Exploration of Separation Anxiety Disorder

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Abstract. This article explores separation anxiety disorder, including its biological and environmental factors for etiology, social and psychological impacts on children, effective treatments, and future development suggestions. Distinct from other research papers, this paper focuses on children with SAD because understanding CSAD will help prevent some level of adult separation anxiety. Meanwhile, CSAD is one of the most common mental illnesses in children. By doing so, it will also be able to provide a depth analysis of the topic. The result of the paper suggests that both biology and environment contribute to the etiology of SAD. In more detail, particular parenting styles and family history of mental illness show some evidence of causing SAD in children. Without early intervention, children with SAD might experience future risks of other mental illnesses and academic failure. Fortunately, CBT is one of the effective treatments for SAD supported by different research studies. While medications are not commonly given to children due to age restrictions. In the end, the paper provides future recommendations on improving assessment and treatment for children under seven. In addition, the article also raises awareness of the importance of promoting treatments that are accessible and affordable for all families since many treatments are time and money costly.

Keywords: Anxiety disorders · separation · youth · family involvement · CBT · school refusal

1 Introduction

Separation Anxiety Disorder (SAD), according to DSM-5, is a type of anxiety disorder that shows excessive worries, fear, or anxiety that last at least four weeks when separating from those to whom the individual is attached. In this case, the person is usually close relatives or other essential attachment figures. Many children might indeed experience fear of separating from their parents on their first day of school or first of sleep by themselves. Still, children with a separation anxiety disorder will show behaviors that are not developmentally appropriate according to their age. Symptoms of SAD can be avoidance or refusal to go out and to be alone because they worry horrible things might happen to their attached figures, repeated nightmares that involve themes of separation, and physical pain such as stomachaches and headaches [1].

There are several misunderstandings about separation anxiety disorder in public. For instance, school phobia/school refusal is the term very often associated with separation

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anxiety. Children with school phobia will exhibit the behaviors of avoiding school but not learning itself. The term school phobia also came earlier than SAD; thus, in the past, many people might use school phobia to describe children with SAD. However, school phobia/school refusal and separation anxiety disorder are not identical. School phobia/school refusal cannot be formally diagnosed; instead, it results from a child or adolescent suffering from illnesses such as separation anxiety disorder, panic disorder, PTSD, or social anxiety disorder [2]. Another myth about SAD is that children with SAD require consistent attention. Children with separation anxiety disorder do not require constant attention as long as they are with their attachment figure. Still, when there is an occasion when they have to separate from their attachment figure, symptoms that are not related to SAD might occur, such as headache, stomach pain, or chest pain. Lastly, SAD is not an anxiety disorder that only happens in children; about one-third of adults will carry SAD from childhood into adulthood because the condition is untreated from an early age [3].

Although separation anxiety disorder does not only occur in children, early treatment for children can still reduce the chance of people suffering from a separation anxiety disorder or other types of anxiety disorder in their adulthood. Thus, due to a lack of room and space to talk about children and adults with SAD, this paper will only focus on children. Furthermore, statistics show that up to 75% of children diagnosed with separation anxiety disorder have problems associated with school phobia [4]. However, not much research was done with a focus on educational settings. Thus, this paper will provide some insights on the etiology, impacts, and treatments for separation anxiety disorder in early childhood, focusing on educational settings in the discussion part. In addition, despite the high percentage of SAD in children, most research has been done in the past 20 years, which does not provide the most recent information on SAD in children. Thus, this paper utilizes research from the past and now to give a holistic picture of SAD.

This paper's basic information about separation anxiety disorders is obtained from the DSM-5, a psychology mental illness guideline provided by American Psychiatric Association [1]. For the etiology and treatment section, the primary source used in this paper is Ehrenreich and his colleagues, providing a comprehensive overview of SAD [5]. The impact section uses a study that examines risk factors of CSAD in developing future mental illness by Lewinsohn and his colleagues and a paper from E. Heather Thompson and her colleagues that discussed school refusal and other results of anxiety disorders in classroom settings [6, 7].

2 Etiology

Research has suggested several potential factors associated with the etiology of SAD, which are biological and environmental factors.

Several studies suggested that separation anxiety disorder is heritable. In a study sample of 6-year-old twins, DSM-5 proposed heritability was approximately 70% and slightly higher in the female model [8]. In comparison, gender differences are not shown in the study by Francis in 1987. Furthermore, a survey by Feriante and Bernstein on SAD indicates that 1st and 2nd-degree relatives of the patient will have a higher chance of

having separation anxiety than a family without any history of CSAD [9]. The research further extends its evidence to immediate family members. The above study means that the children's siblings, nephews, or future children might show an increased possibility of being diagnosed with SAD due to the genetic effects. The most significant symptom they found in the study is school refusal. At the same time, another research study shows that children of anxiety-disordered parents are five times more likely to develop SAD compared to children from a family without any psychological illness history [10]. This result was also found in general types of anxiety disorders. Lastly, the study by Ehrenreich and Suveg suggested that children with behavioral inhibition have a significantly higher chance of being diagnosed with SAD than children without this personality trait [5, 10]. Behavioral inhibition is a temperamental trait that has characteristics of withdrawal from a new place and shyness towards unfamiliar people [11]. Children with this type of personality trait are more likely to show a tendency of distress and nervousness toward a new situation. Thus, it might cause an increase in the percentage of having an anxiety disorder.

Last but not least, one study found no significant difference in genetics but a 40% difference in environmental factors [10]. Thus, it is reasonable to conclude that biology might influence the likelihood of having separation anxiety disorder in childhood. However, further studies are needed to examine how much biology accounts for SAD in children.

One of the environmental factors that might describe the etiology of separation anxiety in children is parenting styles. Research shows that parents with low warmth and parenting behaviors that are not willing to encourage autonomy are associated with the development of anxiety and other childhood difficulties [5]. Similarly, overprotective and over-involved parenting behaviors also appear as risk factors for SAD since children cannot learn developmentally appropriate skills if parents are over-controlling their daily activities [5]. This type of behavior will encourage the child to be dependent on their parents rather than themselves, thus, increasing the risk of having SAD. The research conducted by Poulton and his fellow colleagues further supports this idea which the result of the study shows that separation between the child and the caregiver at an early age, such as hospital overnights or business trips, shows a lower level of separation anxiety at a later age [12]. The separation between the caregiver and children will require children to learn dealing difficulties by themselves.

3 Impact

Children's future mental health is associated with SAD. For instance, research shows that children diagnosed with SAD have a 78.6% significance of risk factors for developing other psychological illnesses during early adulthood. Among all the mental disorders, children with SAD show significant vulnerabilities toward panic disorder and depression [6]. DSM-5 also recognizes the potential suicide risk for separation anxiety disorder in early childhood [1]. A study conducted by Pini and his colleagues further supports this point. The result of the study shows that people with separation anxiety disorder show a higher rate of suicide tendency compared to people without [13].

However, social dysfunctions are more concerning for children with SAD. Under an educational setting, a separation anxiety disorder can significantly impair children's academic success, social skills, and emotional well-being. Children's ability to recall class material and focus on critical academic tasks may be impacted by excessive worry and sensitivity toward potential threats [7]. School refusal is another significant impact children might have due to SAD, and statistics show that 22.4% of children with school phobias are also diagnosed with SAD. It is highest among other anxiety disorders possibly related to school refusal [14]. Children who experience life events, such as moving to a new environment or the death of pets or relatives, that trigger separation anxiety disorder will view going to school as stressful. They will usually have symptoms of complaining they are sick on the school day. The symptoms will often go away when they stay at home but will appear again during school time [15]. Since school is where children will spend most of their day, and it is a place child will be practicing that development appreciate goals; thus, children who are absent from school will be further affected by SAD. Even if children can still study at home, they will lose the opportunity to have peer interactions and build attachment relationships with adults other than family members [7].

4 Treatments

Although separation anxiety disorder is not a rare and high-frequency developmental psychopathology, effective treatment has only been evaluated and introduced in the past 20 years. The first type of treatment is cognitive behavioral therapy (CBT), which utilizes exposure techniques and cognitive restructuring to help people learn to cope with anxiety, thus, reducing their anxiety level.

Three of the most common CBT programs are the Coping Cat program, FRIENDS, and Parent-Child Interaction Therapy. The Coping Cat program separates its training course into several difficulty levels. Children can gradually move from the previous anxiety situation to the next while using the previously learned coping strategy. At the same time, children can recognize what makes them feel anxious during the cognitive restructuring process. After the program ended, 66% of the participants in the Coping Cat program experimental group were removed from the criteria for SAD, compared with only 5% in the waitlist group. Maintenance of treatment was also shown in a three-year and seven-and-a-half-year follow-up assessment.

On the other hand, the FRIENDS program invited parents to the setting, where they will learn skills to assist their children better. For instance, the parents are required to practice daily basis skills and provide positive reinforcements to the children when skills are appropriately used. The program also builds a welcoming environment for parents to build networks with each other. At the end of the program, 69% of the children are not qualified for the diagnostic criteria [5]. The third program is Parent-Child Interaction Therapy (PCIT), which is targeted at children seven years old or below. Due to children's verbal communication skills, the majority of programs target children aged seven years old or above. There are three stages within the program: Child-Direct Interaction (CDI), Bravery-Direct Interaction (BDI), and Parent-Direct Interaction (PDI). CDI aims to increase child's feeling of security around the environment without their parents. BDI

is a stage for parents to understand the nature of anxiety and create a fear hierarchy with their children. The last stage, PDI, introduces methods and strategies to manage children's negative behaviors due to SAD. Participants' feedback after the program indicates that they can learn solid skills to help their children in different situations [16].

Medication is usually not provided to children with SAD under six, but selective serotonin reuptake inhibitors (SSRIs) might be an alternative strategy for CBT non-responders. An eight-week RCT investigation showed a noticeable difference in anxiety symptoms between the control and the experimental groups [5]. Meanwhile, there is limited evidence for serotonin-norepinephrine reuptake inhibitors (SNRIs). Therefore, it is not prescribed. Other medications, such as Benzodiazepines, are only available to adults [9].

5 Future Suggestions

While people's knowledge about SAD is growing, there is still an area for improvement in the field of SAD. For instance, early diagnosis for children under seven is still limited due to their ability to convert verbally. Only a few programs claim to target children under the age of 7 [5]. However, it does not mean children under seven are the low-risk group. Children under seven are a high-risk group for SAD; early intervention can help reduce SAD symptoms at a younger age. In addition, there is a limited amount of study focusing independently on SAD. Most of the research in the past and now includes the discussion of SAD within anxiety disorder instead of separate categories. Thus, many results might not be the best explanation for separation anxiety disorder.

Besides limitations on research, treatments are also limited to specific groups of people. For instance, statistics show that over half of the US children with separation anxiety disorder came from a household with a low socioeconomic status [17]. Most of the treatments are camp based or require parents' involvement, which is both time costly and money costly. It can be more difficult for low-SES families when a majority of their income is spent on daily usage. For instance, FRIENDS is a 10-session in-person program that requires parents and children to be present. Thus, further research on none camp based and non-time-restricted programs can support families who do not have the time and money. Lastly, besides using CBT and medications as treatments for separation anxiety disorder, school environmental fitness should also be a consideration in helping children learn to deal with stressful events like school. One research on school refusal raises an alternative perspective, in which the author encourages future policymakers and psychologists to shift focus from the etiology of school refusal to the school environment and personnel [18]. For instance, schools should have the resources to support families in preventing and intervening in SAD to help children transfer to the new environment in low-SES communities.

6 Conclusion

Both biology and environment contribute to the etiology of SAD, but with current and past research studies, the environment might play a more significant role. Further research is needed to figure out how heavily each of the factors is influencing SAD in children.

Moreover, SAD can lead to avoidance of separation, thus, leading to school refusal. In this case, children, family, and school are affected. The condition of SAD can also lead to future mental illness, such as panic disorder. Regarding treatment for SAD, medication is not so commonly used for SAD in children due to age regulation; different forms of CBT are primarily promoted, such as PCIT, the Coping Cat programs, and FRIENDS. Lastly, future research should focus on fostering beneficial treatments for all ages, children and families.

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