Long-term efficacy and prediction of a disorder-specific treatment program for separation anxiety disorder

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Separation Anxiety Disorder in Childhood – an underresearched disorder

- Developmentally inappropriate/excessive anxiety concerning separation from major attachment figures
- Persistent/excessive worry that separation from attachment figure will lead to permanent separation (e.g. getting lost, mother’s dead)
- Persistent reluctance/refusal to go to school or elsewhere
- Repeatedly complains of physical symptoms (stomach aches, nausea or vomiting)
- Significant impairment or distress in daily life

Median point-to 6-month-prevalence rate is 2-3 %
Separation Anxiety Disorder as a Risk Factor
Meta-Analysis (N=24 studies, 8 prospective cohort studies)

**Childhood**
- SAD (20 studies) → OR=3.36
  95% CI=2.83-4.23

**Adulthood**
- Panic/Agoraphobia
- Anxiety Disorders
  - SAD (4 studies) → OR=2.69
    95% CI=1.71-4.25
  - SAD (14 studies) → OR=1.48
    95% CI=1.14-1.92
  - Substance Use D. → n.s.

Kossowsky, Pfaltz, Schneider, Taeymans, Locher, Gaab (2013). American J of Psychiatry
Research Question

Efficacy: Can SAD successful be treated with a family based CBT program?
- Can CBT-treatment be improved by focusing more specifically on SAD?
- Does successful treatment of SAD need the inclusion of parent training? – Comparison of family-based treatment against existing global child-based anxiety treatment (Coping Cat)

Etiology: Does successful SAD treatment lead to ....
- change of SAD associate characteristics (cognitive bias, family variables, psychophysiology...)?
- reduction in incidence of mental disorders in adulthood?
Methods

Two randomized controlled treatment studies

1. family based treatment (TAFF) vs. waitlist (8 weeks)
2. TAFF vs. Coping Cat

- Structured Interviews (parents & child), “blind” interviewers
- Behavioral observation in separation situation
- Questionnaires (multi-informant approach)

Therapists

- 9 clinical psychologists with CBT Training
- Training in both treatment manuals, at least 2 treatments per condition
- weekly supervision
### Sample: Treatment Study TAFF vs. Waitlist

<table>
<thead>
<tr>
<th></th>
<th>TAFF</th>
<th>Waitlist/Coping Cat</th>
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<tbody>
<tr>
<td>N</td>
<td>52</td>
<td>55</td>
</tr>
<tr>
<td>Age in years (mean) At pre-treatment</td>
<td>9.2 (5-13)</td>
<td>8.5 (5-13)</td>
</tr>
<tr>
<td>sex (female)</td>
<td>12 (57%)</td>
<td>13 (59%)</td>
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Specific family based CBT (sCBT): 16 sessions (4 child/parent, 8 child & parent)

- Classical CBT components (psychoeducation, improvement of cognitive skills, exposure rational)
- Introduction into the concept of developmental tasks
  - Overcoming stranger/separation anxiety as developmental task
- Parental dysfunctional cognition about separation and personality of the child
  - A good parent has to stay with her/his child
  - The child is highly sensitive and not ready for separations
- Intensive exposure in vivo
  - Intensive coaching of the parent how to behave if the child gets anxious (e.g. role plays)
  - If necessary: home visits
- Improvement on educational competence
What is different to global CBT?

- All information and materials given to families focus on SAD

- Children and parents receive equal doses of treatment

- Working with dysfunctional cognitions of the child and the parents with a focus on parental dysfunctional cognition

- Intensive coaching of parents with respect to their behaviour in separation situations
Child appropriate materials

- pounding heart
- funny feeling in stomach
- dizzy
- tense
- can't breathe
- nervous
Anxiety helps to act immediately

1. flight

2. fight
How many out of 100 children suffer from anxiety disorder???
<table>
<thead>
<tr>
<th></th>
<th>TAFF (N=31)</th>
<th>Coping Cat (N: TAFF&amp;CopingCat)</th>
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<tbody>
<tr>
<td>before therapy</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>4 weeks</td>
<td>10</td>
<td>27</td>
</tr>
<tr>
<td>1 year</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>2 years</td>
<td></td>
<td>21.2</td>
</tr>
<tr>
<td>4 years</td>
<td></td>
<td>5.1</td>
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</tbody>
</table>
Children with SAD diagnosis, % (pre-post-FU)
TAFF vs. Coping Cat, N=43

Results: Avoidance of Separation Situations

Parental Dysfunctional Cognitions?

### Mother

- Baseline vs. 4-week follow-up
- Comparison of TAFF and Coping Cat

### Father

- Baseline vs. 4-week follow-up
- Comparison of TAFF and Coping Cat

Conclusions and Future Questions

• Family based CBT is successful in SAD children, but child based treatments works equally

• Change of parental dysfunctional beliefs does not require explicit cognitive work with the parent

• Child treatment = Prevention of mental disorders in adulthood?