. Motivation and praising the child's or adolescent's efforts like being able to stay alone for an hour or two, acts as a positive reinforcement for future actions and behaviors.

CONCLUSION

While separation anxiety is common among younger children of age 1 to 4, it may be a serious issue of separation anxiety disorder (SAD) in older children above the age of 4. Separation Anxiety Disorder is not viewed as uncommon anymore and is easily being talked about. A variety of factors are likely to contribute to the development of this disorder similar to anxiety disorders or mood disorders. Separation anxiety may be triggered by personality trait of emotional stability from a child's parents or due to stressful events like loss of parents, divorce or moving to a new place. Younger children are more prone to developing this disorder as compared to older children or adolescents, regardless of this SAD is also showed its prevalence in adolescents. Treatment and assessment of Separation anxiety disorder is extremely critical as it can further result in psychological disorders in the future. Along with professional treatment, parents, teachers and caregivers play an important part in easing and calming the child or adolescent, they must encourage constant support to make the child or adolescent feel safe and help them combat this disorder.

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Conflict of Interest

The author declared no conflict of interest.

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