

# Separation Anxiety Disorder

Code: 309.21 (F93.0)

Separation Anxiety Disorder  
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**Diagnostic Criteria 309.21 (F93.0)**  
A. Developmentally inappropriate and excessive fear or anxiety concerning separation from those to whom the individual is attached, as evidenced by at least three of the following:  
1. Recurrent excessive distress when anticipating or experiencing separation from home or from major attachment figures.  
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2. Persistent and excessive worry about losing major attachment figures or about possible harm to them, such as illness, injury, disasters, or death.  
3. Persistent and excessive worry about experiencing an untoward event (e.g., getting lost, being kidnapped, having an accident, becoming ill) that causes separation from a major attachment figure.  
4. Persistent reluctance or refusal to go out, away from home, to school, to work, or elsewhere because of fear of separation.  
5. Persistent and excessive fear of or reluctance about being alone or without major attachment figures at home or in other settings.  
6. Persistent reluctance or refusal to sleep away from home or to go to sleep without being near a major attachment figure.  
7. Repeated nightmares involving the theme of separation.  
8. Repeated complaints of physical symptoms (e.g., headaches, stomachaches, nausea, vomiting) when separation from major attachment figures occurs or is anticipated.  
B. The fear, anxiety, or avoidance is persistent, lasting at least 4 weeks in children and adolescents and typically 6 months or more in adults.  
C. The disturbance causes clinically significant distress or impairment in social, academic, occupational, or other important areas of functioning.  
D. The disturbance is not better explained by another mental disorder, such as refusing to leave home because of excessive resistance to change in autism spectrum disorder, delusions or hallucinations concerning separation in psychotic disorder, refusal to go outside without a trusted companion in agoraphobia, worries about ill health or other harm befalling significant others in generalized anxiety disorder, or concerns about having an illness in illness anxiety disorder.

**Diagnostic Features**  
The essential features of separation anxiety disorder is excessive fear or anxiety concerning separation from home or attachment figures. The anxiety exceeds what may be expected given the person's attachment level (Criterion A). Individuals with separation anxiety disorder have symptoms that meet at least three of the following criteria. They experience excessive distress when anticipating or experiencing separation from home or major attachment figures or occurs (Criterion A1). They worry about the well-being or death of attachment figures, particularly when separated from them, and they resist leaving the proximity of their attachment figures and want to stay in touch with them (Criterion A2). They also worry about untoward events or possible harm to them, such as getting lost, being kidnapped, or having an accident, that would keep them from ever being reunited with their major attachment figure (Criterion A3). Individuals with separation anxiety disorder may consent or refuse to go out by themselves because of separation fears (Criterion A4). They have persistent and excessive fear or reluctance about being alone or without major attachment figures at home or in other settings. Children with separation anxiety disorder may be unable to stay or go to school by themselves and may display "clinging" behavior, such as being close to or "shadowing" the parent around the house, or requiring someone to be with them when going to school or in the house (Criterion A5). They have persistent reluctance or refusal to go to sleep without being near a major attachment figure or to sleep away from home (Criterion A6). Children with separation disorder often have difficulty at bed time and may insist that someone stay with them until they fall asleep. During the night, they may make their way to their parents' bed that of a significant other (e.g., a babysitter). Children may be reluctant or refuse to attend camp, to sleep at friends' homes, or to go to an adult's home that may be uncomfortable when traveling independently (e.g., sleeping in a hotel room). There may be repeated nightmares in which the content expresses the individual's separation anxiety (e.g., destruction of the family through fire, murder, or other catastrophic events) (Criterion A7). Physical symptoms (e.g., headaches, abdominal complaints, nausea, vomiting) are common in children when separation from major attachment figures occurs or is anticipated (Criterion A8). Cardiovascular symptoms such as palpitations, dizziness, and feeling faint are rare in younger children but may occur in adolescents and adults.  
The disturbance must last for a period of at least 4 weeks in children and adolescents younger than 18 years and is typically 6 months or longer in adults (Criterion B). However, the duration criterion for adults should be used as a general guide, with allowance for some degree of flexibility. The disturbance must cause clinically significant distress or impairment in social, academic, occupational, or other important areas of functioning (Criterion C).  
**Associated Features Supporting Diagnosis**  
When separated from major attachment figures, children with separation anxiety disorder may exhibit social withdrawal, sadness, irritability, or difficulty concentrating on work or play. Depending on their age, individuals may have fears of animals, monsters, the dark, magnets, burglars, kidnappers, car accidents, plane travel, and other situations that are perceived as presenting danger to the family or themselves. Some individuals become homesick and uncomfortable to the point of misery when away from home. Separation anxiety disorder in children may lead to school refusal, which in turn may lead to academic difficulties and social isolation. When extremely upset at the prospect of separation, children may show anger or occasionally aggression toward someone who is forcing separation. When alone, especially in the evening or at night, young children may report unusual perceptual experiences (e.g., seeing people peering into their room, frightening creatures reaching for them, feeling eyes staring at them). Children with this disorder may be described as demanding, intrusive, and in need of constant attention, and, as adults, may appear dependent and overprotective. The individual's excessive demands often become a source of frustration for family members, leading to resentment and conflict in the family.  
**Prevalence**  
The 12-month prevalence of separation anxiety disorder among adults in the United States is 0.5%–1.5%. In children, it is 12-month prevalence is estimated to be approximately 4% in adolescents in the United States, the 12-month prevalence is 1.6%. Separation anxiety disorder decreases in prevalence from childhood through adolescence and adulthood. It is the most prevalent anxiety disorder in children younger than 12 years. In clinical samples of children, the disorder is equally common in males and females. In the community, the disorder is more frequent in females.

**Development and Course**  
Periods of heightened separation anxiety from attachment figures are part of normal early development and may indicate the development of secure attachment relationships (e.g., around 1 year of age, when infants may suffer from stranger anxiety). Onset of separation anxiety disorder may be as early as preschool age and may occur at any time during childhood and more rarely in adolescence. Typically there are periods of exacerbation and remission. In some cases, both the anxiety about possible separation and the avoidance of situations involving separation from the home or nuclear family (e.g., going away to school, moving away from attachment figures) may persist through adulthood. However, the majority of children with separation anxiety disorder are free of requiring anxiety disorders over their lifetimes. Many adults with separation anxiety disorder do not recall a childhood onset of separation anxiety disorder, although they may recall symptoms.  
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The manifestations of separation anxiety disorder vary with age. Younger children are more reluctant to go to school or may avoid school altogether. Younger children may not express worries or specific fears of dangers threats to parents, home, or themselves, and the anxiety is manifested only when separation is experienced. As children age, worries emerge; these are often worries about specific dangers (e.g., accidents, kidnapping, mugging, death) or vague concerns about not being reunited with attachment figures. In adults, separation anxiety disorder may limit their ability to cope with changes in circumstances (e.g., moving, getting married). Adults with the disorder are typically overconcerned about their offspring and spouses and experience marked discomfort when separated from them. They may also experience significant disruption in work or social experiences because of needing to continuously check on the whereabouts of a significant other.  
**Risk and Prognostic Factors**  
Environmental. Separation anxiety disorder often develops after life stress, especially a loss (e.g., the death of a relative or pet, an illness of the individual or a relative, a change of schools, parental divorce, a move to a new neighborhood, immigration, a disaster, or prolonged periods of separation from attachment figures). In young adults, other examples of life stressors include leaving the parental home, entering into a romantic relationship, and becoming a parent. Parental overprotection and intrusiveness may be associated with separation anxiety disorder.  
Genetic and physiological. Separation anxiety disorder in children may be heritable. Heritability was estimated at 77% in a community sample of 6-year-old twins, with higher rates in girls. Children with separation anxiety disorder display particularly enhanced sensitivity to respiratory stimulation during CO<sub>2</sub> enriched air.  
**Culture-Related Diagnostic Issues**  
There are cultural variations in the degree to which it is considered desirable to tolerate separation, so that demands and opportunities for separation between parents and children are avoided in some cultures. For example, there is wide variation across countries and cultures with respect to the age at which it is expected that offspring should leave the parental home. It is important to differentiate separation anxiety disorder from the high value some cultures place on strong interdependence among family members.  
**Gender-Related Diagnostic Issues**  
Girls manifest greater reluctance to attend or avoidance of school than boys. Indirect expressions of fear of separation may be more common in males than in females. For example, by limited independent activity, reluctance to be away from home alone, or distress when spouse or offspring do things independently or when contact with spouse or offspring is not possible.  
**Suicide Risk**  
Separation anxiety disorder in children may be associated with an increased risk for suicide. In a community sample, the presence of mood disorders, anxiety disorders, or substance use has been associated with suicidal ideation and attempts. However, this association is not specific to separation anxiety disorder and is found in several anxiety disorders.

**Functional Consequences of Separation Anxiety Disorder**  
Individuals with separation anxiety disorder often limit independent activities away from home or attachment figures (e.g., in children, avoiding school, not going to camp, having 18 Anxiety Disorder  
difficulty sleeping alone; in adolescents, not going away to college; in adults, not leaving the home).  
**Differential Diagnosis**  
Generalized anxiety disorder. Separation anxiety disorder is distinguished from generalized anxiety disorder in that the anxiety predominantly concerns separation from attachment figures, and if other worries occur, they do not predominate the clinical picture.  
Panic disorder. Threats of separation may lead to extreme anxiety and even a panic attack, but separation anxiety disorder, in contrast to panic disorder, the anxiety concerns the possibility of being away from attachment figures and worry about untoward events befalling them, rather than being precipitated by an unexpected panic attack.  
Agoraphobia. Unlike individuals with agoraphobia, those with separation anxiety disorder are not anxious about being trapped or incapacitated in situations from which escape is perceived as difficult in the event of panic-like symptoms or other incapacitating symptoms.  
Conduct disorder. School avoidance (truancy) is common in conduct disorder, but anxiety about separation is not responsible for school absences, and the child or adolescent usually stays away from, rather than returns to, the home.  
Social anxiety disorder. School refusal may be due to social anxiety disorder (social phobia). In such instances, the school avoidance is due to fear of being judged negatively by others rather than to worries about being separated from the attachment figures.  
Posttraumatic stress disorder. Fear of separation from loved ones is common after traumatic events such as a disaster, particularly when periods of separation from loved ones were experienced during the traumatic event. In posttraumatic stress disorder (PTSD), the central symptoms concern intrusions about, and avoidance of, memories associated with the traumatic event itself, whereas in separation anxiety disorder, the worries and avoidance concern the well-being of attachment figures and separation from them.  
Illness anxiety disorder. Individuals with illness anxiety disorder worry about specific threats they may have, but the main concern is about the medical diagnosis itself, not about being separated from attachment figures.  
Bereavement. Intense yearning or longing for the deceased, intense sorrow and emotional pain, and preoccupation with the deceased or the circumstances of the death are expected responses occurring in bereavement, whereas fear of separation from other attachment figures is central in separation anxiety disorder.  
Depressive and bipolar disorders. These disorders may be associated with reluctance to leave home, but the main concern is not worry or fear of untoward events befalling attachment figures, but rather low motivation for engaging with the outside world. However, individuals with separation anxiety disorder may become depressed while being separated or in anticipation of separation.  
Oppositional defiant disorder. Children and adolescents with separation anxiety disorder may be oppositional in the context of being forced to separate from attachment figures.  
Oppositional defiant disorder should be considered only when there is persistent oppositional behavior unrelated to the anticipation or occurrence of separation from attachment figures.  
Psychotic disorders. Unlike the hallucinations in psychotic disorders, the unusual perceptual experiences that may occur in separation anxiety disorder are usually based on a misperception of an actual stimulus, occur only in certain situations (e.g., nightmares), and are alleviated by the presence of an attachment figure.  
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Personality disorders. Dependent personality disorder is characterized by an individual's tendency to rely on others, whereas separation anxiety disorder involves concern about the proximity and safety of main attachment figures. Borderline personality disorder is characterized by fear of abandonment by loved ones, but problems in identity, self-direction, interpersonal functioning, and impulsivity are additionally central to that disorder, whereas they are not central to separation anxiety disorder.  
**Comorbidity**  
In children, separation anxiety disorder is highly comorbid with generalized anxiety disorder and specific phobia. In adults, common comorbidities include specific phobia, PTSD, panic disorder, generalized anxiety disorder, social anxiety disorder, agoraphobia, dissociative compulsive disorder, and personality disorders. Depressive and bipolar disorders are also comorbid with separation anxiety disorder in adults.  
**Diagnostic Criteria 311.23 (F94.0)**  
A. Consistent failure to speak in specific social situations in which there is an expectation for speaking (e.g., at school despite speaking in other situations).  
B. The disturbance interferes with educational or occupational achievement or with social communication.  
C. The duration of the disturbance is at least 1 month (not limited to the first month of school).  
D. The failure to speak is not attributable to a lack of knowledge of, or comfort with, the spoken language required in the social situation.  
E. The disturbance is not better explained by a communication disorder (e.g., childhood-onset fluency disorder) and does not occur exclusively during the course of autism spectrum disorder, schizophrenia, or another psychotic disorder.  
**Diagnostic Features**  
When encountering other individuals in social interactions, children with selective mutism do not initiate speech or respond verbally when spoken to by others. Lack of speech occurs in social interactions with children or adults. Children with selective mutism are often silent in their homes in the presence of immediate family members but not even in front of close friends or second-degree relatives, such as grandparents or cousins. The disturbance is often marked by high social anxiety. Children with selective mutism often refuse to speak at school, leading to academic or educational impairment, as teachers