Separation anxiety can be a debilitating problem for children and their families and is often a presenting concern to pediatricians!

**Signs of Separation Anxiety:**
- constant thoughts and intense fears about the safety of parents and caretakers
- refusing to go to school
- frequent stomachaches and other physical complaints
- extreme worries about sleeping away from home
- being overly clingy
- panic or tantrums at times of separation from parents
- trouble sleeping or nightmares

**Important to catch and treat early!**

Children with separation anxiety are more prone to:
- Miss school
- Have lower grades, Less college attendance
- Lower socioeconomic status
- Other mental health problems: depression, panic disorder, substance abuse

**Important to catch and treat early!**
Separation anxiety can often be missed or misdiagnosed as behavioral problems such as temper tantrums (when separation happens). Screening tools are in particular useful for internalizing disorders like anxiety that may be difficult to illicit in a brief visit, or that parents might even frequently miss.

A free and validated screen for anxiety is the Screen for Anxiety Related Emotional Disorders (SCARED). Can be found online, screens for social, generalized, and separation anxiety:


Remember, pediatricians can use the 96127 billing code to bill for mental health screens!

Interventions for Separation Anxiety:

For Families:

1. HAVE CONSISTENT ROUTINES, i.e. same dropoff/pickup times, and similar expectations for behavior and parents’ responses in situations where separation takes place

2. PREPARE FOR NEW EXPERIENCES: ie, visit a new school/childcare setting beforehand

3. ROLE MODEL how to handle fears/anxiety—parents can talk to kids about situations that make them anxious, and what they do to help themselves in those situations

4. AVOID MISSING SCHOOL or whatever the separation concern is — only reinforces anxiety and behavioral problems surrounding separation!

For Providers:

FIRST LINE: COGNITIVE BEHAVIORAL THERAPY (CBT)

***DCMAP CAN HELP WITH APPROPRIATE CBT REFERRALS!!!***

MEDICATIONS: in cases when therapy is not effective or insufficiently effective, selective serotonin reuptake inhibitors can be used.

How to explain CBT to Families:

CBT is a way for children to practice and gain control of their anxiety. Time-limited: usually weekly sessions with a therapist for 3-4 months

Involves:
- Parents learning ways to help kids at home
- Parents and kids learning about anxiety
- Kids practicing ways to face fears and to reduce negative, fear-inducing thoughts.
Separation Anxiety in the Research World

The Child-Adolescent Anxiety Multimodal Study

Summary: 488 children/adolescents ages 7-17 with separation anxiety, generalized anxiety, and social anxiety randomized to Cognitive Behavioral Therapy (CBT), sertraline, or combination treatment.

After 12 weeks:
- Combination: 80.7% response
- CBT alone: 59.7% response
- Sertraline alone: 54.9% response.

*Suicidal ideation was not more frequent in the Sertraline groups*

Naturalistic Follow up of Youths Treated for Pediatric Anxiety Disorders

Summary: Followed 288 youths in the Child/Adolescent Multimodal Study.

After 6 years, 46.5% maintained remission of anxiety symptoms (variation of continued therapy/medications in all groups). No significant differences between medication alone, CBT alone, or combination.

Predictors of ongoing remission:
- Male gender
- Higher SES
- Lower severity of baseline anxiety
- Fewer negative life events
- Better family functioning (parents report that family has clear rules, trust, and high quality interactions).

Resources for Separation Anxiety and other forms of Anxiety

Kids:
What to Do When You Dread Your Bed: A Kid’s Guide to Overcoming Problems With Sleep
Feb 2008 by Dawn Huebner

What to Do When You Worry Too Much: A Kid’s Guide to Overcoming Anxiety
– Sep 2005 by Dawn Huebner

Parents:
AACAP Facts for Families:


Child Mind Institute
http://www.childmindinstitute.org

Providers:
Anxiety and Separation Disorders. Peds in Review. 2011
http://pedsinreview.aappublications.org/content/32/10/440

Teens:
Anxietybc.org

App: Virtual Hope Box: mindfulness activities for teens (itunes)
Using DC MAP Services:

• Free!

• Call about any issue pertaining to mental health

• Child insurance status or home state does not matter

• Enrollment strongly encouraged (though not required).

  Practice Enrollment Form: https://cri-datacap.org/surveys/?s=XCj2q9Xbxk

  Provider Enrollment Form: https://cri-datacap.org/surveys/?s=2TUbz7XwG6

• Provide basic information about your question/patient and we will connect you with the appropriate team member (child psychiatrist, child psychologist, resource manager)

• We will follow up with providers and families after consultations (survey links and/or calls) to determine if services were attained, assess satisfaction with consultation, and make changes as needed

• Face-to-face consultations for more urgent (non-emergent) or difficult/confusing needs

**Hours**: Monday – Friday 9am-5pm (excluding major holidays)

Please note this is a provider-to-provider consultation service and not intended to be used by families.

For questions or to learn more contact:
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**Meet the DC MAP team:**

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  Clinical Psychologist

- Matthew Biel, MD, MSc  
  Psychiatrist

- Kathy Katz, PhD  
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