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SPACE, Parent-Based Treatment for Childhood and Adolescent Anxiety: Clinical Case Illustration

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Efficacious treatments for childhood anxiety disorders include Cognitive Behavioral Therapy (CBT) and medications, yet there is urgent need for additional efficacious treatment modalities. Parent-based treatment provides such an alternative. Recent literature has supported that SPACE (Supportive Parenting for Anxious Childhood Emotions), an entirely parent-based treatment, is as efficacious as CBT in reducing child anxiety. SPACE focuses on systematically reducing family accommodation, or changes to parental behavior aimed at alleviating or avoiding a child's distress related to their anxiety disorder, while maintaining a supportive stance toward the child. To date, SPACE is the only intervention that places the reduction of parental accommodation at the center of its theoretical foundation and treatment objectives. This article provides theoretical and empirical background for SPACE and illustrates its implementation through a case description.

Keywords: anxiety disorders; family accommodation; child; adolescent; parent; therapy

Anxiety disorders are the most common group of childhood psychiatric disorders (Costello, Egger, & Angold, 2005; Merikangas et al., 2010). Established efficacious treatments include Cognitive Behavioral Therapy (CBT) and medications (Rapee, 2011; Silverman, Pina, & Viswesvaran, 2008; Walkup et al., 2008), yet additional treatment strategies and modalities are urgently needed. The systemic nature of pediatric anxiety disorders, phenomena which almost always involve parents to a significant degree, highlights the potential of focusing on the ways in which parents become involved in their children's anxiety symptoms through the process of family accommodation, as a particularly promising alternative treatment approach.

Indeed, the high prevalence of family accommodation in childhood anxiety disorders impacts the development and maintenance of the child's anxiety symptoms and is linked to more severe child anxiety and to greater functional impairment (Kagan, Peterman, Carper, & Kendall, 2016; Lebowitz et al., 2013; Norman, Silverman, & Lebowitz, 2015; Peterman et al., 2016; Salloum et al., 2018; Settipani, 2015). Family accommodation refers to behaviors that parents engage in, or deliberately do not engage in to help alleviate or avoid a child's distress related to their anxiety disorder. Family accommodation can include both active participation by parents in symptom-driven behaviors and modification to family routines or schedules (Lebowitz & Omer, 2013). Examples of active participation in symptom-driven behaviors include providing repeated reassurance to a

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child with generalized anxiety disorder, sleeping next to a child with separation anxiety, or facilitating avoidance of school or social engagement for a child with social phobia. Examples of modifications to family routines and schedules includes a parent who avoids inviting guests into the home to prevent distress in their child with social phobia or a parent who maintains a rigid schedule for mealtimes, or provides special meals to avoid triggering their child's anxiety. Research indicates that although family accommodation may be helpful in reducing anxiety symptoms in the very short term, it is associated with more severe symptoms and with increased impairment over time (Bowlby, 1969; Lebowitz, 2013). Family accommodation has also been linked to poorer treatment outcomes in childhood anxiety disorders (Kagan, Frank, & Kendall, 2017; Salloum et al., 2018; Zavrou, Rudy, Johnco, Storch, & Lewin, 2018).

Theoretical Model

Like other mammalian species, children look to their caregiver to provide nurturance, safety, parental soothing, and protection when dealing with threat. In turn, parents respond protectively in the face of threat and aid in the regulation of anxious arousal for their young. Children with anxiety disorders experience excessive and chronic activation of their anxiety arousal system, and consequently rely on their caregivers to help regulate their distress a great deal. Thus, it is natural and instinctive for parents who have children with chronic arousal of their threat response system, as in anxiety disorders, to modify their behaviors to minimize their child's distress. Bowlby's attachment theory highlights this bond between parents and child (Bowlby, 1969). Parental responses to the child's anxiety reflect repeated activation of the attachment system, leading parents to act protectively, provide reassurance, and aid in regulation of anxious arousal.

Yet, from a theoretical perspective, family accommodation may maintain child anxiety problems by promoting avoidance and maintaining the child's reliance on parents, hampering the development of more independent coping skills (Lebowitz & Omer, 2013). The child may also view the parent's accommodating behaviors as confirmation of the anxious beliefs (e.g., it is too scary to speak to others; I will embarrass myself at the birthday party; it is not safe for me to sleep alone at night). Parent's protective responses or accommodations, can undermine the application of cognitive and behavioral strategies for treating anxiety, which promote coping skills, minimizing avoidance, and engaging in exposures to feared objects or situations. The critical need for alternatives to currently available treatments, led to the development of SPACE (Supportive Parenting for Anxious Childhood Emotions; Lebowitz & Omer, 2013).

SPACE is unique in focusing on systematically identifying and monitoring family accommodation, developing and implementing detailed plans for reducing family accommodation, while maintaining a supportive stance toward the child, and equipping parents with strategies for coping with the child's distressed and/or aggressive responses to reduced accommodation (Lebowitz, 2013; Lebowitz, Omer, Hermes, & Scahill, 2014). In doing so, SPACE applies a systemic view of childhood anxiety. The increased focus on the family system and how it may be maintaining the child's anxiety emphasizes the core attachment dynamic: the child's need for protection and regulation of anxious arousal, and the parent's natural propensity to provide them.

Indeed, SPACE differs from other parent interventions, as it was developed to be implemented without direct child involvement and to be applicable even when a child explicitly refuses or is unable to benefit from direct treatment. SPACE does not focus on instructing the parents to modify their child's behavior, but instead focuses on the parent's own behavior, and specifically on their responses to the child's symptoms. The focus on modifying only the parent's behaviors, and not the child's, reduces the risk of parent-child conflict and escalation. A child may still be upset with the parent's changed behavior (i.e., refusal to accommodate), but the parents, having responded according to their plan, have little reason to escalate the conflict or to respond with anger toward the child.

Efficacy

Open pilot studies of SPACE provided the first support for its potential acceptability, feasibility, and potential efficacy as a parent-based treatment of childhood and adolescent anxiety disorders (Lebowitz, 2013; Lebowitz et al., 2014).

Following these preliminary findings, Lebowitz, Marin, Martino, Shimshoni, and Silverman (2019) recently compared the efficacy of SPACE to child-based CBT in a randomized clinical trial. This was the first randomized clinical trial to compare an entirely parent-based treatment to a child-based treatment. Participants (N = 124) were children with primary anxiety disorders (35.2% had generalized anxiety disorder, 34.8% had social phobia, 18.2% had separation anxiety disorder, and 11.8% had a specific phobia). In addition, 75% had at least two anxiety disorders. Participants were self-referred or were referred by providers including mental health providers within secondary and tertiary care settings, primary care general practitioners, and school personnel. Children were medication-free or were included in the study if they were on a stable dose of antidepressants (11%) and stimulants (7%). Of those participants assigned to SPACE, 8% were on an antidepressant and 4% were on a stimulant. Sixty children were randomly assigned to receive 12 weekly 60-minute sessions of individual CBT. Sixty-four children were randomly assigned to receive SPACE, delivered to at least one parent over 12 weekly 60-minute sessions. Both children and parents completed questionnaires and interviews at baseline, mid-treatment, and posttreatment.

Parents of children assigned to SPACE worked with their therapist to learn a set of practical tools that helped them to identify the various forms of accommodation they provided and to increase their use of supportive statements that reflect both acceptance of the child's distress as well as confidence in the child's ability to tolerate anxiety-related distress. A specific accommodation was targeted for reduction and a detailed plan for reducing the accommodation was constructed with the therapist. Parents were also equipped with strategies for coping with the range of sometimes difficult responses exhibited by children when accommodation is not provided. Children assigned to SPACE had no direct contact with therapists.

Children assigned to CBT participated in a typical manualized exposure-based CBT protocol that included devising and implementing an exposure hierarchy with guidance and support from the therapist, and identifying cognitive distortions and practicing cognitive restructuring. Parents of children in CBT received no parent-based intervention beyond meeting briefly with the child's therapist for 20-minutes at the beginning, middle, and end of treatment to discuss their child's therapy progress.

Results from the study indicated that SPACE, a novel and completely parent-based treatment, is as efficacious as CBT in reducing child anxiety. Children assigned to SPACE were as likely as children in CBT to be classified as treatment responders (SPACE: 87.5%, CBT: 75.5%) or remitters (SPACE: 58.3%; CBT: 59.2%), based on the Clinical Global Impression scale completed by independent evaluators. Anxiety measures completed by parents and by children likewise showed noninferiority of SPACE relative to CBT. Results also indicated that parent-rated family accommodation was significantly more reduced following SPACE, compared with CBT. These findings are significant and have direct clinical implications for providers and families, showing that SPACE is an efficacious alternative to CBT and may be particularly beneficial when child-based treatment is not a viable option.

Case Study: The Case of Alec

The case of Alec, described in this article, illustrates the need for parent-based alternatives for treating anxiety disorders in youth and exemplifies the SPACE treatment approach. Personalized excerpts from treatment are included to demonstrate how ideas are communicated to the parents in SPACE.

Alec was a 10-year-old, White, English-speaking boy who lived with his parents, Christina and Mark, and his identical twin brother, Shaun (all names are pseudonyms). Alec's parents had sought treatment due to concerns raised by his elementary school teacher, who was worried about his failing grades, poor attendance, and unwillingness to participate in classroom activities or group projects. Alec's parents described a history of chronic worries about being judged or embarrassed, fears of doing something that would cause others to make fun of him, and constant worries that others were evaluating him. The parents also noted that Alec had an adventurous and energetic temperament, which had previously led to participation in sports and other physical activities. However, over the past couple years Alec's anxiety had increased so much so that it impaired his ability to participate in sports and social activities without extreme accommodation by his parents.

Alec's parents, Christina and Mark, engaged in many forms of family accommodation. At first, they accommodated by ordering for Alec at restaurants. Next, they found themselves speaking and replying for Alec in social situations. Soon, his twin brother, Shaun, was also speaking for him. At weekly soccer practice, Christina would arrive extra early to avoid Alec feeling embarrassed for being late and would run alongside Alec on the soccer field for the entirety of practice to enable him to participate in the activities. Next, Christina and Mark agreed to stop going to the local farmer's market and neighborhood potlucks as these social settings provoked anxiety for Alec. Christina soon began to drive Alec to school instead of him taking the bus. In addition, Christina also talked with Alec's teacher to excuse him from school assignments that provoked his anxiety. Despite all these efforts, the parents realized that Alec's avoidance and anxiety were increasing rather than decreasing over time.

Additionally, Alec's parents expressed concern that Alec had begun to express his anxiety in a more physically aggressive manner, often hitting his twin brother or throwing or damaging things in the house. Due to concerns around these emotional outbursts, Alec's parents had sought previous parenting treatment to specifically target his physical aggression and emotional dysregulation, with no lasting improvement. Alec had also received individual CBT 2 years prior to the current referral, with little to no decrease in symptoms.

Gradually, Alec's avoidance had increased and broadened. He had begun to avoid social situations altogether, or would cling to his parents at friend's birthday parties, Boy Scout meetings, and playdates. He also struggled to attend soccer practice without his mother close-by. Gradually, he had begun to have difficulty going to school, making the morning routines particularly difficult, to the point that it was nearly impossible for his parents to get him out the door and to the bus on time. When at school, Alec would refuse to read aloud, participate in group activities or present projects to the class. Socially, Alec would only interact with his teacher, a small number of classmates and his twin brother. Outside of school, Alec would refuse to order for himself at restaurants, wait in lines at his favorite comic bookstore, or talk to people in public.

Alec's fear of social situations had begun to take a toll on his self-esteem and social abilities. Instead of the adventurous spirit his parents had known, they observed Alec isolating in his room, playing a lot of video games and reading alone. Alec had also displayed aggression toward his mother and his brother. When his mother would speak with him about the week's activities, such as soccer practice, or social events and gatherings, Alec would become upset, often hitting and yelling.

Need for Specialized Treatment

A primary reason for specialized parent-based treatment was that Alec refused to go to therapy himself, believing it would never work because it had not helped in the past. Alec stated that his prior course of individual therapy did nothing to relieve his symptoms, and he believed it only made things worse. Alec's opposition to therapy was a driving force in his parent's eagerness to seek out a parent-based approach to overcoming their child's anxiety disorder. Another factor that

signaled the need for parent-based treatment was the high level of family accommodation being provided to Alec and the strong likelihood that the accommodation was maintaining Alec's social anxiety.

Assessment

The assessment was based on both the child and the parents' report of Alec's functioning. Alec and his parents were separately administered the Anxiety Disorders Interview Schedule for *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (*DSM-5*), Child and Parent Versions (ADIS C/P) (Albano & Silverman, in press) and a number of rating scales assessing anxiety and other symptoms. Based on the reports provided by Christina and Mark as well as by Alec himself, Alec met criteria for Social Phobia (social anxiety disorder).

Intervention

The treatment followed the SPACE protocol (Lebowitz & Omer, 2013; Lebowitz et al., 2014). SPACE emphasizes that parents are not expected to be able to directly change their child's behavior and no treatment components are contingent upon the child's motivation or collaboration. SPACE is a manualized treatment protocol that begins by introducing the principles and rationale for the parent-based approach and addressing any concerns or questions parents may have about treatment. After providing necessary psychoeducation, the parents are introduced to the two key concepts that are the focus of SPACE: *Support* and *Accommodation*. Supportive responses to the child's symptoms are defined as any parental response that conveys to the child both acceptance and validation of the child's genuine distress, as well as confidence in the child's ability to cope with and tolerate distress. The therapist instructs the parents in making supportive statements, modifying any responses that are not sufficiently supportive, and encourages the parents to practice utilizing the supportive statements with the child between sessions.

Next, accommodation is carefully and comprehensively mapped out, with the goal of identifying all the ways that parents are accommodating the child's symptoms. Once an "accommodation map" has been constructed, a target accommodation is selected for reduction based on a number of guiding principles. The target accommodation is one that occurs frequently, that the parents have a high degree of control over, and that causes the parents some significant interference or distress and which they are motivated to reduce. When a target accommodation has been selected, the therapist and parents work together to create a detailed plan for how the parents will modify their behavior to reduce or remove the accommodation. The plan is communicated to the child by the parents in a calm, clear, and supportive manner. The therapist works with the parents to craft a brief and supportive message which the parents then deliver to the child, informing the child of the plan and expressing their confidence in the child's ability to cope with the changes the parents will make. Parents then begin to carry out the detailed plan to reduce accommodation and the therapist helps to problem-solve any challenges that arise. Supplemental modules are available as part of SPACE and may be implemented as needed to provide specialized tools for coping with particularly difficult or challenging child reactions such as aggressive behavior, threats to the self, or difficulties in collaboration between the two parents. Frequently, a second target accommodation is selected and targeted in similar manner, once significant progress has been made in reducing the first accommodation.

Treatment

Alec's treatment commenced with an initial session dedicated to introducing the parents to SPACE and to the notion of parent change as a tool for treatment, as well as the need for parents to act in Alec's best interests, even without his collaboration. Christina and Mark responded well to the initial session, feeling that SPACE would provide them with a means of helping their son,

despite his resistance and lack of motivation for treatment. The therapist then asked the parents to describe prior attempts they made to directly change Alec's behaviors, thoughts, or emotions and the results of these efforts. Christina, in particular, described times she felt she had punished Alec for his anxiety symptoms through timeouts, ultimatums, or removal of privileges. Christina shared her feelings of helplessness and of being overwhelmed by her son's needs, and expressed guilt for yelling or becoming angry at him. Mark felt guilty over the years of not really understanding anxiety and for being dismissive of his son's fears and worries. Mark also shared his regret for making his other son, Shaun, accommodate Alec's anxiety. Both parents felt strongly that SPACE could be beneficial for the entire family.

Next, the therapist helped the parents to see that their prior attempts to directly change Alec's feelings and behavior had been unsuccessful not because they have been "doing it wrong," but because this is not always an achievable goal, and that they could be more successful by focusing on changing their own behavior and responses to Alec:

> *It is important to realize that those attempts did not fail because you didn't think of the right thing to say, or because the wrong person said them. We simply can't make someone different, unless they ask us to help them change. That is why in this treatment we have something better. We have a tool so powerful that if we use it, Alec will almost certainly start to get better. And the wonderful thing is that this tool is one you actually can control. What is it? It is your own behavior! If you can change your own behavior in some important ways then you can help Alec to cope much better with anxiety!*
>
> *Some children may feel compelled to resist the changes you make, because of their anxiety. This is normal and to be expected. If children were able to take the long view and act in their own long-term best interests all the time they wouldn't be children at all. They would be quite remarkable adults. However, it is important that you remind yourself that you are acting in your child's best interests and that the steps you take will not harm Alec. As we plan the steps you take, we will also talk about how to respond in a productive and supportive way to Alec's reactions to the process.*

Next, the therapist reviewed the concepts of *support* and *accommodation*. Both parents acknowledged they were low on support, especially on the component of acceptance/validation. Christina, in particular, rated herself lower on the acceptance/validation component of support than did Mark. As the therapist reviewed supportive statements, Christina expressed that she would likely struggle with this element, stating that she has found she has a "short fuse" and her gut reaction is to get angry and even yell when Alec begins to get anxious or scared. Christina stated that she often says, "suck it up, Alec, be a big boy, there's nothing to be worried about." Christina and Mark felt they were more able to express the confidence element of support, especially at points when they are not frustrated or tired, saying things like, "You can do it," "We are sure you can order for yourself," or "Nothing bad will happen if you read aloud in class." Alec, however, would respond negatively to these statements, often with tears and sometimes with aggression toward his parents.

The therapist emphasized the ambivalent or conflicting message that Christina and Marc were communicating to Alec. On the one hand, they were communicating confidence through their verbal expressions. Yet on the other hand, their extensive accommodations seemed to be sending Alec the message that they do not believe he can overcome his worries on his own. The therapist helped Christina and Mark to practice making supportive statements and rehearsed them in session. Some supportive statements the parents came up with included, "We know this is scary for you and we know what a brave kid you are, we're sure that you can do it!" After rehearsing and role-playing these statements in session with the therapist, Mark and Christina began to practice saying them at home to Alec.

The therapist dedicated the next session to thoroughly reviewing the family's daily schedule and routines, identifying accommodating behaviors, and systematically charting them. Table 1 is the initial accommodation chart that was completed in session. As treatment progressed, additional accommodations were added to the chart.

As Christina and Mark filled out the chart of family accommodation, it became clear that Christina was doing the majority of accommodating behaviors, in large part because she spent the most time with Alec, as Mark traveled regularly for work. Further, when reviewing the accommodation chart, it was readily apparent that the accommodations were taking a large toll on Christina, interfering with her work commitments, social life, and personal well-being. This made it easy to understand Christina's difficulty in expressing acceptance and validation for Alec's anxiety symptoms, her frequent negative reactions, and her sense of having a "short fuse."

Next, the therapist asked Mark and Christina to monitor and chart their accommodation over the course of a week, after which they were ready to choose a particular target accommodation to reduce. Together, the therapist and parents agreed that Mark and Christina would target the accommodation of speaking in place of Alec. This target was selected in part because it was clearly a behavior that the parents could control and choose to modify. Nonetheless, Mark and Christina expressed fears that Alec's reactions to their refusal to talk for him would be highly disruptive and could result in aggression on his part. The therapist worked with the parents to make a detailed plan on how to communicate their decision to Alec in a supportive way. They also discussed detailed plans for how to deal with Alec's potentially disruptive reactions to the parent's decision.

TABLE 1. Chart of Family Accommodation

	Christina	Mark
Morning	Send emails to teacher to get Alec out of class presentation	
Breakfast		Answers all worry questions
Going to school	Drive Alec to school instead of taking bus Turn down music in car	
Afternoon	Get to soccer practice early Run alongside Alec on field No playdates at house for Shaun	Avoid running errands with Alec (grocery store, clothing store)
Dinner	Order for Alec at restaurants	Order for Alec at restaurants Avoid going to new restaurants
Bedtime	Answer all worry questions	
Weekends	Review the week's planned activities ahead of time Speak for Alec in social situations (farmers market, stores, birthday parties) Attend all birthday parties with Alec Do not invite friends over to house	Speaks for Alec in social situations

Accessing Support

As part of the planning for reducing the parental accommodation of speaking in place of Alec, the therapist employed the SPACE module "Recruiting Supporters." This module guides parents to come up with a list of supporters from outside the immediate nuclear family who can bolster the parent's efforts, reinforce their messages to the child, act as mediators when the child responds with hostility or aggression, encourage and aid the child in coping with the changes, and support the parents in dealing with the difficult process. The therapist helped to address any inhibitions, fears, or shame Mark and Christina felt in asking others for help. The therapist reminded the parents that most people do not respond with criticism when asked for help, but rather are eager to help if they can. Christina agreed that if a friend shared a personal problem with her, she would feel honored and would definitely want to help. Emboldened by the collective understanding that "it takes a village," Mark and Christina created a list of potential supporters which included Christina's sister, mother, and father, Alec's soccer coach, Alec's high school role model/neighbor, and his school teacher. Next, the therapist guided the parent in asking for each of the supporter's help.

Dealing With Disruptive Behavior

Due to the parent's concern about the potential for aggressive reactions from Alec, the therapist also employed the SPACE module: "Dealing with Disruptive Behavior." This module teaches parents to delay their response to the child's aggression, lowering the likelihood of impulsive or retaliatory behaviors, to utilize supporters to ensure the child's behavior is not kept secret and to convey to the child the severity of the behavior in a serious yet nonaccusatory way, and to demonstrate the determined and nonviolent opposition to these behaviors.

In this session, and with the therapist's help, Mark and Christina designated the roles of the supporters and identified Alec's grandparents as the ones they could reach out to should Alec behave explosively. The message the grandparents would convey to Alec stated the following:

> *Alec, we know what a great kid you are! We know you've been handling a lot of anxiety and we want to help you if we can. We also heard from your mom and dad about how you hit them, kicked, and yelled at your brother. We want you to know that even when you are feeling really bad, that kind of violent behavior is not something that is ever okay. We know your parents are doing their best in trying to help you get better at handling things, and we really support them. Next time, if you're feeling upset, you can give us a call and we will try to help you. We love you very much.*
>
> *Love, Grammy and Grandpa*

The Announcement

Having put in place a system of support for the parents, the therapist advised Mark and Christina on how to inform Alec that they will be working to change their behavior to no longer accommodate his fears by speaking for him. Together they drafted a written message to Alec that the parents would read to him and give him in letter format. They were guided to find a time when they would both be present, and when they all, including Alec, were feeling calm and relaxed. They also discussed how the parents would keep their other son, Shaun, busy and out of the boy's shared bedroom while they spoke with Alec.

The therapist explained that a written letter would help them to communicate their message as they intended, and would lower the likelihood of the parents being drawn into an unhelpful argument. Making use of a written message also ensured that even if Alec did not listen to the

message when they read it to him, he would have a physical copy that he could read later when he was feeling calmer. The written message was:

> *Dear Alec,*
>
> *We love you very much and are so proud of the kind and brave kid you are. We also know how difficult it is for you to speak for yourself in public. We understand that is makes you feel really nervous and scared. We want you to know that it's perfectly natural to feel afraid some of the time and that we're sure you can handle those feelings. We realize now, that when we speak for you, we are not helping you, but we are actually making things worse for you. It is our job as your parents to help you get better at the things that are hard for you, and we have decided to do exactly that.*
>
> *We have decided to make some changes in the way we behave that we believe will help. The first thing we are going to do is that from now on, we are not going to talk for you or answer questions instead of you. We are 100% sure that you can handle this. We are not trying to punish you in any way, and you are not in trouble. We love you so much, Alec!*
>
> *Love,*
> *Mom and Dad*

The therapist asked Christina and Mark how they expected Alec would react to this message and they both felt he would get upset and act out aggressively. Thus, the therapist engaged in a role-play to rehearse coping with these responses and coached them to respond in a supportive manner and to disengage from the argument so as to avoid escalation. The therapist also asked Christina and Mark how they would feel when there is an awkward pause in conversation because they are not speaking for Alec. Despite their apprehension, Mark and Christina expressed their determination that no matter how awkward it felt to wait in the silence, they would not speak for Alec. Furthermore, if Alec tried to hide behind them, they would use a supportive statement to validate and acknowledge his anxiety, while also expressing their confidence that he can speak for himself.

In the next session, Christina and Mark reported that as expected, Alec got angry and upset when he learned about their plan. He crumpled up the letter, began asking a whirlwind of questions, and pleaded with them not to make any changes. Mark and Christina did not engage in an argument with Alec and he gradually calmed down and both parents left the room. Despite the difficulty, they felt they had been able to deliver the message effectively and were resolved to follow through with their plan.

Over the course of the coming week, Mark and Christina were instructed to engage their supporters and continue implementing the plan not to accommodate by speaking for Alec. Alec's teacher made a supportive statement during the school day, while his coach utilized supportive statements during soccer practice. During this same week, while Christina and Alec were at the grocery store, a friend's mother greeted them both and asked Alec a question. Just as rehearsed, Christina did not speak for him and used a supportive statement as he tried to move away. After a short time, Alec responded to the question himself.

During the next session, both parents expressed astonishment at the events that had occurred during the second week of not speaking for Alec. After soccer practice, the family went out to dinner and Alec ordered for himself. Additionally, the older neighbor whom Alec looked up to, came by and said he heard that Alec was overcoming his fears and expressed how cool that is and that "he is proud of him because that is difficult." Additionally, when they attended a birthday party and did not accommodate by speaking for him, they observed Alec talking with other kids and adults.

Over the course of another week of not providing the target accommodation, the parents noted that Alec was displaying notably less aggression and resistance in response to plans they

made such as going to a new restaurant or to the farmer's market on the weekend. The therapist emphasized to Mark and Christina that these improvements were directly resulting from their commitment to change their accommodating behavior and encouraged them to continue utilizing supportive statements, abstaining from the target accommodation, and making use of their supporters as needed throughout the next week.

After Christina and Mark had successfully implemented their plan for 3 consecutive weeks, the parents and therapist decided it was time for the next step, adding another accommodation target. With guidance from the therapist, the parents agreed that the next target would be to no longer drive Alec to school instead of him taking the bus. During the session, Christina and Mark took the lead in writing a letter to Alec informing him of this second target and in planning how to deliver it.

This second announcement was met with no resistance from Alec who appeared to be more confident that he could cope with change. During this same week, Alec's soccer coach sent him a letter in the mail. He wrote that he had heard Alec had been at another team member's birthday sharing jokes and talking with all the other kids, and informed him that the team had voted to award him the "Most Improved Player" award.

The parents continued to refrain from engaging in the target accommodations (i.e., speaking for Alec, driving him to school) over the next couple weeks and gradually noticed that other accommodations on their chart were also becoming less frequent or even disappearing altogether. Christina no longer needed to run alongside Alec at soccer practice, avoid going shopping with Alec, or excuse him from school assignments, which had once been extremely anxiety provoking. Christina and Mark noted how their relationship as husband and wife had improved as well, as they now found more time to be together and spent less time arguing or feeling upset. Christina in particular, noticed how much of her overall mood had shifted from being "on-edge" and feeling quick tempered to feeling more relaxed and understanding. Alec's own anxiety symptoms appeared to be improving as well. He started having playdates at home, attending birthday parties without needing to cling to a parent, and spending less time isolated in his room. Over the course of several weeks, the parents noted that Alec's overall behavior was improving. He was no longer hitting his brother or mother and had ceased acting out violently in the house.

Therapy ended with a discussion of relapse prevention. The therapist prepared the parents for the possibility of future exacerbations in Alec's anxiety and encouraged them to remain vigilant of any future reoccurrences of the social phobia. The therapist emphasized the importance of maintaining the tools they had learned in treatment and of not being afraid to "rock the boat" by addressing any new accommodations they noticed as soon as possible. The therapist reminded Mark and Christina to maintain their supportive attitude toward Alec's anxiety and not to ignore it hoping it will go away on its own. The parents reviewed what they had learning in therapy and felt confident in their ability to utilize the tools they learned to help their son.

Treatment Outcomes

After the conclusion of the 12th and last treatment session, a posttreatment evaluation was conducted, which included both parents and Alec. Alec and his parents were administered the ADIS interview separately. At this point, the anxiety assessment indicated no clinically impairing diagnoses and only subthreshold symptoms of social phobia were reported.

Conclusions and Knowledge Learned From the Case

Alec's case illustrates the theoretical foundation and the practical structure of SPACE and highlights many of the challenges families face when coping with a child suffering from anxiety.

Additionally, this case study focused on a child who was refusing individual child-based treatment, a common situation. For children who refuse treatment, there has historically been very little to offer beyond pharmacotherapeutic interventions (which also require some degree of collaboration from the child). Thus, parents of children who refuse treatment for their anxiety disorder(s) often feel helpless and frustrated, as did Christina and Mark in this case. Furthermore, parents of children not receiving therapy directly, frequently also find themselves providing ever-increasing accommodation in an effort to help their child feel less anxious. Yet, the continued accommodation of the child's symptoms, can serve to maintain and even exacerbate the anxiety over time.

Parent-based treatment offers a novel and effective solution, either as an alternative or an adjunct to child-based therapy. Other therapeutic interventions for pediatric anxiety, such as CBT, rely on the participation and compliance of the child. This excludes treatment of children that may not recognize the need for change, are too anxious to engage in therapy, or are unable to directly benefit from therapy for other reasons such as communication problems. SPACE provides a viable alternative in all these cases.

Alec's treatment process, highlighted through the multiple excerpts from therapy, underscores how imperative it is to address parental behaviors specific to the interaction with anxious children. Mapping out the accommodation, formulating detailed plans for modification of the parent's behaviors, and replacing them with supportive responses, engaging support and providing parents with tools to deal with difficult child reactions are essential elements of SPACE treatment.

More research on SPACE is warranted, yet promising results support the efficacy of SPACE in the treatment of childhood anxiety.

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