

The Phenomenology of Dissociative Symptoms in Pediatric Anxiety: Clinical Characteristics and Implications for Treatment

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Background & Objective

- Dissociative symptoms (e.g., feeling like things are not real, feeling disconnected from one's body) are commonly experienced by adults with anxiety and related disorders.
- Given that dissociation is hypothesized to modulate limbic system arousal in response to threatening stimuli, further research on dissociative symptoms may inform strategies to optimize current therapeutic approaches.
- Few studies have examined the relationship between dissociative symptoms and treatment outcomes among adults with anxiety disorders, with no parallel examinations conducted among youth.
- As dissociative symptoms often begin in childhood, understanding their relationship with symptom severity and treatment outcomes in pediatric anxiety is essential.
- This study examined the clinical characteristics of dissociative symptom in pediatric anxiety disorders, and their relationship with therapeutic outcomes to evidence-based treatments (e.g., CBT, medication management).

Method

Participants

- 488 youth (ages 8-17, $M_{age} = 11.17$, $SD_{age} = 2.81$; 50.4% male) with an anxiety disorder who participated in the Child-Adolescent Anxiety Multimodal Study (CAMS).
- Youth were classified as experiencing dissociation if they endorsed dissociative symptoms on the SCARED (i.e., "When I get frightened, I feel like things are not real") and MASC (i.e., "I feel strange, weird, or unreal") at baseline.

Procedure

- After completing a baseline assessment, youth were randomized to receive CBT, sertraline, CBT+sertraline, or Placebo.
- After 14 weeks of treatment, youth were re-assessed to determine improvement from treatment.

Measures

- Anxiety severity:** Pediatric Anxiety Rating Scale (PARS); Screen for Child Anxiety Related Disorders (SCARED): Multidimensional Anxiety Scale for Children (MASC)
- Anxiety-related impairment:** Child Anxiety Impact Scale (CAIS)
- Co-occurring psychiatric symptoms:** Mood and Feelings Questionnaire (MFQ)

Analytic Plan

- Independent-samples *t*-tests were used to compare baseline characteristics between youth who did and did not endorse dissociative symptoms.
- A two-way ANCOVA was used to examine the effects of treatment condition, dissociative symptoms, and their interaction on post-treatment youth-reported anxiety impairment when controlling for baseline impairment.

Table 1. Baseline Comparison of Youth Who Endorsed Dissociative Symptoms and Youth Who Did Not.

Measures	Dissociative symptoms endorsed (<i>n</i> = 40)		Dissociative symptoms not endorsed (<i>n</i> = 448)		<i>t</i>	<i>d</i>
	<i>M</i>	(<i>SD</i>)	<i>M</i>	(<i>SD</i>)		
Anxiety severity						
PARS	20.45	(4.20)	19.05	(4.17)	2.00*	0.33
SCARED-P	37.20	(13.83)	31.64	(12.63)	2.63**	0.42
MASC-P	70.63	(13.50)	63.96	(15.52)	2.62**	0.46
Anxiety-related impairment						
CAIS-C	27.98	(17.66)	15.56	(11.98)	4.32***	0.82
CAIS-P	29.05	(13.48)	23.79	(13.29)	2.39*	0.39
Co-occurring symptoms						
MFQ-C	32.53	(13.85)	16.48	(10.68)	7.07***	1.30
MFQ-P	19.10	(12.36)	13.86	(9.93)	2.58*	0.47

Note. PARS = Pediatric Anxiety Rating Scale, SCARED-P = Screen for Child Anxiety Related Disorders - Parent Report, MASC-P = Multidimensional Anxiety Scale for Children - Parent Report, CAIS-C = Child Anxiety Impact Scale - Child Version, CAIS-P = Child Anxiety Impact Scale - Parent Version, MFQ-C = Mood and Feelings Questionnaire - Child Report, MFQ-P = Mood and Feelings Questionnaire-Parent Report. **p* < .05, ***p* < .01, ****p* < .001.

Results

Baseline

- At baseline, 40 youth (8%) endorsed experiencing dissociative symptoms and exhibited significantly greater anxiety severity ($d = 0.33-0.46$) and impairment ($d = 0.39-0.82$) compared to youth with anxiety who did not experience dissociative symptoms (see Table 1).

Post-Treatment

Anxiety Severity

- There was no significant main effect for dissociation, $F(1,479) = 1.90$, $p = .169$, $\eta^2 = .00$, nor a Treatment x Dissociative Symptom interaction, $F(3,479) = 0.75$, $p = .526$, $\eta^2 = .01$ on post-treatment PARS total scores.

Anxiety-Related Impairment

- There was no main effect for presence of dissociative symptoms, $F(1,479) = 0.00$, $p = .963$, $\eta^2 = .00$. However, there was a significant Treatment x Dissociative Symptom interaction, $F(3,479) = 5.08$, $p = .002$, $\eta^2 = .03$.
- More specifically, youth with dissociative symptoms experienced significantly less anxiety-related impairment after receiving CBT ($d = 1.16$) compared to youth without baseline dissociative symptoms ($d = 0.48$).
- Meanwhile, youth with dissociative symptoms in the Placebo treatment group exhibited worsening impairment during treatment ($d = -0.22$) compared to moderate improvement in impairment for youth without dissociative symptoms ($d = 0.28$; see Figure 1).

Discussion

- In the present study, youth who endorsed dissociative symptoms exhibited greater baseline anxiety-related severity and impairment and experienced notable improvement in impairment from CBT relative to youth without dissociative symptoms.
- Meanwhile, youth with dissociative symptoms in the placebo treatment condition exhibited worsening impairment over the course of treatment compared to moderate improvement in impairment for youth without dissociative symptoms.
- Taken together, these findings suggest that youth with anxiety who exhibit dissociative symptoms may present with unique challenges and respond to treatment differently than youth without dissociative symptoms. Additionally, assessing for the presence of dissociative symptoms prior to treatment may provide clinician's with information that will aid in treatment planning.
- Future research should aim to further understand the role of dissociative symptoms in anxiety with the goal of improving currently available evidence-based interventions.

Figure 1

Post-treatment Anxiety-related Impairment Ratings by Treatment Condition for Youth who Endorsed and Did Not Endorse Dissociative Symptoms at Baseline

