SEPARATION ANXIETY

Learn how to recognize what's normal and what's not—and how to manage it

BY ARCHANA PYATI

argaret Newman knew her son Matthew would be a sensitive child from the day he was born. There was a history of anxiety on her side of the family, and, from her husband, Matthew inherited shyness. He was so attached to Newman that he couldn't tolerate separating from her for a moment, even if his father was close by.

"I would need to go the bathroom, and Matt would just cry," said Newman, a 52-year-old Silver Spring resident. She would have to allow Matthew into the bathroom with her to calm him down. "I knew he needed a lot more sense of security than other children."

Newman, who left a robust real estate career before having Matthew in 1999, sized up her son's fragile temperament and realized he would need her undivided attention. She became a full-time mother and worked diligently to create an emotionally supportive environment for Matthew, enrolling him in special speech-therapy programs for late-talkers, accompanying him to a parent-child class at a local Waldorf school and keeping date nights with her husband to a minimum. She even gave him Pulsatilla, a homeopathic remedy, to calm his nerves.

Thirteen years later, her sacrifices have paid off. Matthew is a chatty and exuberant tween who loves sports, goes on skiing trips with his dad, and—like any teenager—occasionally mouths off to his mom.

The separation anxiety Matthew experienced to an extreme is a normal phase of early childhood development, local child psychologists and pediatricians said. Indeed, some children like Matthew may have a genetic predisposition to feeling higher levels of anxiety, but what makes all the difference among even the most fragile is how parents react to a child's anxiety and the specific strategies employed to make separations emotionally manageable.

"We see a lot of children in our day-to-day practice dealing with separation anxiety," said Paul Feinberg, M.D., a pediatrician with The Pediatric Center of Frederick. "It's important that parents remain calm and reassuring. The other thing is planning ahead. If you know your child is going to have a difficult time [separating from you], make that transition as easy as possible."



ROOT CAUSES

The origin of separation anxiety is rooted in an early awareness of ourselves as separate beings from our caregivers. Toddlers develop a sense of "object permanence"—knowledge that people and objects exist in their absence—leading them to question whether people they're attached to will return or abandon them, said Reena Bernards, a licensed clinical marriage and family therapist with Jonah Green and Associates in Kensington.

"It's a normal reaction, and part of that is a feeling of 'will they come back? Will I be OK if they're not here?' That question stays with a child for awhile," she said.

DENYING OR

MINIMIZING

THEIR FEELINGS

WILL ONLY CAUSE

CHILDREN "TO DIG

IN THEIR HEELS

AND BECOME

MORE RESISTANT

TO CHANGING THE

BEHAVIOR."

For certain youngsters, that insecurity gets amplified when adjusting to new environments away from home, like day care or a babysitter's house. Excessive crying, temper tantrums, physically clinging to parents, aggressive behavior toward peers, refusing food or sleep, and an inability to be consoled either by other adults or their peers are signs a

child needs support making these transitions, according to Jessica Floyd, a clinical psychologist with a private practice in Bethesda who works with families at the Reginald S. Lourie Center for Infants and Young Children in Rockville.

"When the separation occurs, a child will exhibit these behaviors as a way to express their feelings when they don't have the words," said Floyd. "They don't have the means to express themselves in verbal ways, but can express themselves through their bodies."

Separation anxiety also manifests itself through physical symptoms, such as abdominal pain, headaches, sweating, vomiting or nausea, said Feinberg. "The pain is real and the distress is real," he said. "Often there's a pattern where the physical complaints are worse in the morning before a child has to go to school or preschool. They tend to be much

better on the weekends or when there is no school."

While most children experience separation anxiety to a certain extent, if the distressed behavior lasts longer than four weeks and persists in different settings, a child may have separation anxiety disorder, said Floyd. In these cases, a family should consider seeking professional counseling. Play therapy—in the form of puppet shows or role-playing with dolls or action figures—can help a child express underlying fears without having to articulate the problem, according to Floyd. Among older children, who have the ability to verbalize fears, cognitive behavioral therapy, which targets patterns of thinking,

can also be effective, she said.

Psychologists and therapists might also meet with parents separately to discuss family dynamics and potentially triggering events. "Assessing the family situation to see if there's anything that has happened to make the child feel insecure—a divorce, a death in the family, a new child—gives some

sense of logic to what's going on," said Bernards.

Denying or minimizing their feelings will only cause children "to dig in their heels and become more resistant to changing the behavior," said Bernards. Instead, parents should encourage kids to articulate their fears. When a child has some success with separation, praise the results, she added. Celebrate successful transitions and separations with incentives, such as stickers or a special reward, said Floyd.

Children regularly mimic their parents, often unintentionally. If a parent has anxiety about being apart from their children and trusting other adults to care for them, children can pick up on this.

"The other thing that plays a big role is parenting, and how they're dealing with these emotions," said Kim Burgess, a child and adolescent psychologist, founder [continued on 21]

Honest Food. Honest Prices

Your local source for organic produce, health & beauty products, wellness supplements, organic wine and the largest gluten-free selection in the area.





Brain development research study for children and adolescents



The National Human Genome Research Institute (NHGRI) is conducting an outpatient research study to examine the effect of genetic and environmental factors on brain development.

Your child may qualify if he or she is:

- 4 to 16 years old (parents or guardian must give permission for minors to participate)
- Medically healthy
- Free of learning disabilities and psychiatric conditions

Research study includes:

- 4 to 6 hours on an outpatient basis at the NIH Clinical Center
- A brief physical examination
- Brain imaging
- Tests of learning and memory

All study-related procedures are provided at no cost. Compensation and transportation assistance may be provided.

The NIH Clinical Center, America's research hospital, is located on the Metro red line (medical center) in Bethesda, Maryland.

Please contact Amy Wharton at: 301-451-3958

TTY:1-866-411-1010
Email: amy.wharton@nih.gov
online, clinicaltrials.gov
Refer to research study # 12-HG-0202



and director of Rockville's Pediatric Psychology Center and an adjunct associate professor of behavioral sciences and pediatrics at The George Washington University School of Medicine and Health Sciences. "Some parents make it unintentionally worse. What's not helpful is a child sensing a parent's anxiety about letting a child go to a new place. Maybe it's hard for them to let their child go, and maybe the child is worried about the parent."

Psychologist Renee Neely-Walters has worked with students whose frequent absences from school aren't due to separation anxiety, but to attend to a parent's emotional needs. "I've actually had cases where parents are depressed, maybe they're exiting a relationship themselves, and they make the child feel like they need to take care of them," said Neely-Walters, who counsels young children at the Metropolitan Psychological Group in Lanham and elementary students at a Washington public charter school. One solution was to find a volunteer opportunity for the mother at her child's school, fulfilling her need to be close without compromising the child's personal and intellectual development.

SUCCESSFUL TRANSITIONS

Parents can minimize their child's stress during transitional times by staying upbeat, being up front about why you need to be apart and reassuring them of your return, said Bernards and Feinberg. In other words, sneaking out of your toddler's classroom when she isn't looking isn't the best approach.

Day care teachers and even classmates can be a parent's allies in soothing a distressed child. Pairing them with a buddy or giving them a leadership role in the classroom—like asking them to help distribute juice and cookies during snack time—deflects attention from the distress and builds inner confidence and trust in the caregiver, according to Neely-Walters.

"Try to do things in small chunks that are manageable for the child," said Bernards. At day care, for example, a parent could say, "'you're going to go in there, and I'm going to go shopping, but then I'll come back.' They get to practice and have their feelings about it and their success."



Another skill parents can help children develop early on is self-soothing, beginning at infancy, said Floyd. Too often, parents are unwilling to leave a child unattended during the first few minutes of a cry. "The child then learns that if they do this behavior, my parent will come," said Floyd. "That's not to say leave them crying all day, but give them some time to develop the ability to soothe themselves. It's important for children to develop internal resources."

Jessica McCausland's toddler Claire has always felt a strong attachment to her mother because she has never been bottle-fed. The bond they've shared over nursing makes longer separations harder on Claire, said McCausland, who recently relocated from Silver Spring to Florida.

An attorney, McCausland, 39, returned to work when her daughter was 9 months old; caregivers cared for Claire at home. It went smoothly, she said, because the nanny was "on her daughter's turf," and each morning, the nanny, Claire and McCausland would have a warm-up period where they played together.

When it was time for McCausland to leave for work, she sang a song-"heigh-ho, heigh-ho, it's off to work I go"-which made her departure a cheerful, rather than distressing, event. She always made eye contact with her daughter, and the nanny, meanwhile, would have a book picked out for her and Claire to read. McCausland would take frequent breaks from work, which was only a block away from home, to breastfeed Claire, who understood her mom was never far away.

Learn About Hearing Aids

- Request a copy of The Consumer's Guide to Hearing Aids
- How do different instruments compare?
- How is pricing structured?
- What should you expect from new hearing aids?
- For your complimentary copy, call: 301-434-4300





Auditory Services Inc.

Rated best audiology practice in the Washington Metro area.

1734 Elton Road, Suite 104 Silver Spring, MD 20903

"Everyone deserves good hearing aids."

www.auditorvservices.com

20/20 vision* or better with LASIK.

Dr. Jay Lustbader could make that happen for you.

- Performed over 30,000 refractive procedures; including LASIK, PRK, Cataract Extraction and Refractive Lens Exchange procedures
- Over 27 years ophthalmic experience.
- Chief of Ophthalmology at Georgetown University Hospital since July 2005



Schedule your FREE LASIK EXAM today! Call 1-888-982-3937 or visit www.LasikPlus.com



Rockville 800 King Farm Boulevard Suite 135

Copyright@ 2012 LCA-Vision, Inc. dba LasikPlus®. All Rights Reserved. *Individual results may varv. Visit LasikPlus.com or call 1-888-982-3937 for information.