American Counseling Association Practice Briefs

Separation Anxiety Disorder

K R. Ha

DESCRIPTION OF SEPARATION ANXIETY DISORDER

Definition

Separation anxiety disorder (SAD) is defined as developmentally inappropriate and excessive distress or anxiety that involves a fear of separation from those to whom an individual is attached (American Psychiatric Association [APA], 2013, p. 190). The most frequently reported symptoms of SAD include recurrent excessive distress when separated from home or the attachment figure, persistent excessive worry about losing the attachment figure, refusal to go to school, work, or elsewhere due to separation, persistent reluctance or refusal to go to sleep without being near the attachment figure, repeated nightmares involving separation, and repeated complaints of physical symptoms, such as headaches and stomachaches, when separation occurs or is anticipated. This fear or anxiety is persistent and lasts for at least 4 weeks in children and adolescents, and typically 6 months or more in adults (APA, 2013).

Resources:

Anxiety, Panic & Health: Adult Separation Anxiety Disorder
http://anxietypanichealth.com/reference/separation-anxiety-disorder-adult/

Separation Anxiety Disorder
http://www.childanxiety.net/Separation_Anxiety.htm

Anxiety BC: Separation Anxiety Disorder
http://www.anxietybc.com/parent/separation.php

American Academy of Child and Adolescent Psychiatry: The Anxious Child
http://www.aacap.org/AACAP/AACAP/Families_and_Youth/Facts_for_Families/Facts_for_Families_Pages/The_Anxious_Child_47.aspx

American Academy of Pediatrics: Anxiety
http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Medical-Home-for-Children-and-Adolescents-Exposed-to-Violence/Pages/Anxiety.aspx

Anxiety Disorders Association of America
http://www.adaa.org

developmentally sensitive. According to the American Academy of Child and Adolescent Psychiatry (AACAP; Connolly & Bernstein, 2007), assessment includes three steps. The first step involves the utilization of screening questions during routine mental health examinations, and should include questions related to anxiety. If symptoms

preschoolers and their families that are not explicitly in the diagnostic criteria (Egger et al., 2006). Researchers have indicated that the PAPA is reasonably reliable with diagnostic reliability ranging from .36 to .79 and test-retest intraclass correlations ranging from .56 to .89. For the SAD subscale of the PAPA, diagnostic reliability was .60 and the test-retest intraclass correlation was .63 (Egger & Angold, 2006; Egger et al., 2006).

Resource:
The Preschool Age Psychiatric Assessment (PAPA): A Structured Parent Interview for Diagnosing Psychiatric Disorders in Preschool Children
http://devepi.duhs.duke.edu/pubs/papachapter.pdf

INTERVENTION STRATEGIES

Counseling, rather than psychopharmacotherapy, is the preferred method of treatment for SAD that is mild in severity. For children and adults who do not respond to counseling alone, present with more severe symptoms, or have other emotional problems in addition to SAD, treatment may consist of a combination of approaches that include the use of psychotropic medications. Individual counseling, medication, and parent counseling have been found to be effective in treating SAD, particularly when these treatments are used in combination. Selective serotonin reuptake inhibitors (SSRIs) may have therapeutic effects for children and adolescents with SAD symptoms who warrant medication (Reinblatt & Riddle, 2007). Cognitive behavioral therapy (CBT) has demonstrated the most efficacy in the treatment of this disorder (In-Albon & Schneider, 2007; James, James, Cowdrey, Soler, & Choke, 2013; Mohr & Schneider, 2013; Silverman, Pina, & Viswesvaran, 2008; Velting, Setzer, & Albano, 2004).

Cognitive Behavioral Therapy (CBT)

CBT is the primary psychosocial treatment used to treat SAD in both children and adults (Mohr & Schneider, 2013). CBT approaches involve gradually exposing clients to feared stimuli. The client learns how to recognize anxious feelings regarding separation and identify his or her physical reactions to anxiety. Clients are taught to identify their thoughts during anxiety provoking situations, and then explore how to develop a plan to cope with the thoughts and reactions to these thoughts.

Because the literature on SAD has focused mostly on children and adolescents, most empirically-based treatment programs have focused on this age group. There are several childhood CBT programs that have been examined in the literature.

Coping Cat.

are used appropriately. The program promotes developing friendships, talking to friends about difficult situations, and learning from peers' experiences. Research has suggested promising results when using the FRIENDS program, and significant treatment gains have been maintained over time (Fjermestad, 2013; Liber et al., 2008; Rodgers & Dunsmuir, 2013; Schoenfield & Morris, 2009; Shortt, Barrett, & Fox, 2001).

Resources:
British Columbia Friends for Life

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