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Cognitive Behavioral Interventions for Separation Anxiety in Youth

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ABSTRACT

This research focuses on Separation Anxiety Disorder (SAD) in children and explores the effectiveness of Cognitive Behavioral Therapy (CBT) as a treatment approach. The study presents a range of CBT interventions specifically designed to address SAD, supported by an in-depth case study of a client dealing with separation anxiety. It outlines the specific techniques and strategies used in delivering CBT for this particular case.

Furthermore, the research highlights several distinct CBT treatments available for Separation Anxiety Disorder, including the Coping Cat Program, Child Anxiety Multi-Day Program (CAMP), Parent-Child Interaction Therapy (PCIT), and the TAFF Program. These programs incorporate various therapeutic components such as psychoeducation, cognitive restructuring, relaxation training, exposure therapy, and active involvement of parents or caregivers.

By offering a comprehensive overview of different CBT interventions and their application in treating Separation Anxiety Disorder, this research contributes to the understanding and effective management of childhood distress. It emphasizes the importance of tailoring interventions to the developmental needs and cultural backgrounds of the affected children, while also considering individual and social factors that contribute to their symptoms. Additionally, the research underscores the significance of cautious implementation of exposure techniques, taking into account the child's medical condition and ensuring that anxiety levels remain manageable to prevent dropouts or excessive distress.

This research provides valuable insights into the use of CBT for treating Separation Anxiety Disorder in children, highlighting various evidence-based interventions and emphasizing the need for a holistic and individualized approach to therapy.

Keywords: Separation anxiety Disorder (SAD), cognitive behavioral therapy (CBT) and youth.

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Introduction

Separation anxiety Disorder (SAD) is characterised by a severe, excessive and developmentally inappropriate anxiety or fear of separation from a parent or a major attachment figure (American Psychiatric Association, 2015; Beidel & Alfano, 2011). Children diagnosed with SAD present extreme distress in circumstances which involve a real or imagined separation from a caregiver; the worries revolve around the intense fear of potential harm inflicted on that person or on them. The excessive anxiety usually leads to somatic complaints (e.g. nausea, stomachaches, etc.), oppositional behavior (e.g. crying, screaming, threats, etc.), and nightmares regarding real or anticipated separation. Children may persistently avoid separation by not sleeping alone, not attending to school and by refusing to visit a friend (American Psychiatric Association, 2013; Eisen, et al., 2011). SAD is considered to be a common mental health condition in children (Choate et al., 2005). Although the peak age of emergence is between 7 and 9 years, it can develop at any age during childhood, adolescence or even adulthood (Beidel & Alfano, 2011). There are many conditions comorbid to SAD such as specific phobias, school refusal, and depression (Verduin & Kendall, 2003; Krain et al., 2007). Furthermore, there are studies indicating a link between parental pathology and the development of SAD in children. Particularly, parents with major depressive disorder, panic disorder and agoraphobia are more likely to have a more vulnerable child to separation anxiety (Warner, Mufson & Weissman, 1995; Capps, Sigman, Sena, Henker, & Whalen, 1996; Schneider & Lavallee, 2013).

An interesting fact that possibly affects therapeutic interventions is that SAD appears to be a quite unstable disorder in children. Specifically, various studies illustrate that some children don't meet the diagnostic criteria for SAD (or for any other disorder) in a later date, and a subset might be diagnosed with other disorders at follow-up (Cantwell and Baker, 1989; Last et al, 1996; Foley et al., 2004). Additionally, as Cantwell and Baker (1989) indicate in a longitudinal study concerning the mental disorders' stability in children, SAD seem to present higher recovery rates than other disorders.

Cognitive Behavioral interventions for anxious children, including children diagnosed with SAD, focus on the cognitive, behavioral and somatic facets of anxiety. The main treatment components are the following:

a) Psychoeducation about anxiety and normalising the experiences of anxiety
b) Management skills concerning the identification of somatic reactions to stress and relaxation techniques
c) Cognitive restructuring based on changing maladaptive thoughts
d) controlled and gradual exposure to feared stimuli
e) discussion of relapse prevention plans

(Weems & Carrion, 2003; Kendall, Furr & Podell, 2010).

The CBT effectiveness for a variety of anxiety disorders in youth is being supported from a growing body of studies (Kendall, 1994; Barrett, 1998; Weems & Carrion,

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2003). Reviews and meta-analyses present CBT as an evidence-based method, illustrating that 68.9% of children diagnosed with an anxiety disorder are symptom-free after the treatment (Schneider & Lavallee, 2013). Specifically, individual forms of CBT appear to have superior performance over waiting list conditions and the treatment results seem to be maintained at one-year follow-up (Barrett, 1998).

Additionally, Ishikawa, Okajima, Matsuoka and Sakano (2007), in a meta-analysis concerning CBT interventions for anxious children, illustrate that both group-focused and individualfocused CBT treatments seem to be efficacious in dealing with anxiety in youth. On the other hand, the therapeutic methods used specifically for the treatment of SAD are notably under-researched, since disorder-specific research is underdeveloped, at least for the time being (Schneider et al., 2011; Beidel & Alfano, 2011; Schneider & Lavallee, 2013).

However the practitioners apply various manualised CBT methods designed for childhood anxiety (including SAD). Some of them are the following:

- **Coping Cat Program**

The Coping Cat and the Cat program are manualised cognitive-behavioral therapeutic interventions, designed respectively for children and adolescents with anxiety disorders. Particularly, the Coping Cat is a sixteen-session program tailored for children with separation anxiety disorder, generalized anxiety disorder and social phobia, and it is primarily child-focused, although there are variations concerning the participation of the parents, and the application of the program to groups (Kendall et al., 2010; Podell, et al., 2010).

The program's main goal is to teach children to observe the signs of anxiety and to foster the development of coping strategies, so the main components include psychoeducation, cognitive restructuring, relaxation training and gradual exposure/ rewards. It is divided into two parts: skills training and skills practice, in which children learn and apply a four-step "FEAR plan": **F**eeling frightened? **E**xpecting bad things to happen? **A**ttitudes and Actions that might help; **R**esults and Rewards (Kendall et al., 2010; Podell, et al., 2010). Randomised clinical trials have shown the effectiveness of the coping cat program. Kendall and his associates illustrate that, in comparison with the waiting list, the children that received treatment presented significant improvements, which were maintained at one-year and three-year follow-up (Kendall & Southam-Gerow, 1996; Kendall et al., 1997).

- **Child Anxiety Multi-Day Program (CAMP)**

The Child Anxiety Multi-Day Program is a group-based cognitive behavioral intervention, designed for children with SAD specifically. It is implemented in a daily format for one week, as a summer camp-like experience. The general idea behind CAMP is the use of special settings for reaching children and families that may not seek therapy in traditional therapeutic settings. In a camp-based intervention, children engage in developmentally appropriate activities with other children, while having the opportunity to practice in a naturalistic setting away from parents repeated exposure (such as sleepovers, group trips, etc.). Research for the effectiveness of the specific

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program has indicated a significant reduction in SAD related symptoms (Santucci & Ehrenreich-May, 2012).

- **Parent-Child Interaction Therapy (PCIT) for Children with SAD**

Ten-session treatment, which rest on the assumption that the enhancement of parent-child interaction leads to the advancement of family and child functioning. PCIT is conducted in three phases: Child-directed interaction focuses on supporting parents with skills for improving warm and positive interaction with the child and strengthening the child's feeling of safety, in order to make the separation easier.
Bravery-directed interaction engages in both the child and the parents and focuses on psychoeducation about separation anxiety, and practice on exposure through the creation of a fearedsituation list (in order of severity), and a reward list.
Parent-directed interaction is based on coaching the parents about behavioral strategies and appropriate ways of interacting with their child (Pincus, 2005; Pincus et al., 2008).
In a meta-analysis which compared parent-child interventions (including PCIT) with child-focused and group-focused CBT treatments, the results indicate that the family-based interventions seem to be more effective in treating childhood anxiety (Brendel, & Maynard, 2014).

- TAFF Program

The TAFF program was created to address present limitations in therapy and research for children diagnosed with SAD specifically. It contains four psychoeducational sessions with the child, four psychoeducational sessions with the caregivers, followed by eight exposure sessions with the parents and the child. The content of the sessions includes psychoeducation, cognitive restructuring and exposure preparation for both children and parents, followed by intensive exposure in vivo, parent coaching for the improvement of their parenting skills through the exposure sessions and relapse prevention (Schneider, et al., 2011; Schneider & Lavallee, 2013).
This is a relatively new program so, for the time being, its effectiveness is being supported from one randomise-waiting-list control trial which indicates its short-term efficacy (Schneider, et al., 2011). The creators of the program are currently conducting a research which compares the TAFF intervention with child-focused therapy, and the initial data illustrate that the program is as effective as a general child-based intervention (Schneider & Lavallee, 2013).

Too the case report presents the case of an 8-year-old girl who is experiencing symptoms of Separation Anxiety Disorder (SAD). She has intense fears and physical complaints when separated from her mother, resulting in her refusal to attend school for two months. Given the characteristics of client's family environment and her mother's anxious responses, a family-based approach using Cognitive Behavioral Therapy (CBT) is recommended as the most effective intervention. The proposed treatment plan is the TAFF program, specifically designed for children with SAD, consisting of 16 sessions over 12 weeks. The treatment plan includes sessions with

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both the mother and her daughter , focusing on psychoeducation, cognitive restructuring, behavior management, exposure therapy, and improving parenting skills.

The proposed structure of the treatment plan is the following:

Four Sessions with the mother:

- Psychoeducation about separation anxiety and key symptoms, the components of anxiety (physical reactions, thoughts, actions) and their interplay/ pathological versus healthy fears/ SAD development and maintenance
- Introduction of the TAFF diary to record daily separation experiences
- Exploration of the parenting style/ psychological/ cognitive characteristics of the caregiver (eg dysfunctional thoughts about separation)
- Training in identifying and reframing dysfunctional beliefs about separation
- Training in suitable parental behaviors during separation and in behavior management strategies
- Goals concerning the exposure tasks

Four Sessions with the client :

- Building a positive therapeutic relationship/ normalising experiences of fear
- Psychoeducation about different kinds of fear, separation anxiety and its frequency.
- Identification of anxiety through body signals/ interaction between thoughts, feelings, and actions.
- The use of an anxiety thermometer to rate anxiety/ the creation of a fear hierarchy
- Cognitive restructuring targeting on dysfunctional beliefs and their modification via reality checks
- Discussion and specific tasks about exposure

Eight mother-child sessions:

- Exposure in vivo: The therapist leads the first exposure session and the mother observes. The mother applies the techniques of the second exposure session with the therapist's guidance. Further exposures are planned outside of the therapy sessions.
- Mother coaching/ Improving parenting skills/ Practicing behavioral strategies for the development of client 's autonomy/ Improving family climate
- Relapse prevention: Exploration of remaining dysfunctional thoughts/ Addressing fear of relapse and ensuring important coping strategies/ Reflection on the course of therapy- closing (Schneider, et al., 2011; Schneider & Lavallee, 2013)

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In a critical evaluation of CBT, some voices in the literature highlight theoretical and methodological inconsistencies. Randomized Control Trials (RCTs) used to establish the efficacy of CBT techniques are criticized for underestimating individual variations in response to therapy and neglecting self-healing processes. The exclusive focus on one treatment method without considering other factors and the limited comparisons of CBT with alternative treatments are also noted. The medical framework of IAPT, which promotes CBT interventions, is criticized for heavily relying on diagnostic criteria and not adequately addressing individual client issues beyond diagnosis.

In addition , therapists who working with childhood distress should have a developmental understanding of the causes and manifestations of distress at different ages. In the case of SAD, therapists should be knowledgeable about the developmental issues involved and use developmentally appropriate interventions. When working with clients from diverse cultural backgrounds, therapists should be culturally competent and sensitive to different values and beliefs, integrating them into treatment plans. Practitioners using exposure techniques should exercise caution, taking into account the child's medical condition and designing exposure methods that avoid excessive anxiety levels and potential dropout.

Furthermore , there is a risk of narrowing the theory and methods of CBT due to a managerial ideology that prioritizes cost-effective modalities and overlooks the societal factors contributing to symptoms. Therefore, practitioners using manualized CBT protocols should be aware of the limitations of these approaches and should strive to understand the individual and social problems of their clients, working collaboratively to address those problems beyond diagnostic criteria.

Overall, this research has provided valuable knowledge and skills in CBT, but it is crucial to maintain a critical perspective and consider the broader context in which CBT is practiced.

References

1. Arch, J. J., & Craske, M. G. (2009). First-line Treatment: A Critical Appraisal of Cognitive Behavioral Therapy Developments and Alternatives. *Psychiatric Clinics of North America, 32, 525–547.*
2. Americal Psychiatric Association (2013). *Diagnostic And Statistical Manual of Mental Disorders* (5th ed.). Washington, DC: Author.
3. Albano, A. M., & Kendall, P. C. (2002). Cognitive behavioural therapy for children and adolescents with anxiety disorders: clinical research advances. *International Review of Psychiatry, 14*, 129-134.

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www.jalhss.com
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العدد (105) مايو 2024

4. Barrett, P. M. (1998). Evaluation of Cognitive-Behavioral Group Treatments for Childhood Anxiety Disorders. *Journal of Clinical Child Psychology, 27 (4),* 459-468.
5. Beidel, D. C., & Alfano, C. A. (2011). *Child Anxiety Disorders: A Guide to Research and Treatment* (2nd ed.). New York: Routledge.
6. Binnie, J. (2015). Do you want therapy with that? A critical
7. account of working within IAPT. *Mental Health Review Journal, 20 (2),* 79-83.
8. Brendel, K. E., & Maynard B. R. (2014). Child–Parent Interventions for Childhood Anxiety Disorders: A Systematic Review and Meta-Analysis. *Research on Social Work Practice, 24 (3),* 287-295.
9. Cantwell, D. P., & Baker, L. (1989). Stability and natural history of DSM-III childhood diagnoses. *Journal of the American Academy of Child and Adolescent Psychiatry, 28,* 691–700.
10. Capps, L., Sigman, M., Sena, R., Henker, B., & Whalen, C. (1996). Fear, anxiety and perceived control in children of agoraphobic parents. *Journal of Child Psychology and Psychiatry, 37,* 445-452.
11. Choate, M. L., Pincus, D.,B., Eyberg, S. M., & Barlow, D. H. (2005). Parent-Child Interaction Therapy for Treatment of Separation Anxiety Disorder in Young Children: A Pilot Study. *Cognitive and Behavioral Practice, 12,* 126–135.
12. Eisen, A. R., Raleigh, H., & Neuhoff, C., C. (2008). The Unique Impact of Parent Training for Separation Anxiety Disorder in Children. *Behavior Therapy, 39 (2),* 195-206.
13. Eisen, A. R., Sussman, J. M., Schmidt, T., Mason, L., Hausler, L., & Hashim R. (2011). Separation Anxiety Disorder. In D. McKay & E.A. Storch (eds.), *Handbook of Child and Adolescent Anxiety Disorders.* New York: Springer.
14. Foley, D. L., Pickles, A., Maes, H. M., Silberg, J. L., & Eaves, L. J. (2004). Course and short-term outcomes of separation anxiety disorder in a community sample of twins. *Journal of the American Academy of Child and Adolescent Psychiatry, 43,* 1107–1114.
15. Hays P. A., & Iwamasa G. Y. (2006). *Culturally responsive cognitive-behavioral therapy: Assessment, practice, and supervision.* Washington DC: American Psychological Association.
16. Herren, C., In-Albon, T., & Schneider, S. (2013). Beliefs regarding child anxiety and parenting competence in parents of children with separation

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www.jalhss.com
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العدد (105) مايو 2024

anxiety disorder. *Journal of Behavior Therapy and Experimental Psychiatry, 44*, 53-60.

17. House, R., & Loewenthal D. (2008). Editorial- CBT in question. *European Journal of Psychotherapy & Counselling, 10 (3)*, 181-186.
18. House, R. & Loewenthal, D. (2010). CBT and the otherpsychological therapies in an age of happiness. In D. Loewenthal & R. House (eds.), *Critically Engaging CBT*. Berkshire: Open University Press.
19. Ishikawa, S., Okajima, I., Matsuoka, H., & Sakano, Y. (2007). Cognitive behavioural therapy for anxiety in children and adolescents: a meta-analysis. *Child and Adolescent Mental Health, 12(4*), 164–172.
20. Kendall, P. C. (1994). Treating anxiety disorders in children. A controlled trial. *Journal of Consulting and Clinical Psychology, 62,* 100-110.
21. Kendall, P. C., & Southam-Gerow, M. A. (1996). Long-term follow-up of a cognitive-behavioral therapy for anxiety-disordered youth. *Journal of Consulting and Clinical Psychology, 64,* 724-730.
22. Kendall, P. C, Flannery-Schroeder, E., Panichelli-Mindel, S. M., Southam-Gerow, M., Henin, A., & Warman, M. (1997). Therapy for youths with anxiety disorders: a second randomized clinical trial. *Journal of Consulting and Clinical Psychology, 65*, 366-380.
23. Kendall, P. C., Furr, J. M., & Podell, J. L. (2010). Child-Focused Treatment of Anxiety. In J. R., Weisz & A. E., Kazdin (eds.), *Evidence-Based Psychotherapies for Children and Adolescents*(2nd ed.). New York: The Guilford Press.
24. Krain A. L., Ghaffari, M., Freeman, J., Garcia, A., Leonard, H., & Pine, D. C. (2007). Anxiety disorders. In A., Martin & F., R.Volkmar (eds). *Lewis's Child and Adolescent Psychiatry*, (4th ed.). Philadelphia: Lippincott Williams & Wilkins, pp538-548.
25. Last, C. G., Perrin, S., Hersen, M., & Kazdin, A. E. (1996). A prospective study of childhood anxiety disorders. *Journal of the American Academy of Child and Adolescent Psychiatry, 35*, 1502–1510.
26. Pincus, D. B. (2005). Adapting Parent-Child Interaction Therapyfor Young Children with Separation Anxiety Disorder. *Education and Treatment of Children, 28 (2),* 163-181.
27. Pincus, D. B., Santucci, L. C., Ehrenreich, J. T., & Eyberg, S. M. (2008). The Implementation of Modified Parent-Child Interaction Therapy for Youth with Separation Anxiety Disorder. *Cognitive and Behavioral Practice, 15*, 118-125.

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Journal of Arts, Literature, Humanities and Social Sciences
www.jalhss.com
Volume (105) May 2024
العدد (105) مايو 2024

28. Podell, J. L., Mychailyszyn, M., Edmunds, J., Puleo, C. M., & Kendall P. C. (2010). The Coping Cat Program for Anxious Youth: The FEAR Plan Comes to Life. *Cognitive and Behavioral Practice, 17,* 132–141.
29. Santucci, L. C., & Ehrenreich-May, J. (2012). A Randomized Controlled Trial of the Child Anxiety Multi-Day Program (CAMP) for Separation Anxiety Disorder. *Child Psychiatry and Human Development, 44,* 439–451.
30. Schneider, S., Blatter-Meunier, J., Herren, C., Adornetto, C., In-Albon, T., & Lavallee, K. (2011). Disorder-Specific Cognitive-Behavioral Therapy for Separation Anxiety Disorder in Young Children: A Randomized Waiting-List-Controlled Trial. *Psychotherapy and Psychosomatics, 80,* 206-215.
31. Schneider, S. & Lavallee, K. L (2013). Separation Anxiety Disorder. In C., A., Essau & T., H., Ollendick, *The Wiley-Blackwell Handbook of The Treatment of Childhood and Adolescent Anxiety,* (1st ed.). UK: Wiley-Blackwell.
32. Toth, S. L. & Cicchetti, D. (1999). DevelopmentalPsychopathology and Child Psychotherapy.In S. W. Russ & T., H. Ollendick (eds.), *Handbook of Psychotherapies with Children and Families,* (1st ed.). New York: Springer Science & Business Media.
33. Verduin, T. L., & Kendall, P. C. (2003). Differential occurrence of comorbidity within childhood anxiety disorders. *Journal of Clinical Child and Adolescent Psychology, 32,* 290-295.
34. Warner, V., Mufson, L. & Weissman, M. M. (1995). Offspring at High and Low Risk for Depression and Anxiety: Mechanisms of Psychiatric Disorder. *Journal of the American Academy of Child & Adolescent Psychiatry, 34 (6),* 786-797.
35. Weems, C. F. & Carrion, V. G. (2003). The Treatment of Separation Anxiety Disorder Employing Attachment Theory and Cognitive Behavior Therapy Techniques. *Clinical Case Studies, 2 (3),* 188-198.