Anxiety Separation in Adults: Outline of a semi-structured interview

P. Zrihen*, L.Vera**

* Psychological Clinician, 63, avenue Charles de Gaulle, 92200 Neuilly-sur-Seine, France

** Psychological Clinician, CMME - Hospital Saine-Anne, 100 rue de la Santé, 75014 Paris, France

INTRODUCTION

- Separation anxiety: a childhood and adolescent disorder.

DSM-IV (1994): *"Developmentally inappropriate and excessive anxiety concerning separation from home or from those to whom the individual is attached."*

Problems debut before the age of 18 years old and in rare cases persist into adulthood.

- Quid separation anxiety in adulthood (ASAD)?
  - Can there be a primary diagnostic entity in adulthood?
  - Could it be a factor of predisposing vulnerability in adulthood connected to other problems? (i.e. panic anxiety and/or agoraphobia).
  - Can it surface de novo in adults?
  - How can the adult be evaluated? (quasi-absence of questionnaires).
- Our objective: to elaborate on the outline of the semi-structured support, to enable the identification of an eventual ASAD in the adult.
- Usefulness of this instrument in the framework of CBT practice
  - to facilitate a diagnostic approach,
  - to complete a functional analysis,
  - to objectivize the cognitive, behavioral, and emotional dysfunctions of the patient,
  - to orient the therapeutic work and better target the clinical axes.

PRESENTATION OF THE SEMI-STRUCTURED CLINICAL INTERVIEW

- Questionnaire: **40 items** grouped into **8 scales**:
  - 5 items: childhood,
  - 5 items: adolescence,
  - 30 items: adulthood.

- The scales:

  - Scale of separation anxiety in childhood,
  - Scale of separation anxiety in adolescence,
  - Scale of separation avoidance,
  - Scale of attachment style,
  - Scale of psychological and somatic reactions linked to separation,
  - Scale of anticipations linked to separation,
  - Scale of refusal linked to the fear of separation,
  - Scale of "lies."

- First, the items:

  - Behavioral (behavioral-problems),
  - Cognitive ("state of mind" in face of separation, dysfunctional thinking. . .)
  - Emotional being (attachment system, emotional regulation. . .),
  - Physiological and psychosomatic.

- Grading: for each item, the patient makes a double evaluation:

  - the frequency of behavioral problems, noted from 0 = never to 3 = systematically

  - the level of associated anxiety, number 0 = none to 3 = excessive.

Each level has a total frequency score, and a score of total anxiety.

- 9 subsidiary questions relative to life events, non subject to grading.

A FEW OF THE ITEMS DRAWN FROM THE INTERVIEW. . .

CHILDHOOD

Item 1: As a child, there were times I refused to go to school.

Frequency:	0. never	Anxiety:	0. none
	1. occasionally		1. moderate
	2. often		2. strong
	3. systematically		3. excessive

Item 4: I was afraid to loose my parents or that something terrible would happen to them.

Frequency:	0. never	Anxiety:	0. none
	1. occasionally		1. moderate
	2. often		2. strong
	3. systematically		3. excessive

ADOLESCENCE

Item 8: I felt my parents worried when I would go out.

Frequency:	0. never	Anxiety:	0. none
	1. occasionally		1. moderate
	2. often		2. strong
	3. systematically		3. excessive

Item 9: I refused to go for sport weekends or to vacation camps (summer camp, ski vacation). . .

Frequency:	0. never	Anxiety:	0. none
	1. occasionally		1. moderate
	2. often		2. strong
	3. systematically		3. excessive

TODAY

Item 15: I am nostalgic for my childhood.

Frequency:	0. never	Anxiety:	0. none
	1. occasionally		1. moderate
	2. often		2. strong
	3. systematically		3. excessive

Item 19: I love to sleep with my children.

Frequency:	0. never	Anxiety:	0. none
	1. occasionally		1. moderate
	2. often		2. strong
	3. systematically		3. excessive

THE APPLICATION OF THE INTERVIEW WITH 26 ADULT PATIENTS IN PSYCHIATRIC TREATMENT

THE STUDY'S OBJECTIVE

Can ASAD persist in adulthood?

Our objective: to identify eventual ASAD in 26 adult patients followed at the CMME (Center des Maladies Mentals et de Encéphale / Center of Mental and Encephalon Diseases) at the Sainte-Anne Hospital in Paris, France.

We assume that ASAD can be an anxiety disorder specific to the adult when the history can be traced to childhood and/or adolescence. As well, it can occur anew in the adult.

MATERIAL AND METHOD

● The semi-structured interview was applied to 26 patients:

- 13 with obsessive-compulsive disorders (OCD group),

- 13 with other pathological psychiatric disorders (AP group): eating disorders, personality disorders and school phobia.

● Criteria of exclusion: associated with severe depression, addiction.

● Characteristics of the population studied:

- Average age: 46 years old for group OCD, 36 years old for group AP,
- Standard deviation in terms of age: +/- 16 years,
- Sex ratio: 2 to 1 in favor of women,
- 20 outpatients, 6 hospitalized.

● Patient evaluation was done in two stages:

- during the first consultation, the patient responded only to the questionnaire (duration: about 1/2 hour)

- for the following consultation, we asked the patient questions to which she/he responded and proposed they develop their responses (duration: about 1/2 hour).

RESULTS

Comparisons between groups OCD and group AP

● Group OCD obtained higher scores than group AP for:
- Total score of anxiety: +15%
- Total score of separation anxiety in childhood: +25%
- Total score of separation anxiety in adolescence: +50%.

● The OCD group had an anxiety score of 14% greater than group AP on the scale of attachment style.

● Both groups shared the same score for the frequency of the occurrence of problematic situations related to separation over the course of their life.

Comparisons between groups

● **In group OCD**, 60% of patients who presented an overall score high in anxiety obtained a particularly high score of anxiety of the scale of separation anxiety in childhood (+67% to 150% in regard to the average score on anxiety of group OCD on this scale).

In general, their anxiety scores were higher on the all scales. With one exception, these patients were older than the rest of the OCD group (on the average, they were 49 to 62 years old).

● **In group AP**, we note:

- the total score of anxiety in patients with eating disorders was particularly high (+50% compared to the results with group AP).

- the total score in patients with personality disorders was lowest (-30% in comparison to the results with group AP).

- the total score of anxiety in the patient with a school phobia was particularly low (-68%).

DISCUSSION

Obsessional compulsive disorder in older subjects and ASAD

● The highest scores of anxiety were obtained by the subjects in the OCD group and by the eldest subjects.

These results contradict those of Silove and Manicavasagar (1993) who report that the eldest subjects had a tendency to have fewer symptoms related to ASAD in their childhood than the youngest subjects (a "negative" memory effect).

These patients may have been confronted in their childhood by very strict mores that could have produced or caused anxiety in relation to school.

The role of the psychiatric comorbidity (depression, anxiety, generalized agoraphobia) might have an amplifying effect on the scores.

● The severity of the OCD of these patients has not been assessed (placing the scale on obsessions of Yale Brown de Goodman, 1989, for example).

Behavioral Eating Disorders and ASAD

● The ASAD score was high. This could be explained in patients with difficulties in autonomy and with a great vulnerability to separation (triggered by a separation of a lover or mate, a distancing of parents, a death, etc. . .).

Personality Disorder and ASAD

● The ASAD score was low. This could be explained in patients who pull away from a social life and are able to avoid enduring conflicts and separations.

School Phobia and ASAD

● A particularly low scored was obtained by patients with school phobia:
School phobia linked to a performance anxiety (i.e. repeating a year), and not related to ASAD. This proves that the interview was carried out well.

POSSIBLE BIAS, LIMITS, AND EXTENSIONS

● **Bias related to the construction of the study**

- inadequacy of the questionnaire regarding to adults at different ages,

- solicitation of a retrospective answer (memory lapse, bias on the reconstruction of a memory),

- length of the interview.

● **Bias linked to the diagnostic difficulty of ASAD:**

- Some symptoms overlap with other psychiatric disorders
(agoraphobia, panic attack, generalized anxiety, personality disorder, limitations or dependence, eating disorders),

- problem of comorbidity (in particular, depression).

- **Related limitations:**

  - an excessive heterogeneity of our population study,

  - an inability to explore the family dimensions, physiology, and ASAD genetic disorders with the patients.

  - related to the absence of sociological criteria to characterize ASAD in the adult.

- **Possible extensions:**

  - To reduce the number of items by better identifying the occurrence from the beginning of the study.

  - To better quantify the obtained results,

  - To extend the study to a larger more homogeneous population for psychometric validation.

CONCLUSION

Our semi-structured study allowed us to identify a stronger, more anxious attachment style and separation anxiety in childhood and adolescence in our patients in the OCD group.

These experimental results require numerous clarifications particularly in terms of sociology and nosography.

BIBLIOGRAPHY

ACKNOWLEDGEMENTS

We wish to thank all patients who