

Pediatric Mental Health Care Access Grant

Separation Anxiety and Reactive Attachment Disorders: Continuing to Increase Awareness of Specific Forms of Anxiety, Trauma, and Stress

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OBJECTIVES

- 1. Outline the diagnostic criteria for Separation Anxiety Disorder and Reactive Attachment Disorder**
- 2. Identify precursors and comorbidities of each of these disorders**
- 3. Identify treatment approaches for Separation Anxiety Disorder and Reactive Attachment Disorder**



SEPARATION ANXIETY DISORDER



SEVEN CATEGORIES OF ANXIETY DISORDERS

- **Separation Anxiety Disorder**
- Selective Mutism
- Specific Phobia
- Social Anxiety Disorder (Social Phobia)
- Panic Disorder
- Agoraphobia
- Generalized Anxiety Disorder

ANXIETY AND DEVELOPMENT

Developmental Period	Age	Common Fears and anxieties	Possible Symptoms	Corresponding DSM-5 Anxiety Disorders
Early Infancy	Within first weeks	Loss of Physical support, loss of Physical Contact with caregiver	—	—
	0-6 months	Intense sensory stimuli (loud noises)	—	—
Late Infancy	6-8 months	Shyness/anxiety with stranger, sudden, unexpected, or looming objects	—	Separation Anxiety Disorder
Toddlerhood	12-18 months	Separation from parent. Injury, toileting, strangers	Sleep disturbances, nocturnal panic attacks, defiant behavior	Separation Anxiety Disorder
	2-3 years	Fears of thunder and lightning, fire, water, darkness, nightmares, animals	Crying, clinging, withdrawal, freezing, avoidance of salient stimuli, night terrors, enuresis	Separation Anxiety Disorder Selective Mutism Specific phobias

ANXIETY AND DEVELOPMENT

Developmental Period	Age	Common Fears and anxieties	Possible Symptoms	Corresponding DSM-5 Anxiety Disorders
Early Childhood	4-5 years	Separation from parents, fear of death or dead people	Excessive need for reassurance	Separation anxiety disorder Selective (Elective) Mutism Generalized Anxiety disorder Panic attacks
Primary/Elementary School Age	5-7 years	Fear of specific objects (animals, monsters, ghosts)	---	Specific phobias Selective (Elective) Mutism
		Fear of germs or of getting a serious illness	---	Obsessive-compulsive disorder (OCD)
		Fear of natural disasters, fear of traumatic events (e.g., getting burned, being hit by a car or truck)	---	Specific phobias Acute Stress Disorder Posttraumatic Stress Disorder Generalized Anxiety Disorder

ANXIETY AND DEVELOPMENT

Developmental Period	Age	Common Fears and anxieties	Possible Symptoms	Corresponding DSM-5 Anxiety Disorders
	5-11 years	School anxiety, performance anxiety, physical appearance, social concerns	Withdrawal, timidity, extreme shyness with unfamiliar adults and peers	Social Anxiety Disorder Selective (Elective) Mutism
Adolescence	12-18 years	Personal relations, rejection from peers, personal appearance, future, natural disasters, safety	Fear of negative evaluation	Social Anxiety Disorder

SEPARATION ANXIETY DISORDER

- Children who display excessive anxiety early in development:
 - Display low social performance and high social anxiety
 - Signs/symptoms of being shy and socially withdrawn
 - May appear to have low self-esteem, be withdrawn, and have difficulty initiating and maintaining friendships
 - Difficulty understanding emotion in themselves and others



SEPARATION ANXIETY DISORDER

- Secure attachment is important for a young child's development
 - May be typical for children until preschool years
 - Lack of separation anxiety before this time may suggest insecure attachment
- Separation Anxiety Disorder is distinguished by:
 - Disabling anxiety about being apart from caregivers or away from home
 - Age-inappropriate and excessive
 - Impairs social interaction with others



SEPARATION ANXIETY DISORDER

Diagnostic Criteria for Separation Anxiety Disorder in the DSM-5

(A) Developmentally inappropriate and excessive fear or anxiety concerning separation from those to whom the individual is attached, as evidenced by at least **three** of the following:

1. Recurrent excessive distress when anticipating or experiencing separation from home or from major attachment figures.
2. Persistent or excessive worry about losing major attachment figures or about possible harm to them, such as illness, injury, disasters, or death.
3. Persistent and excessive worry about experiencing an untoward event (e.g., getting lost, being kidnapped, having an accident, becoming ill) that causes separation from a major attachment figure.



SEPARATION ANXIETY DISORDER

Diagnostic Criteria for Separation Anxiety Disorder in the DSM-5

- (A) Developmentally inappropriate and excessive fear or anxiety concerning separation from those to whom the individual is attached, as evidenced by at least **three** of the following:
4. Persistent reluctance or refusal to go out, away from home, to school, to work, or elsewhere because of fear of separation.
 5. Persistent and excessive fear of or reluctance about being alone or without major attachment figures at home or in other settings.
 6. Persistent reluctance or refusal to sleep away from home or to go to sleep without being near a major attachment figure.



SEPARATION ANXIETY DISORDER

Diagnostic Criteria for Separation Anxiety Disorder in the DSM-5

- (B) The fear, anxiety, or avoidance is persistent, lasting at least 4 weeks in children and adolescents and typically 6 months or more in adults.
- (C) The disturbance causes clinically significant distress or impairment in social, academic, occupational, or other important areas of functioning.
- (D) The disturbance is not better explained by another mental disorder, such as refusing to leave home because of excessive resistance 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.



SEPARATION ANXIETY DISORDER

Prevalence and Comorbidity

- In children, 6- to 12-month prevalence is estimated to be approximately 4%
- In adolescents in the U.S., the 12-month prevalence is 1.6%
- It is more prevalent in girls than in boys
- More than 2/3 of children with Separation Anxiety Disorder have another anxiety disorder and approximately half develop a depressive disorder



SEPARATION ANXIETY DISORDER

Prevalence and Comorbidity

- School refusal:
 - Refusal to attend classes or difficulty remaining in school for an entire day
- Fear of school may be fear of leaving parents (separation anxiety), but can occur for many other reasons:
 - Cognitive difficulties
 - Learning difficulties
- Separation Anxiety Disorder persists into adulthood for more than 1/3 of affected children and adolescents and may morph into other anxiety/depressive disorder(s)



TREATMENT

- The most effective treatment for most anxiety disorders is:
 - Cognitive Behavioral Therapy
 - Play Therapy in young children
 - Family involvement is important
- Many times CBT will be paired with exposure-based treatments
 - While providing children with ways of coping other than escape and avoidance
- Systematic Desensitization
- Modeling and reinforced practice



REACTIVE ATTACHMENT DISORDER



REACTIVE ATTACHMENT DISORDER

- Trauma- and stressor-related disorders in the DSM-5
 - Acute Stress Disorder
 - Adjustment Disorder
 - Posttraumatic Stress Disorder (PTSD)
 - **Reactive Attachment Disorder**
 - Disinhibited Social Engagement Disorder



REACTIVE ATTACHMENT DISORDER

- Children with Reactive Attachment Disorder DO have the ability to form selective/appropriate attachments
 - Limited opportunities exist during early development
- Characterized by a pattern of aberrant attachment behavior:
 - Child rarely turns to attachment figure (parent and/or main caregiver) for comfort, support, and protection
 - Do not respond to comforting efforts of caregivers
 - Diminished or absent expression of positive emotions during interactions with caregivers



REACTIVE ATTACHMENT DISORDER

- Display episodes of negative emotions of fear, sadness, or irritability that are unable to be explained
- Often co-occurs with social neglect and thus co-occurs with developmental delays
- Diagnosis requires an age of at least 9 months although signs can be seen before this age
- Other associated features may include neglect:
 - Malnutrition
 - Signs of poor care



REACTIVE ATTACHMENT DISORDER

Diagnostic Criteria in the DSM-5

A) Consistent pattern of inhibited, emotionally withdrawn behavior toward adult caregivers, manifested by **both** of the following:

1. The child rarely or minimally seeks comfort when distressed.
2. The child rarely or minimally responds to comfort when distressed.



REACTIVE ATTACHMENT DISORDER

Diagnostic Criteria in the DSM-5

(B) A persistent social and emotional disturbance characterized by **at least two** of the following:

1. Minimal social and emotional responsiveness to others.
2. Limited positive affect.
3. Episodes of unexplained irritability, sadness or fearfulness that are evident even during nonthreatening interactions with adult caregivers.



REACTIVE ATTACHMENT DISORDER

Diagnostic Criteria in the DSM-5

(C) The child has experienced a pattern in the form of persistent lack of having basic emotional needs for comfort, stimulation, and affection met by at least **one of the following**:

1. Social neglect or deprivation in the form of persistent lack of having basic emotional needs for comfort, stimulation, and affection met by caregiving adults.
2. Repeated changes of primary caregivers that limit opportunities to form stable attachments (e.g., frequent changes in foster care).
3. Rearing in unusual settings that severely limit opportunities to form selective attachments (e.g., institutions with high child-to-caregiver ratios).



REACTIVE ATTACHMENT DISORDER

Diagnostic Criteria in the DSM-5

(D) The disturbances in Criterion A began following the lack of adequate care in Criterion C

(E) Criteria for Autism Spectrum Disorder are not met

(F) Evident before 5 years of age.

(G) The child has a developmental age of at least 9 months

Specify if: Persistent: The disorder has been present for more than 12 months.

Specify if: Severe: When a child exhibits all symptoms of the disorder, with each symptom manifesting at relatively high levels.



REACTIVE ATTACHMENT DISORDER

- Rare:
 - Even in populations of severely neglected children
 - 10%
- Often present in the first months of life
- Similar attachment styles occur in young children from many cultures

TREATMENT

- Treatment should involve both the child and caregiver
- Psychoeducation to teach and practice positive interactions
- Individual and family psychological counseling
- Parenting skills classes

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