UNDERSTANDING YOUR DIAGNOSIS

Separation Anxiety

Also called Separation Anxiety Disorder

Your child becomes very frightened when apart from you - it is common, it is not your fault, and it treats well.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 4 in 100 children	Often ages 6 to 12	Yes - most children improve	Millions of US families

What this is

- Some separation fear is normal in young children. It becomes a disorder when it lasts, is severe, and blocks school and sleep.
- Your child is not being manipulative. The fear is real, and the tears and the stomachaches are genuine.
- This is not caused by anything you did wrong. Comforting your child did not create it, and love is not the problem.
- Teens and adults can have it too, so it does not automatically stop at a certain birthday or grade.

What it can look and feel like

- Your child panics at drop-off, clings, cries, or begs you not to go, well past the usual age for it.
- Stomachaches and headaches turn up on school mornings and fade by mid-morning once staying home is settled.
- Your child will not sleep alone, ends up in your bed most nights, or has nightmares about losing you.
- You hear constant worry that something terrible will happen to you - a crash, an illness, never coming back.
- Sleepovers, camps, and playdates get refused, and school refusal may be starting to creep in.
- Your child follows you from room to room and cannot be left with a sitter or a grandparent.
- Your child checks on you often, calls or texts again and again, or needs to know exactly where you will be.

What is happening in your brain and body

- Staying close to a caregiver is wired in, so a young brain can treat separation as a genuine threat to safety.
- With this condition, the brain's alarm center reacts more strongly and takes much longer to settle back down.
- Stress hormones such as cortisol run high at drop-off, which is why your child looks and feels physically ill.
- The gut and the brain talk constantly, so anxiety comes out as real stomachaches, not made-up ones.
- About **40 percent** of the risk is inherited, and a parent with anxiety is one of the strongest predictors.

What can make it more likely

- Some children are born more cautious and slow to warm up to new things. That temperament raises the chance.
- A loss, a move, a divorce, a hospital stay, or a frightening event often sets it off or makes it worse.
- Anxiety in parents is common, and it passes on partly through genes and partly through what children watch.
- Rescue helps in the moment and teaches the fear was right, so early pickups and co-sleeping keep it going.

What to expect

- Most children improve a great deal with treatment, and many are back in school within a matter of weeks.
- **Therapy** works well, and about **8 in 10** children respond when therapy and medicine are combined for severe cases.
- Symptoms can flare at transitions - a new school year, a new teacher, a move, or an illness in the family.
- Separation anxiety in childhood raises the chance of anxiety later, which is a good reason to treat it now.

What helps

Treatment works. Most people get better.

Talking therapies

- **Cognitive behavioral therapy** for children, about **12 to 16 sessions**, is the first-choice treatment.
- Your child practices short separations that get gradually longer, and learns skills to use in the moment.
- **SPACE** is a parent-only program: you change how you respond, and children improve without attending sessions.
- For preschoolers, parent-child therapy teaches you to coach in the moment, since young children cannot do talk work.
- A written school reentry plan - a set schedule and one trusted adult - matters when school refusal is involved.

Medicines

- Therapy comes first here. Medicine is added for severe cases, or when therapy on its own is not enough.
- **Antidepressants** called SSRIs, such as sertraline or fluoxetine, have the best evidence in children.
- They are started low and raised slowly, with the dose decided by your child's prescriber together with you.
- Watch for restlessness, trouble sleeping, or new thoughts of self-harm, and report them the same week.
- Calming pills called benzodiazepines are not recommended for children, since they can make behavior worse.

Everyday things that help

- Keep goodbyes short, warm, and predictable. Long drawn-out goodbyes make the next one harder, not easier.
- Get your child back to school quickly. Every extra week away makes going back harder to pull off.
- Move toward sleeping alone in steps - a chair by the bed, then the doorway - rather than all at once.
- Praise every brave separation, however small, and never punish your child for feeling the fear itself.
- Get help for your own anxiety if you have it. When parents feel steadier, children improve too.

Get help right away if

- If your child talks about not wanting to be alive, call or text **988** in the US right away.
- Go to the emergency room for any threat or act of self-harm, or for a child you cannot keep safe.
- Call your pediatrician if your child stops eating, drinking, or sleeping, or misses a week of school.

Questions to ask your care team

- *Is this separation anxiety, or could bullying or a learning problem be part of it?*
- *Can you connect us with a therapist who does CBT for childhood anxiety?*
- *What exactly should I say and do at drop-off tomorrow morning?*
- *Would a parent-focused program work if my child refuses to go to therapy?*

Where this information comes from

American Academy of Child and Adolescent Psychiatry. (n.d.). *Anxiety disorder resource center*. https://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/Anxiety_Disorder_Resource_Center/Home.aspx

American Psychiatric Association. (n.d.). *What are anxiety disorders?* https://www.psychiatry.org/patients-families/anxiety-disorders/what-are-anxiety-disorders

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

MedlinePlus. (n.d.). *Child mental health*. National Library of Medicine. https://medlineplus.gov/childmentalhealth.html

National Alliance on Mental Illness. (n.d.). *Anxiety disorders*. https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Anxiety-Disorders/

National Institute of Mental Health. (n.d.). *Anxiety disorders*. U.S. Department of Health and Human Services. https://www.nimh.nih.gov/health/topics/anxiety-disorders

National Institute of Mental Health. (n.d.). *Child and adolescent mental health*. https://www.nimh.nih.gov/health/topics/child-and-adolescent-mental-health

NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.