



Case Report

Journal Homepage: <http://crp.tums.ac.ir>

Insecure Attachment to Father after a Panic Attack in 5/5 Year-Old Child

Maghsoud Nader Pilehroud¹, Mohammad Ebrahim Maddahi^{1*}

Clinical Psychology, Shahed University, Tehran, Iran.

Use your device to scan and read the article online



Citation Nader Pilehroud M, Maddahi ME. Insecure Attachment to Father after a Panic Attack in 5/5 Year-Old Child. Case Reports in Clinical Practice. 2024; 9(3): 99-103.

Running Title Attachment to Father after a Panic Attack

**Article info:**

Received: April 21, 2024

Revised: May 12, 2024

Accepted: June 26, 2024

Keywords:

Insecure attachment; Panic attack; Child

ABSTRACT

The impact of anxiety and injuries caused by severe stress can contribute to the manifestation of more severe disorders in children. The authors of this article have reported a case involving a five-and-a-half-year-old child who formed an insecure attachment or reliance on his father after experiencing several instances of anxiety attacks (panic attacks). The child was assessed utilizing the Conner's QEEG test (Conner Rating Scale-Revised) parent version and the Spence Children's Anxiety Scale (SCAS). Subsequently, a treatment plan incorporating drug administration, Loretta neurofeedback, and psychological counseling was implemented. Notably, session three of QEEG demonstrated a decline in anxiety levels. However, no changes were observed in the child's insecure attachment and reliance on the father. Hence, adopting a trans-diagnostic and dimensional approach is crucial when assessing uncommon cases and developing treatment protocols tailored to each disorder.

Introduction

Childhood, particularly during the early stages, is a pivotal period in every individual's life. Early intervention in individuals' mental health is of great significance, as it has been described as crucial for enhancing long-term outcomes and mitigating illness [1]. It should be acknowledged that the current frameworks for the classification and treatment of psychiatric disorders in children in early and middle childhood have many limitations. For instance, Shah et al. (2020) suggested that to evaluate and review the course of

children's treatment, meta-diagnostic clinical staging models should be used along with multidimensional evaluation considering a chain of disorders [2]. The diagnostic and clinical criteria used for diagnosing and examining the course of therapy for children have numerous shortcomings and limitations. For example, a child with severe anxiety and restlessness may be misdiagnosed with hyperactivity disorder and lack of concentration.

Similarly, a child with vivid imagination and high intelligence may be wrongly diagnosed with obsessive thoughts. Moreover, sometimes, children with multiple disorders are not diagnosed correctly, and

*** Corresponding Author:**

Mohammad Ebrahim Maddahi

Address: Clinical Psychology, Shahed University, Tehran, Iran

E-mail: maddahi@shahed.ac.ir

many of their problems are overlooked. Anxiety disorders are highly prevalent among children and adolescents, with rates of 13% and 3%, respectively [3]. An anxiety disorder that can be seen at any age is panic attack disorder. In the definition of panic attack disorder, the body's response to perceived feelings is described as an attempt to protect itself from harm [5]. Research indicates that panic attack disorder is more common among teenagers than children, with a prevalence of less than 4% before the age of 14 [4]. Although panic attacks can occur in children, they are rare in this age group. However, it must be acknowledged that this small percentage of affected children can have more destructive consequences and effects. It is important to note that panic disorder can present differently in children, with many experiencing symptoms such as sore throat, vomiting, and abdominal pain. The experience of a panic attack in children is similar to that of intense fear and anxiety, often described as a near-death experience. It can be unbearable for an adult, let alone a more fragile child. Research or articles have not yet mentioned the diagnosis of panic attack disorder causing an insecure attachment to one's caregiver or parents. However, some researchers have found a direct and positive relationship between panic attack disorder and insecure attachment, including both ambivalent and avoidant types [6]. This report highlights the significance of mental disorders, such as anxiety disorders, as they can be both the cause and outcome of other disorders. Some case reports suggest that anxiety disorders, such as panic attack disorder, can also result in the emergence of psychotic symptoms that are similar to those seen in schizophrenia [7]. This case report describes the clinical condition of a five-and-a-half-year-old child who has symptoms of

anxiety and severe insecure attachment to his father. The authors suggest that relevant professionals consider the clinical and epistemological complexity of classified diagnoses and existing paradigms regarding insecure attachment and anxiety disorders.

Case presentation

This report presents the clinical case of a five-and-a-half-year-old boy from Iran. This child was referred to the Tabriz neurology clinic because of obsessive thoughts, including thoughts of harming his parents with a knife. Multiple diagnoses including hyperactivity, OCD, and anxiety were considered, leading to the neurologist prescribing fluoxetine and atomoxetine. After three days of taking the drugs, the child experienced panic symptoms, including extreme fear, sore throat, nausea (which he never had before), tremors, palpitations, and restlessness. After the child's anxiety and panic states, the parents visited another clinic in Tabriz. Another psychiatrist, after performing QEEG, prescribed a new drug regimen, which included Asentra 50 and Alprazolam 0.5. Here is the first QEEG figure (Figure 1).

After a few more days, when the father is not present at home, the child again experiences symptoms of anxiety, which again asks for the presence of the father, and as before, the father tries to calm him down. He finds that it becomes impossible for him to separate from himself. Hence, the child suffers severe mental pressure and severe symptoms of anxiety and heart palpitations due to the efforts of the parents to separate the child. From that time (about five months ago) until now, despite different treatments such as drug therapy,

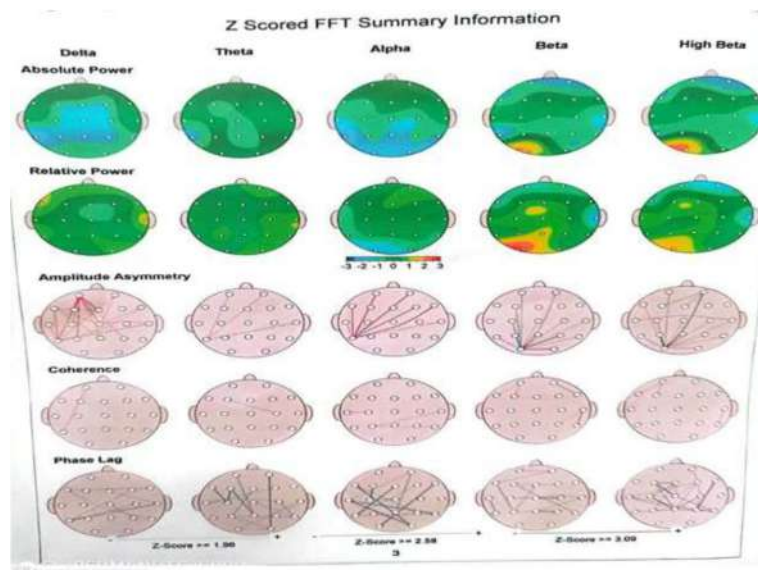


Fig. 1. QEEG performed for the first time

Table 1. Connors test scores

scale	Impulsive/oppositional	Inattention/cognition	Hyperactivity	ADHD
Parent (father)	4	3	6	6

Table 2. Spence Children’s Anxiety Test Results

Scale	Pervasive anxiety	social anxiety	Practical obsession	Fear of physical harm	separation anxiety	Total
Percentage	98%	43%	98%	70%	98%	98%

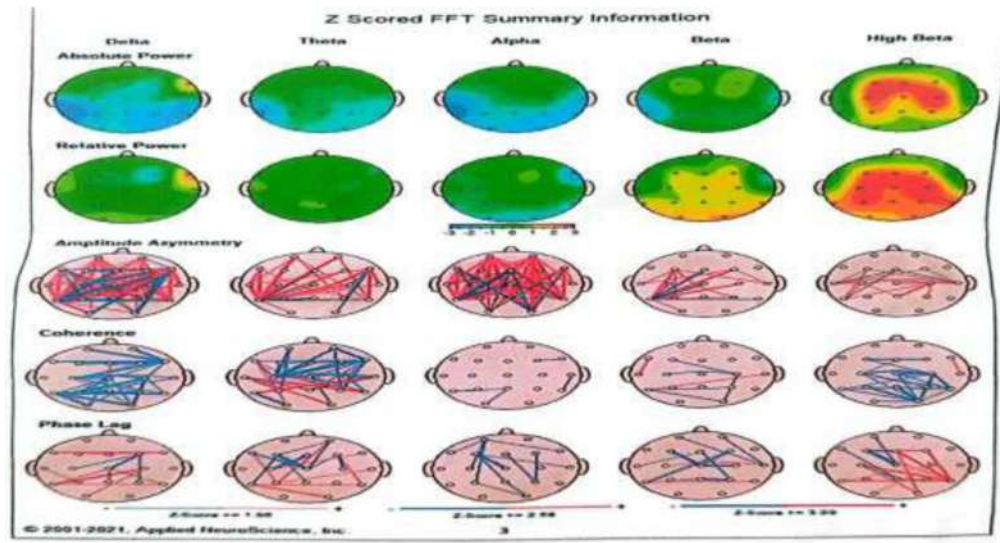


Fig. 2. QEEG performed before the sessions of Loretta Neurofeedback QEEG treatment

drowning, and Loretta’s neurofeedback, despite the significant reduction of the father’s symptoms, there has been a re-attachment of the father. He took his first steps around 8-9 months and started talking by age two. There have been social interactions with peers (not the initiator of establishing a relationship). The mother is authoritarian, and the father is a little permissive. The psychiatric history of the family members is as follows: one year ago, the father had an improved disorder of panic attacks, and the mother had a moody and irritable mood. Recently, there have been five witnesses to the birth of a brother, which can be a source of mental pressure on the child. He has no medical history. The child’s body mass index is 21 kg. All the tests (blood and urine tests) were normal, and the child had a higher-than-normal IQ.

Discussion

The father administered the Spence Children’s Anxiety Scale (SCAS) to assess the child’s anxiety problems (Table 1). Based on the analysis and interpretation results, the child’s overall score on this test is 98%, which is higher than the norm for peers (Table 2). This indicates that the child is experiencing severe anxiety and worries, which require immediate

clinical attention. The parents could not diagnose their child’s disorder despite the severe symptoms. Due to the child’s strong attachment to the father and the disruption of their life and career, they decided to take the child to Tehran for treatment and diagnostic procedures. The second QEEG was performed (Figure 2).

The child was diagnosed with severe anxiety, obsession, and hyperactivity based on the Loretta neurofeedback treatment protocol was prescribed for the child for 40 sessions along with ten child and parent counseling sessions (protocol cycle) Loretta neurofeedback treatment includes ten sessions of anxiety, ten sessions of obsession and ten sessions of hyperactivity (which after 30 sessions, a partial recovery was observed in anxiety symptoms) (Figure 3).

Anxiety is a common element of human life, occurring to a moderate extent in all individuals, and at this level, it is acknowledged as a compromised response. Stated differently, perhaps anxiety, in certain instances, fosters creativity in an individual, enables the envisioning and mastery of situations, or motivates one to diligently undertake significant responsibilities, such as exam preparation or fulfilling

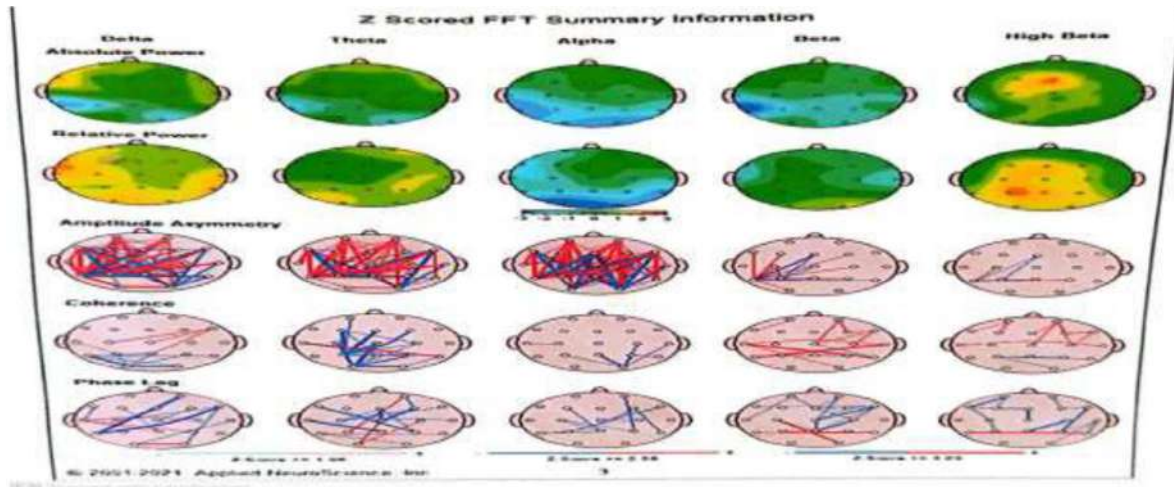


Fig. 3. After 30 sessions of Loretta Neurofeedback QEEG treatment

a social obligation [8, 9]. However, when the level of anxiety is higher than the optimal level, it can affect people's work and life, sometimes causing the closure and destruction of people's work. Research findings indicate a negative correlation between perceived helplessness, stress, health anxiety, disease possibility, and quality of life [10]. Previous investigations have determined that teenagers with anxiety symptoms, such as phobias, separation anxiety, fear of physical harm, social fear, practical-thinking obsession, and general anxiety, possess dissimilar attachment styles when compared to teenagers without anxiety [11].

In this report, the authors raise a question about whether a panic attack or the experience of a severe traumatic event may contribute to the development of an insecure attachment or potentially lead to parasitic dependence or severe anxiety attacks in children, thereby causing a shift from secure to insecure attachment. Due to a lack of research, there is currently no established protocol for treating, assessing, or intervening in this issue.

Conclusions

This case study demonstrates the clinical and psychological challenges that have arisen in a sensitive period of a child's life, which has threatened the child's life and academic future; therefore, adopting a meta-diagnostic and dimensional approach can identify problems and an intervention process.

Ethical Considerations

Compliance with ethical guidelines

There were no ethical considerations to be considered in this article.

Funding

No funding has been received in this research.

Conflict of Interests

The authors have no conflict of interest to declare.

References

- [1] McGorry PD, Hickie IB. *Clinical Staging in Psychiatry*. Cambridge: Cambridge University Press; 2019. <https://doi.org/10.1017/9781139839518>
- [2] Shah JL, Scott J, McGorry PD, Shane PMC, Matcheri SK, Barnaby N, et al. Transdiagnostic clinical staging in youth mental health: a first international consensus statement. *World Psychiatry*. 2020;19:233-42. <https://doi.org/10.1002/wps.20745>
- [3] Essau CA, Gabbidon J. Epidemiology, comorbidity and mental health services utilization. In: *The Wiley-Blackwell Handbook of The Treatment of Childhood and Adolescent Anxiety*. John Wiley & Sons, Ltd; 2012. p. 23-42. <https://doi.org/10.1002/9781118315088.ch2>
- [4] Canals J, Voltas N, Hernández-Martínez C, Cosí S, Arijá V. Prevalence of DSM-5 anxiety disorders, comorbidity, and persistence of symptoms in Spanish early adolescents. *Eur Child Adolesc Psychiatry*. 2019;28(1):131-43. <https://doi.org/10.1007/s00787-018-1207-z>
- [5] Chasqueira N, Neves M, Rafael S, Melo A. Kub-E: An interactive design device for children with panic disorder. *Int J Child Comput Interact*. 2022;31:1004423. <https://doi.org/10.1016/j.ijcci.2021.100423>
- [6] Pourhasan M, Abolghasemi A, Narimani M. The relationship between attachment styles and symptoms of panic disorder. In: *The fourth national conference on sustainable development in educational sciences and psychology, social and cultural studies*; 2015. Tehran. <https://civilica.com/doc/546907>
- [7] Reis J, Marchini S, Nicolis H, Delvenne V. Case report: From

- anxiety disorders to psychosis, a continuum in transitional age youth? *Front Psychiatry*. 2022;13. <https://doi.org/10.3389/fpsyt.2022.990138>
- [8] Conners C. *Conners' Rating Scales: Revised technical manual*. Toronto (ON): Multi-Health Systems; 2001.
- [9] Azad H. *Psychopathology (with DSM-IV-TR classification appendix)*. Tehran: Ba'ath Publications; 2012.
- [10] Homayooni A, Hosseini Z. Investigating the Relationship Between Perceived Stress and Health Anxiety and the Quality of Life (QoL) During the COVID-19 Pandemic. *J Prevent Med*. 2022;9(1):38-49. <http://jpm.hums.ac.ir/article-1-567-fa.html>
- [11] Saedi F, Aghdasi AN. The relationship of three attachment styles with depression and anxiety among female students of seventh and eighth grade in Tabriz city. *Women Fam Stud*. 2017;11(40):165-89.