

Separation Anxiety

How can children with separation anxiety be identified?

- Separation anxiety is the distress that children show when being separated from their primary caregivers. It appears around 7 to 9 months of age in most children and can persist over time for children who tend to be shyer or less adaptable to new routines. In typical development, children can easily (within days or weeks) become comfortable with a safe separation, such as going into a quality child care setting.
- Separation anxiety disorder (SAD) is an excessive and developmentally inappropriate fear about separation from important caregivers.

How common is it?

- Most children show some separation anxiety, but most get used to safe new places quickly after a few separations.
- About 4% of young children have SAD, and the rate decreases from childhood to adolescence to adulthood. It is the most common anxiety disorder in children younger than 12 years. In preschoolers, it occurs in girls and boys equally; in elementary school, it occurs in more girls than boys.

What are the behaviors usually seen?

- Toddlers cannot always explain their fears, but older children may describe worrying about their caregiver's safety, losing a caregiver, or their own safety when separated from their caregiver.
- Children with SAD experience significant distress (eg, sadness, fear, panic, anger) when expecting or experiencing separation from important caregivers.
- Children may avoid leaving home or avoid separations by crying, complaining of pains, or getting angry and having a tantrum. The patterns are often evident when they are being dropped off at the child care center.
- Children with SAD may also not be able to sleep alone or may have frequent nightmares about separation.
- Sometimes, these patterns come out of the blue; sometimes, they come after children have had an important separation or loss.



When should a more concerning issue be suspected?

- Distress with separations may indicate a more concerning issue if the child's separation anxiety is persistent (lasting 1 month or more), seems more intense than that of other children the same age, and/or results in the child's inability to engage in child care, school, family gatherings, independent sleep, or other developmentally appropriate activities. As with all patterns, sleep deprivation, hunger, and extremely unpredictable family patterns can all contribute to separation distress.
- Extreme separation distress may also be a reason for concern if there are concerns about the child's caregiving environment, whether the child is safe at home or with adult caregivers, whether the adults in the home are safe, or if children also have anxiety, irritability, symptoms of depression, or significant disruptive behavioral problems.

What are typical management strategies in the behavioral support plan?

In the child care setting, teachers and other staff members can help children with separation anxiety by

- Advising parents to have children practice brief separations with familiar people, such as grandparents, before jumping into full-day child care.

Separation Anxiety (continued)

- Advising parents to develop a quick goodbye ritual that they do the same way every day, such as kissing children on the forehead, handing children their bag, and saying, “I’ll see you after school,” or, “Grandma will pick you up; I’ll see you at home for dinner.”
- Welcoming children warmly and by name when they arrive and having a designated adult to take their hand and lead them into the classroom to do a fun activity that is ready to go. Child care staff members can acknowledge children’s feelings (eg, “It’s hard to say goodbye to Mommy in the morning”) and help children by providing a coping strategy (eg, “But she’ll be so excited to see what you do today in the art center—we’re going to have lots of fun!”).
- Not letting caregivers linger in an unpredictable routine; this does not help children become accustomed to separations.
- For older preschoolers, have a picture of their caregiver or a home transitional object (eg, a parent’s handkerchief or cloth napkin) to look at during specific times of the day and even to let children talk to the picture of their caregiver to keep them connected through the day.
- For children who have SAD, asking parents what coping strategies children are learning, so that those strategies may be practiced at school. Treatment for SAD in very young children involves teaching them coping or relaxation strategies and practicing brief separations and then longer ones. For children who do not improve with this kind of therapy, medications for anxiety are sometimes considered in older preschoolers who have severe impairment.
- For children with other emotional or behavioral symptoms, using relaxation strategies and teaching them to the whole class.
- Generally speaking, not sending children home for vague complaints about headaches or stomachaches that have already been evaluated and seem to be connected to separation anxiety. However, parents should be part of the planning around what symptoms or complaints they want to hear about.

When should I ask for additional support?

Consultation with a mental health professional can assist child care and early education personnel in developing a tailored plan for children with notable separation anxiety or those with SAD.

What training and/or policies may be needed?

Training child care staff members about all anxiety patterns, but especially separation anxiety, is helpful to ensure that staff members understand children’s emotional displays as signs of fear, not oppositional or “bad” behavior.

Where can I find additional resources?

- American Academy of Child and Adolescent Psychiatry: Resource centers (www.aacap.org/aacap/Families_And_Youth/Resource_Centers/Home)
- American Academy of Pediatrics HealthyChildren.org: How to ease your child’s separation anxiety (www.healthychildren.org/English/ages-stages/toddler/Pages/Soothing-Your-Childs-Separation-Anxiety.aspx)

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