

Separation Anxiety and Returning to School after the Pandemic

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CLINICAL EDITOR'S COMMENTS:

The COVID-19 pandemic has exacerbated separation anxiety in children and adolescents.

The author has seen an increase in children with separation anxiety in the last year. In that year, children were informed that everything they knew to be safe (e.g., school, friends, etc.) was in fact unsafe. Protection measures imposed new requirements, such as masks, social distancing, and quarantines. With schools in the United States beginning to have in-person classes, children are leaving home to attend. For some, this will be the first time they have been around more than a few people in months. Students may feel anxious about COVID, a change in routine, large crowds, increased social interaction, and differing expectations regarding schoolwork. Ann and Robert H. Lurie Children's Hospital of Chicago (2021) polled 1,000 caregivers across the US, 71% of whom reported the COVID-19 pandemic has negatively impacted their children's mental health. Loades et al. (2020) agreed children and adolescents may be more likely to experience depression and anxiety after required separation and social isolation secondary to the COVID-19 pandemic. In this article, the author explores separation anxiety, including symptoms, ways to assess for separation anxiety, and practical skills to reduce these symptoms.

What is Separation Anxiety?

Separation anxiety is a common developmental challenge among toddlers and babies and can often be a sign of a secure attachment (Berger, 2011). Separation anxiety generally begins around nine months of age as babies are able to experience and express fear (Berger, 2011). According to Schaefer and DiGeronimo (2000), separation anxiety peaks between ages 18 to 36 months, and Masi et al. (2001) noted it typically abates by 3-4 years of age. Separation anxiety is not developmentally typical in older children; however, people all over the world are living in uncommon times. Jiao et al. (2020) identified a rise separation-related anxiety and clinginess among children ages 3 to 18 years since the pandemic began. As children are expected to leave their parents and attend school, many are likely to feel anxious to be away from their primary caregivers, causing separation-related anxiety.

As outlined in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5; American Psychiatric Association, 2013), separation anxiety becomes separation anxiety disorder when a child exhibits fear that is excessive or inappropriate for the

child's developmental stage regarding separation from caregivers. Eisen and Schaefer (2005) identified key symptom dimensions of separation anxiety, including a fear of being alone, fear of abandonment, somatic complaints or a fear of physical illness, and worries regarding disastrous events. At school, children and adolescents often experience declining grades and concentration difficulties (APA, 2013). Vaughan et al. (2016) concurred that separation anxiety can lead to social isolation and poor academic performance as well as school refusal. Children and adolescents may exhibit psychosomatic symptoms, such as stomach aches and headaches when feeling anxious regarding the separation, which may manifest for hours prior to leaving home to attend school. A child's symptoms, including anxiety or avoidance must last four weeks at minimum to warrant a diagnosis (APA, 2013).

Assessment and Treatment

Assessing for early experiences with strangers, new situations, daycares, level of shyness, and ability to sleep alone all support the development of a robust conceptualization of the client. Questions regarding family history, including attachment history, emotional disorders, and familial anxiety disorders could be beneficial. Adverse events, such as hospitalizations, deaths/losses, separation/divorce, and moving are all areas that are important to explore during an initial intake (Eisen & Schaefer, 2005). Deolmi et al. (2020) noted children who presented with anxiety symptoms prior to the pandemic may exhibit worsening symptoms during and after social distancing policies were implemented widely. Therefore, assessing how the child is coping regarding the COVID-19 pandemic is vital, by asking questions pertaining to the child's response to virtual learning, mask mandates, and quarantines.

For treatment of separation anxiety, Eisen and Schaefer (2005) encouraged therapists to teach children coping skills, including relaxation techniques such as progressive muscle relaxation and diaphragmatic breathing and cognitive-based procedures, such as

cognitive self-control and becoming a problem solver. This parallels Schaefer and Drewes's (2014) creative problem-solving therapeutic power of play for increasing personal strengths. In addition, a parent education component to treatment is necessary. Therapists can provide caregivers with psychoeducation about separation anxiety as well as coping skills for parents (Eisen & Schaefer, 2005).

Play therapy has also been beneficial with children with separation anxiety. Specifically, Nasab and Alipour (2015) identified sandplay therapy was effective in the reduction of separation anxiety disorder symptoms in children ages 5 to 7 years. Moreover, Jalali and Molavi (2011) found group play therapy resulted in statistically significant reduction of separation anxiety in children. The current author practices child-centered play therapy with children who present with separation anxiety symptoms. Child-parent relationship therapy (CPRT), where play therapists teach caregivers play therapy skills to utilize with their children during a weekly playtime, is also a valuable intervention (Bratton & Landreth, 2019). In addition, the author meets with parents or caregivers regularly to provide education, teach skills, and assess progress. Several tips are listed below that have been helpful when working with caregivers of children who exhibit separation anxiety symptoms.

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Intervention Strategies

Self-care is essential for caregivers. Individual therapy for a parent may help ease a parent's anxiety and, subsequently, help a child feel more stable and calmer. In addition to working on the relationship through CPRT, the play therapist can coach parents to intervene outside of special playtimes. Simply having consistent daily routines can help a child feel safe and secure. Further, songs, such as “Grownups Come Back” from the television show *Daniel Tiger*, are a helpful tool for children to add to their coping skills to feel calm and safe.

Exposure to Separation

Children with separation anxiety will likely benefit from various forms of exposure to take power away from the separation, normalize the experience, and help a child feel successful. Bibliotherapy is a helpful intervention for exposing a child to the idea of separation, using separation-focused books, such as *The Invisible String* by

Patrice Karst and *The Kissing Hand* by Audrey Penn. In addition, social stories are valuable with many anxiety-provoking situations and add a level of exposure. Parents may utilize a character the child enjoys and describe the character in a setting where a separation will occur. Walk the child through the separation, showing how the character is safe with other adults while utilizing coping skills and feels accomplished and proud when reuniting with the caregiver.

Structured doll play is another tool that may be used to support a child with separation anxiety. Bratton et al. (2006) explained structured doll play as playfully creating a story utilizing props and dolls or stuffed animals to prepare a child for a change or to explore a stressor. The caregiver acts out a scenario where a toy with the child's name separates from the caregiver and then returns safely. Thus, the child is further exposed to the stressor of separation while maintaining a safe emotional distance.

A more direct form of exposure is to practice brief separations. Taking a walk around the block or a quick trip to the local convenience store can provide children with successful separations that will likely combat their feelings of helplessness and anxiety. Once the caregiver has engaged the child in playful exposures as outlined above, they verbally prepare the child for the separation. Children should understand when the separation will occur and when they will be reunited with the caregiver. Specifically, providing the child with transition times may help prepare them for the separation.

If the child is returning to school, visiting the school together may be beneficial, if possible. In addition, create a goodbye ritual prior to the separation. This can involve a special handshake, hug, or kiss that helps the child feel safe. Keep the ritual and the goodbye brief and somewhat structured (Schaefer & DiGeronimo, 2000). Further, the caregiver will need to gently yet firmly set limits. Providing a child with limits, choices, and consistency will offer a level of comfort and safety for the child. If the child is attending school, designate a safe place at school, such as the nurse's office, and allow the child to contact his or her parents to help the child feel safe as well. Avoid excessive discussion of the separation and consider the child's development, because younger children will need less time for preparation. Allow the child to ask questions about the separation. The main focus is to reassure the child that he or she is safe. Therefore, utilizing language to help the child feel safe is of the utmost importance.

During the Separation

It is important for the parent to remember to remain calm when transitioning to and maintaining the separation. If the parent becomes anxious, this will only fuel the child's anxiety. It is imperative for caregivers to not dismiss their child's feelings yet reflect their child's emotions. Balance the brevity of a goodbye ritual with allowing the child to feel heard and understood. Moreover, encouraging language, such as, “You know just how to help yourself feel safe/calm while I'm gone,” can help empower the child to separate from the parent and ease their anxiety.

Depending on a child's development, it may be helpful for a child to draw the caregiver a picture or keep a parent's article of clothing, such as a scarf, while separated. Depending on the setting, an adult can help the child create a video for the caregiver. The caregiver can also do the same for the child while separated. Focusing on what a child is able to do or choices they can make while away from the caregiver will likely give the child control in the situation and help reduce anxious symptoms.

After a Separation

After the separation, focus on what the child did well. Utilizing social stories and/or structured doll play (Bratton et al., 2006) after the separation may help the child integrate the memory in a positive way. Encourage the child with phrases, such as, "You did it!" "You were able to draw a picture and stay calm while I was gone!" "You knew I'd be back" will help the child realize they were able to feel safe during the separation.

What to Avoid

Encourage caregivers to be truthful and direct. Saying, "I'll be right back," when the child will not see the parent until after a school day may be helpful for the parent in the moment yet will likely cause more anxiety for the child. It is important to build trust and ensure the child feels safe. Encourage caregivers to avoid dismissing the child's fears or encouraging them to be "tough" as this will likely increase their anxiety. Conversely, do not excessively coddle a child as this may increase their levels of concern and worry (Schaefer & DiGeronimo, 2000). Further, caregivers should avoid giving in and

allowing the child to stay home from school, prolonging the goodbye or never leaving a child alone. These actions can inadvertently increase separation anxiety symptoms and often result in a child feeling confirmed in their perception of danger. Lastly, avoid threatening a child based in his or her fear, such as, "If you don't calm down, I'll leave you here," as this will also have the potential to increase a child's worry (Schaefer & DiGeronimo, 2000).

Conclusion

Separation anxiety is a typical developmental stage from 9 months to 3 to 4 years of age; however, the author has seen an increase in older children with separation anxiety, likely as a result of the COVID-19 pandemic. When children and caregivers are provided with support and education, they are better able to understand their symptoms of separation anxiety and can be equipped with tools to combat their anxious feelings. Play therapists are an integral part of the child's treatment and outcomes.

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