A PRACTICAL GUIDE FOR PARENTS

My Kid Has Separation Anxiety… Now What?

A Sanity-Saving, Bravery-Building, Reality-Accepting Guide for Real Parents in Real Homes

Welcome to the club of very long goodbyes

You're trying to leave for work, drop off at school, or use the bathroom without an audience. Your child has other plans. There are tears, negotiations, and a grip on your leg that suggests you're leaving for several years.

> **What now, at home, when even a short separation feels like a major emergency to your child?**

This guide is about helping your child practice being apart from you with warmth, predictability, and manageable steps. Your child's distress is real. You can take it seriously while helping them build confidence.

Separation anxiety 101

Separation worries can be a normal part of early development or appear during changes and stressful experiences. They deserve closer attention when they are more intense than expected for a child's age, persist, or interfere with school, sleep, friendships, and family life.

Children may worry that something will happen to you, that you won't return, or that they can't cope without you. A child who clings or stalls may be trying to manage fear, not trying to ruin your morning.

> **"I know being apart feels hard. I believe you can practice it, and we'll start with a small step."**

Use age-appropriate supervision and trusted caregivers for every practice. These strategies are general education, not a diagnosis or a substitute for individualized treatment. See page 6 for when to seek help.

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Clinging, bedtime, and drop-off

01 The Velcro child

You might see: Shadowing you around the house, clinging, or panic when you walk away.

• Practice brief, planned separations in a safe setting: “I’ll be in the laundry room for one minute. You’ll stay here with Dad.” Start with a step your child can attempt.

• Explain where you’re going and when you’ll return. Use a timer if helpful, and follow through. Don’t sneak away.

• Try a when–then bridge: “When I finish this call, then we’ll play together.” Praise the specific attempt: “You stayed with Dad while I folded the towels.”

02 Bedtime meltdowns

You might see: Refusing to sleep alone, joining your bed, or elaborate stalling rituals.

• Use a simple visual bedtime plan with the same basic sequence most nights.

• If appropriate, reduce your presence gradually: start nearby and move farther away as your child practices. Agree on steps in advance; progress need not happen every night.

• Offer an age-appropriate comfort item, such as a photo or soft toy. Follow safe-sleep guidance for infants; keep soft objects out of their sleep space.

03 Morning drop-off dread

You might see: Crying, refusing to get dressed, or clinging at the door.

• Make a brief goodbye ritual: a hug, a familiar phrase, and a clear handoff to a trusted adult. Avoid restarting the goodbye repeatedly.

• Preview a “brave plan”: arrival, goodbye, who will help, and reunion. Use an event they understand: “I’ll pick you up after afternoon snack.”

• Coordinate with school or child care. Persistent refusal needs a supported plan, not a bigger doorway battle.

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Worry can show up in the body

04 “I feel sick”

You might hear: “My stomach hurts,” “I have a headache,” or “I can’t go.”

Anxiety can cause genuine physical discomfort. Do not label symptoms fake or assume they are anxiety. New, severe, persistent, or concerning symptoms, including a measured fever, need appropriate medical attention.

• Validate: “Your stomach hurts, and that’s uncomfortable.” Check for illness and follow medical and school guidance.

• When illness has been assessed and anxiety is the likely cause, follow the agreed coping and attendance plan. Try: “Let’s use the next step we practiced.”

• Track when symptoms occur and what helps. Share the pattern with your child’s clinician instead of making them prove whether it’s “real.”

05 Calling or texting from school

You might see: Repeated requests for reassurance or an early pickup.

• Work with school on a trusted adult, a coping plan, and when the school should contact you. Preserve access to help for illness or safety concerns.

• If reassurance contact is part of the anxiety pattern, agree on a predictable check-in and reduce it gradually with the care team’s guidance.

• A photo or lunchbox note can offer connection. Use it as a support, not a guarantee that they won’t feel worried.

Reward the attempt, not a tear-free performance

> **“You felt worried and still went in with your teacher. That was a brave step.”**

Choose small, achievable goals and praise the behavior you’re practicing. A modest, planned reward can help. Avoid bargaining in the middle of panic or making comfort conditional on success.

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Their tears can get to you, too

Parenting a child with separation anxiety can test your patience, break your heart, and challenge your routines. You are allowed to find it hard.

You may change the plan when they cry

Because their distress is painful to watch. One difficult goodbye does not erase progress. Review what happened and return to a manageable step.

> **“Yesterday was hard. Today we’re going to practice a smaller step and use our plan.”**

You may stay too long

You just want to make sure they’re okay. Before the next goodbye, agree with the caregiver on the handoff and how you’ll receive an update. Set a clear plan for yourself, too.

You may blame yourself

“Maybe if I’d been tougher. Or more comforting. Or less stressed.” Separation anxiety is not proof of a parenting flaw. Understanding how your responses affect the pattern gives you options, not a reason to blame yourself.

You may cry in the car after drop-off

You’re allowed to feel this. Once parked, take a breath, call someone supportive, or get a coffee. You don’t have to look delighted about a goodbye that was hard for both of you.

You may get frustrated

> **“I’m sorry I snapped. You were having a hard time, and I was frustrated. I’ll use a calmer voice. We’ll still practice our goodbye.”**

Repair the moment without abandoning the whole plan. If separations repeatedly become overwhelming, ask for help adjusting the approach.

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Comfort and confidence can work together

• **Offer warmth while supporting the next step.** The goal is gradual practice, not refusing all reassurance or pushing a child into overwhelming fear.

• **Celebrate bravery.** Notice attempts, not perfect calm.

• **Name worry without mocking it.** “Worry Brain is predicting something scary. Let’s use our plan.” Use this language only if your child finds it helpful.

• **Keep routines predictable and flexible.** Visuals, music, or rituals can help. Illness, travel, and real-life changes may require adjustments.

Transitions

Preview what’s coming: “In ten minutes, I’m going to shower, and you’ll stay with Daddy.” A timer or picture schedule may make the sequence easier to follow.

Sleep

Keep the basic routine consistent. A nightlight or quiet story may help with winding down. If an item or ritual becomes something your child cannot manage without, ask your clinician how to broaden coping gradually.

School

Share the goodbye script and coping plan with the teacher. Agree on who helps after you leave and how progress will be reviewed. Ask about bullying, learning difficulties, or other reasons school may feel unsafe or overwhelming.

Outings without them

Practice short departures while your child stays with a trusted caregiver. Tell them what to expect and return when promised. Increase time apart in manageable steps. A small connection token can come along if helpful.

> **Success can include worry. The skill is learning, “I can feel this and take the next step with support.”**

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YOUR NEXT STEP

Small steps. Steady support.

A note to the parent who is trying

Your job is not to eliminate every worried feeling. It is to help your child learn that safe separations are manageable. That can take practice, patience, and a plan that fits your child.

Some mornings you may still be peeling a child off your leg at 7:59 with a granola bar in your teeth. A hard morning is information to use, not a verdict on your parenting.

Start with one manageable practice

Choose: One small separation with safe supervision.
Preview: Where you'll be, who will help, and when you'll return.
Practice: Repeat the step and notice the attempt. Adjust the difficulty with professional guidance if needed.

When to bring in more help

Talk with your child's pediatrician or a qualified mental health professional when anxiety persists, is intense, or interferes with attendance, sleep, friendships, or family routines. Get help promptly when school refusal begins or absences accumulate.

An assessment can check for medical concerns, bullying, other anxiety, or additional needs. Cognitive behavioral therapy (CBT), including gradual exposure, is an evidence-based option for childhood anxiety. Parent involvement and school coordination can support the plan.

> **"We don't have to solve this alone. Let's get help making a plan that works for you."**

Further reading

American Academy of Pediatrics
How to Ease Your Child's Separation Anxiety
HealthyChildren.org • Separation Anxiety

American Academy of Child and Adolescent Psychiatry
AACAP • Anxiety and Children
AACAP • School Refusal

Children's National Hospital
Separation Anxiety Disorder • Symptoms and Treatment

This guide offers general education. Adapt practice to your child's age, development, safety needs, and treatment plan. Seek professional support for persistent or disabling anxiety.

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