

BRIEF REPORT

Twelve-Month Follow-Up of Parent-Based Child Anxiety Treatment

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Objective: Supportive Parenting for Anxious Childhood Emotions (SPACE) is an efficacious parent-based treatment for child anxiety disorders. Little is known about the maintenance of treatment gains following SPACE, and no comparative follow-up studies have been conducted. We address both gaps by examining child anxiety severity up to 12 months following SPACE and cognitive-behavioral therapy (CBT). We also examine whether reductions in family accommodation of child anxiety are maintained through follow-up in both treatments. **Method:** Participants were 125 mother-child dyads enrolled in a randomized controlled noninferiority trial comparing posttreatment outcomes of SPACE and CBT. Parents and children in both treatments completed measures of child anxiety severity and family accommodation at pre-, mid-, and posttreatment and at 3-, 6-, and 12-month follow-ups. Linear mixed models were used to examine effects of time, treatment, and their interaction across all assessment intervals, with particular interest in maintenance at 12-month follow-up. **Results:** SPACE and CBT both produced significant reductions in parent- and child-rated anxiety severity and family accommodation over time, indicating gains were maintained similarly for both treatments through 12-month follow-up. Parent (but not child) ratings of child anxiety severity were lower for SPACE than CBT at posttreatment and 12-month follow-up. **Conclusions:** Results are the first to show maintenance of treatment gains up to 1 year following SPACE, comparable to CBT. These findings may inform clinical decision making and guide the selection of interventions that optimize both short- and longer term outcomes for anxious children and their families.

What is the public health significance of this article?

This study shows that reductions in child anxiety and family accommodation following Supportive Parenting for Anxious Childhood Emotions, a parent-based treatment, are maintained up to 12 months following treatment. Results indicate comparable maintenance of treatment gains for Supportive Parenting for Anxious Childhood Emotions and cognitive-behavioral therapy, suggesting that children and their families benefit similarly from these treatments in the short and longer term.

Keywords: anxiety, child, parents, therapy, follow-up

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This study includes data from a randomized controlled trial published by Lebowitz, Marin, Martino, et al. (2020). Data from this randomized controlled trial have also been reported in separate articles. Zilcha-Mano et al. (2021) and Lebowitz et al. (2021) examined treatment predictors and moderators, respectively, and included the family accommodation measure used in the present study. Etkin et al. (2022) also investigated treatment predictors and used the same anxiety measure as in this study.

Eli R. Lebowitz receives royalties from books published by Wiley and Sons and Oxford University Press. Eli R. Lebowitz is the developer and holds the copyright to SPACE, a manualized parent-based treatment for child anxiety and related disorders. He provides training to therapists, individually and through organizations, and receives remuneration for these trainings. Wendy K. Silverman receives royalties from Oxford University Press. Rebecca G.

Etkin and Yaara Shimshoni provide trainings utilizing the copyrighted SPACE methodology and receive remuneration for these trainings.

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Anxiety disorders are the most common psychiatric conditions in children and adolescents, with lifetime prevalence rates of approximately 15%–20% (Polanczyk et al., 2015). Prospective studies show that anxiety symptoms tend to wax and wane over time for most children and adolescents, often persisting into adulthood if left untreated (Beesdo-Baum & Knappe, 2012). Cognitive-behavioral therapy (CBT) is the most extensively evaluated psychological treatment for child anxiety, with robust evidence of its efficacy based on over 80 randomized controlled trials (RCTs; e.g., James et al., 2020; Silverman et al., 2008). RCT follow-up data, typically spanning 12-month intervals, provide important evidence for maintenance of CBT's efficacy over time (e.g., Rith-Najarian et al., 2019).

Parent-only treatment has emerged as an efficacious alternative to CBT (Jewell et al., 2022). It is an especially viable alternative when child treatment motivation or compliance is low (Shimshoni et al., 2024). Supportive Parenting for Anxious Childhood Emotions (SPACE; Lebowitz et al., 2014) is one such parent-only treatment that directly targets a key mechanism implicated in child anxiety: family accommodation (FA; Iniesta-Sepúlveda et al., 2021; Kendall et al., 2020). SPACE adopts a systemic, interpersonal perspective on child anxiety and helps parents respond supportively to their child's distress while reducing their accommodating behaviors (Lebowitz et al., 2013). Clinical studies of SPACE, including RCTs, report maintenance of child anxiety reductions up to 1 month and improvement comparable to CBT at posttreatment (Lebowitz, Marin, Martino, et al., 2020; Storch et al., 2024). Longer term and comparative follow-up data for SPACE have yet to be reported, representing a significant gap in the literature.

In this study, we therefore examine maintenance of anxiety reduction up to 12 months following treatment among children who participated in an RCT comparing SPACE and CBT (Lebowitz, Marin, Martino, et al., 2020). We also examine maintenance of reductions in FA given its associations with child anxiety severity, impairment, and treatment outcomes (e.g., Iniesta-Sepúlveda et al., 2021; Kendall et al., 2020). Of particular interest was whether anxiety and FA reductions were maintained or even enhanced from posttreatment through follow-ups. As in prior child anxiety treatment studies, we used each participant's data from multiple assessment intervals (pre-, mid-, and posttreatment as well as 3-, 6-, and 12-month follow-ups) to account for missing data common in follow-up designs and to maximize statistical precision (e.g., Gould et al., 2018; Jolstedt et al., 2021). We also conducted sensitivity analyses to isolate posttreatment changes, and to examine whether changes were related to participants' receipt of additional treatment in the following 12 months (Jolstedt et al., 2021). Based on the prior report of noninferiority of SPACE to CBT at posttreatment (Lebowitz, Marin, Martino, et al., 2020), we expected here that reductions in child anxiety severity and FA would be similarly maintained through 12-month follow-up for both treatments.

Method

Participants and Procedure

This study was approved by the Yale University Institutional Review Board. Participants and procedures are described in full in Lebowitz, Marin, Martino, et al. (2020). Demographic and diagnostic information on the sample is presented in Supplemental Table S1. Briefly, participants were 125 mother-child dyads enrolled in a

comparative RCT of SPACE and CBT. Children were between 6 and 14 years old with primary diagnoses (i.e., most interfering, as determined by the Anxiety Disorders Interview Schedule) of generalized anxiety disorder, separation anxiety disorder, social anxiety disorder, or specific phobia. In line with other RCTs of child anxiety treatment (e.g., Child/Adolescent Anxiety Multimodal Study; Compton et al., 2010), these diagnoses were the focus given they represent the most common childhood anxiety disorders. Children with comorbid anxiety and nonanxiety disorder diagnoses (e.g., panic disorder, obsessive-compulsive disorder, attention-deficit/hyperactivity disorder, depression) were eligible. As detailed in Lebowitz, Marin, Martino et al., dimensional self- and parent-report measures of child anxiety severity indicated mean levels in line with other clinical samples and above accepted cutoffs indicative of clinical anxiety (see Supplemental Table S1; Birmaher et al., 1999; March, 2013).

Parents and children respectively provided informed written consent and assent. Children were randomly assigned to receive 12 weeks of SPACE, in which only their parent attended treatment, or CBT, in which only the child attended treatment (apart from three brief parent encounters at the beginning, middle, and end of treatment). While funding for the initial RCT included pre-, mid-, and posttreatment assessments (PRE, MID, POST) using a multi-method, multi-informant approach, funding was not available for follow-up assessments. Follow-ups therefore involved streamlined 3-, 6-, and 12-month telephone assessments (3MO, 6MO, 12MO, e.g., Lyneham & Rapee, 2005) of the two most relevant variables in the RCT: parent and child ratings of child anxiety severity and FA.

To assess child anxiety severity, we administered the 50-item Multidimensional Anxiety Scale for Children, Second Edition—Child and Parent Report (MASC-C/P; March, 2013) to obtain a convergent perspective of gains over time (initial trial reported the Screen for Child Anxiety Related Emotional Disorders [SCARED-C/P]; Birmaher et al., 1999). In addition to satisfactory internal consistency and treatment sensitivity, correlations between the MASC-C/P and SCARED-C/P are high (e.g., $r_s = .63-.81$; Kingery et al., 2009; Muris et al., 2002). As in Lebowitz, Marin, and Silverman (2020), we assessed FA with the nine-item total score from the Family Accommodation Scale—Anxiety—Parent and Child Report (FASA/FASA-C; Lebowitz et al., 2013; Lebowitz et al., 2015). The FASA/FASA-C have satisfactory internal consistency, retest reliability, and factorial validity (e.g., Lebowitz, Marin, & Silverman, 2020; Lebowitz et al., 2013).

Data Analyses

Data were analyzed using R Version 4.5.0 and packages *dplyr*, *readr*, *naniar*, *ggplot2*, *lme4*, *lmerTest*, *emmeans*, and *effectsize* (Bates et al., 2015; Ben-Shachar et al., 2020; Kuznetsova et al., 2017; Lenth, 2023; Tierney & Cook, 2023; Wickham, 2016; Wickham et al., 2018; Wickham et al., 2023). Missingness patterns, normality, homoscedasticity, and independence of residuals were first examined to ensure assumptions of linear mixed modeling (LMM) were met.

LMM was used to evaluate change in child anxiety severity (MASC-C/P) and FA (FASA/FASA-C) across time intervals for SPACE and CBT. Separate models were estimated for parent- and child-report data. Models included MASC-C/P or FASA/FASA-C as outcomes; fixed effects of time, treatment, and the Time $\times$ Treatment interaction and random intercepts for participants. Type

III tests of fixed effects with Satterthwaite approximations for degrees of freedom were used (Kuznetsova et al., 2017). Regardless of significant interactions, estimated marginal means and pairwise comparisons were computed for SPACE and CBT to provide model-based estimates of anxiety and FA levels at each assessment point. Partial eta-squared (η_p^2) and Cohen's d were used to estimate effect sizes for fixed effects and pairwise comparisons, respectively. We conducted two sets of sensitivity analyses to examine whether results were consistent when (a) including additional treatment as a covariate (i.e., whether participants initiated psychotherapy or pharmacotherapy in the 3 to 12 months following SPACE or CBT) and (b) examining change from posttreatment through follow-ups only (to more directly assess maintenance following treatment).

Transparency and Openness

The original RCT was preregistered on Clinicaltrials.gov (NCT02310152). Sample size determinations, manipulations, and all study measures are reported in Lebowitz, Marin, Martino, et al. (2020). Data and analysis code and treatment manuals for this study are available from authors upon reasonable request. There were no data exclusions. No serious adverse events were reported.

Results

Preliminary Analyses

Among parents, $n = 125$ completed the assessment at PRE; $n = 103$ at MID; $n = 96$ at POST; $n = 58$ at 3MO; $n = 52$ at 6MO; and $n = 53$ at 12MO. Among children, $n = 125$ completed the assessment at PRE; $n = 103$ at MID; $n = 96$ at POST; $n = 47$ at 3MO; $n = 34$ at 6MO; and $n = 41$ at 12MO. Little's missing completely at random tests indicated that data were not missing completely at random ($ps < .001$). Follow-up analyses examining predictors of missingness showed limited associations with observed baseline variables and no evidence of differential attrition by treatment arm or demographic factors, consistent with a missing-at-random assumption (Little, 2024). Maximum likelihood (ML) estimation was therefore used, which is appropriate for longitudinal mixed models with time-varying missingness (Fitzmaurice et al., 2011). Visual inspection of residual-versus-fitted, Q-Q, and autocorrelation plots revealed no meaningful deviations from normality or homoscedasticity and no evidence of residual autocorrelation.

Primary Analyses

Fixed effects from LMMs are described next. Model estimates are presented in Tables 1–4. Pairwise comparisons of model-based estimated marginal means for SPACE and CBT at each time point are reported in Table 5 and depicted in Figures 1–4.

Child Anxiety Severity

Parent Report (MASC-P). There was a significant effect of time such that child anxiety decreased over time in both treatments, $F(5,380) = 55.97$, $p < .001$, $\eta_p^2 = 0.42$. The main effect of treatment was marginally significant, $F(1,138) = 3.83$, $p = .05$, $\eta_p^2 = 0.03$. Comparisons of estimated marginal means revealed that child anxiety was significantly lower for SPACE than CBT at POST and 12MO (Table 5). However, the Time $\times$ Treatment interaction was

Table 1

Fixed Effects From Linear Mixed Model Predicting Parent-Report Multidimensional Anxiety Scale for Children

Predictor	β	SE	t	df	p
Intercept (PRE, CBT)	71.24	2.37	30.06	218	<.001
MID	−7.32	2.25	−3.26	390	.001
POST	−20.08	2.30	−8.73	392	<.001
3MO	−19.67	2.71	−7.25	392	<.001
6MO	−19.80	2.79	−7.10	392	<.001
12MO	−17.28	2.91	−5.94	391	<.001
Treatment (SPACE)	−3.65	3.45	−1.06	218	.291
MID $\times$ SPACE	1.39	3.18	0.44	386	.662
POST $\times$ SPACE	−3.87	3.27	−1.19	388	.236
3MO $\times$ SPACE	−1.13	3.90	−0.29	389	.772
6MO $\times$ SPACE	−4.78	4.07	−1.17	389	.241
12MO $\times$ SPACE	−5.83	4.04	−1.44	389	.150

Note. t tests computed using Satterthwaite approximation. Significant values appear in bold. SE = standard error; CBT = cognitive-behavioral therapy; Reference group = PRE CBT; PRE = pretreatment; MID = midtreatment; POST = posttreatment; 3MO = 3-month follow-up; 6MO = 6-month follow-up; 12MO = 12-month follow-up; SPACE = Supportive Parenting for Anxious Childhood Emotions.

not significant, indicating similar anxiety reduction over time in both arms, $F(5,380) = 1.08$, $p = .37$, $\eta_p^2 = 0.01$.

Child Report (MASC-C). There was a significant effect of time such that child anxiety decreased over time in both treatments, $F(5,335) = 36.04$, $p < .001$, $\eta_p^2 = 0.35$. Neither the treatment main effect, $F(1, 142) = 0.47$, $p = .49$, $\eta_p^2 = .003$, nor the Time $\times$ Treatment interaction, $F(5, 335) = 1.64$, $p = .15$, $\eta_p^2 = 0.02$, was significant.

Family Accommodation

Parent Report (FASA). There was a significant effect of time such that FA decreased over time in both treatments, $F(5, 375) = 46.66$, $p < .001$, $\eta_p^2 = 0.38$. Neither the treatment main effect,

Table 2

Fixed Effects From Linear Mixed Model Predicting Child-Report Multidimensional Anxiety Scale for Children

Predictor	β	SE	t	df	p
Intercept (PRE, CBT)	72.20	3.17	22.93	211	<.001
MID	−11.69	3.04	−3.84	343	<.001
POST	−17.22	3.12	−5.33	345	<.001
3MO	−23.50	4.16	−5.65	346	<.001
6MO	−20.82	5.01	−4.16	344	<.001
12MO	−28.27	4.33	−6.53	346	<.001
Treatment (SPACE)	2.20	4.62	0.48	211	.634
MID $\times$ SPACE	−1.28	4.31	−0.30	339	.767
POST $\times$ SPACE	−9.65	4.42	−2.18	341	.030
3MO $\times$ SPACE	−10.15	5.76	−1.76	343	.079
6MO $\times$ SPACE	−8.70	6.62	−1.31	343	.190
12MO $\times$ SPACE	−0.72	6.07	−0.12	343	.906

Note. t tests computed using Satterthwaite approximation. Significant values appear in bold. SE = standard error; CBT = cognitive-behavioral therapy; Reference group = PRE CBT; PRE = pretreatment; MID = midtreatment; POST = posttreatment; 3MO = 3-month follow-up; 6MO = 6-month follow-up; 12MO = 12-month follow-up; SPACE = Supportive Parenting for Anxious Childhood Emotions.

Table 3

Fixed Effects From Linear Mixed Model Predicting Parent-Report Family Accommodation Scale–Anxiety

Predictor	β	<i>SE</i>	<i>t</i>	<i>df</i>	<i>p</i>
Intercept (PRE, CBT)	16.86	0.93	18.08	223	<.001
MID	−3.78	0.92	−4.11	386	<.001
POST	−8.52	0.94	−9.05	388	<.001
3MO	−9.57	1.11	−8.62	389	<.001
6MO	−8.59	1.14	−7.53	389	<.001
12MO	−7.93	1.19	−6.66	388	<.001
Treatment (SPACE)	−2.24	1.36	−1.65	222	.100
MID × SPACE	2.50	1.30	1.92	381	.055
POST × SPACE	1.91	1.33	1.43	383	.150
3MO × SPACE	2.60	1.59	1.63	385	.100
6MO × SPACE	0.47	1.66	0.28	385	.780
12MO × SPACE	−0.51	1.65	−0.31	385	.760

Note. *t* tests computed using Satterthwaite approximation. Significant values appear in bold. *SE* = standard error; CBT = cognitive-behavioral therapy; Reference group = PRE CBT; PRE = pretreatment; MID = midtreatment; POST = posttreatment; 3MO = 3-month follow-up; 6MO = 6-month follow-up; 12MO = 12-month follow-up; SPACE = Supportive Parenting for Anxious Childhood Emotions.

$F(1, 131) = 0.81, p = .37, \eta_p^2 = .006$, nor the Time × Treatment interaction, $F(5, 375) = 1.46, p = .20, \eta_p^2 = 0.02$, was significant.

Child Report (FASA-C). There was a significant effect of time such that FA decreased over time in both treatments, $F(5, 337) = 47.88, p < .001, \eta_p^2 = 0.42$. Neither the treatment main effect, $F(1, 141) = 0.08, p = .77, \eta_p^2 < .001$, nor the Time × Treatment interaction, $F(5, 337) = 0.47, p = .80, \eta_p^2 < .001$, was significant.

Sensitivity Analyses

More information on participants' receipt of additional treatment during the follow-up period is presented in Supplemental Table S2. In brief, 22 (18%) participants received additional treatment (i.e., psychotherapy or pharmacotherapy) following the trial (3MO $n =$

Table 4

Fixed Effects From Linear Mixed Model Predicting Child-Report Family Accommodation Scale–Anxiety

Predictor	β	<i>SE</i>	<i>t</i>	<i>df</i>	<i>p</i>
Intercept (PRE, CBT)	13.23	0.74	17.82	254	<.001
MID	−4.48	0.83	−5.41	345	<.001
POST	−6.76	0.85	−7.99	347	<.001
3MO	−9.29	1.12	−8.28	352	<.001
6MO	−7.91	1.35	−5.86	351	<.001
12MO	−9.93	1.17	−8.51	352	<.001
Treatment (SPACE)	0.03	1.08	0.03	254	.980
MID × SPACE	−0.65	1.17	−0.56	339	.578
POST × SPACE	0.71	1.20	0.59	342	.553
3MO × SPACE	1.06	1.55	0.68	348	.497
6MO × SPACE	−0.64	1.79	−0.36	348	.719
12MO × SPACE	0.96	1.64	0.59	348	.558

Note. *t* tests computed using Satterthwaite approximation. Significant values appear in bold. *SE* = standard error; CBT = cognitive-behavioral therapy; Reference group = PRE CBT; PRE = pretreatment; MID = midtreatment; POST = posttreatment; 3MO = 3-month follow-up; 6MO = 6-month follow-up; 12MO = 12-month follow-up; SPACE = Supportive Parenting for Anxious Childhood Emotions.

10; 6MO $n = 11$; 12MO $n = 14$). Additional treatment initiation did not differ by whether participants received SPACE or CBT: 3MO, $\chi^2(1, 58) = 1.93, p = .28$; 6MO, $\chi^2(1, 52) = 0.32, p = .74$; 12MO, $\chi^2(1, 53) = 0.01, p = 1.00$. For the parent-report models, receipt of additional treatment was significantly associated with higher parent-rated child anxiety (MASC-P: $\beta = 9.89, SE = 3.74, p = .009$) and FA (FASA: $\beta = 5.08, SE = 1.40, p < .001$) on average across time intervals. This was not true of the child-report models; the effect of additional treatment was nonsignificant for the MASC-C ($\beta = -2.84, SE = 5.38, p = .60$) and FASA-C ($\beta = 0.88, SE = 1.26, p = .49$). Importantly, overall LMM results remained unchanged after controlling participants' receipt of treatment in the 3 to 12 months following the trial (see Supplemental Table S3). Results also remained consistent overall when examining the POST through 12-month follow-up period only, confirming evidence of maintenance or enhancement of treatment gains rather than influence of the slope of the initial pre- to posttreatment gains (see Supplemental Table S4).

Discussion

While the short-term efficacy of SPACE has been established, this study provides the first evidence of maintenance of its effects beyond 1 month. This study further represents the first comparative follow-up of SPACE with any other active treatment. Child anxiety severity and FA both showed similar reductions during and following SPACE and CBT, with large effect sizes ($\eta_p^2s = 0.35$ – 0.42). These findings held regardless of whether participants initiated additional treatment in the follow-up period and when examining change during the follow-up period only. Overall, they suggest that children and families continue to benefit from child anxiety treatment up to a year after its conclusion, whether the child or parent participates.

Although Time × Treatment interactions were not significant, the treatment effect for parent-rated child anxiety (MASC-P) was marginally significant ($p = .05$) and crossed the threshold to significance in sensitivity analyses (see Supplemental Table S3). Estimated marginal means comparisons, presented to descriptively capture the magnitude of improvement within and across each arm over time, revealed that parent-rated child anxiety was lower for families who received SPACE than CBT at POST and 12-month follow-up. This finding possibly suggests enhanced maintenance of treatment effects on child anxiety following SPACE ($d = 0.816$). It is plausible that parents continue to apply the tools they learned in SPACE in the months following treatment, contributing to further reductions in the child's anxiety. However, this result should be interpreted with caution and does not imply differential treatment efficacy. Replication is needed, additionally because treatment effects did not emerge for child-rated anxiety, consistent with some prior research suggesting that parent ratings are more sensitive to change in parent-based treatments (e.g., Silverman et al., 2022). There could be other meaningful sources of this discrepancy that were outside the scope of the study to investigate, such as parent psychopathology (e.g., De Los Reyes & Kazdin, 2005) and child age (older adolescents' reports may align more with parents'; e.g., Korelitz & Garber, 2016).

Results also show, for the first time, maintenance of reductions in FA following SPACE and CBT. Though FA reduction is the primary target of SPACE and not directly targeted in CBT, research has found that

Table 5

Pairwise Comparisons of Model-Based Estimated Marginal Means for Parent- and Child-Report Multidimensional Anxiety Scale for Children and FASA at Each Time Point

Outcome	Time	<i>M</i> CBT	<i>M</i> SPACE	β	<i>SE</i>	<i>p</i>	Cohen's <i>d</i>
MASC-P	PRE	71.2	67.6	3.649	3.485	0.296	0.314
	MID	63.9	61.7	2.258	3.695	0.542	0.194
	POST	51.2	43.6	7.522	3.770	0.047	0.648
	3MO	51.6	46.8	4.784	4.350	0.272	0.412
	6MO	51.4	43.0	8.431	4.507	0.062	0.726
	12MO	54.0	44.5	9.479	4.476	0.034	0.816
MASC-C	PRE	72.7	74.9	-2.201	4.664	0.637	-0.140
	MID	61.0	61.9	-0.920	4.952	0.852	-0.058
	POST	55.5	48.0	7.447	5.054	0.142	0.473
	3MO	49.2	41.2	7.945	6.289	0.207	0.505
	6MO	51.9	45.4	6.501	7.117	0.362	0.413
	12MO	44.4	45.9	-1.483	6.585	0.822	-0.094
FASA-P	PRE	16.86	14.63	2.235	1.369	0.103	0.472
	MID	13.08	13.35	-0.264	1.454	0.856	-0.056
	POST	8.35	8.02	0.327	1.486	0.826	0.069
	3MO	7.29	7.65	-0.365	1.729	0.833	-0.077
	6MO	8.27	6.51	1.765	1.795	0.326	0.372
	12MO	8.93	6.19	2.743	1.782	0.124	0.579
FASA-C	PRE	13.23	13.25	-0.027	1.093	0.980	-0.006
	MID	8.75	8.13	0.624	1.180	0.597	0.146
	POST	6.46	7.20	-0.738	1.211	0.543	-0.172
	3MO	3.94	5.02	-1.083	1.572	0.491	-0.253
	6MO	5.31	4.70	0.616	1.812	0.734	0.144
	12MO	3.30	4.28	-0.988	1.658	0.552	-0.231

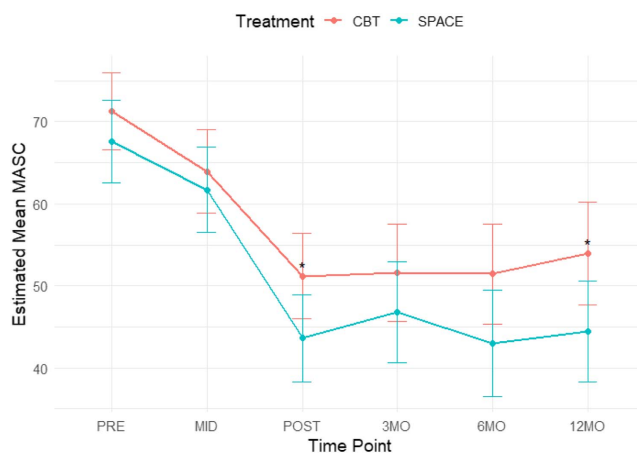
Note. Pairwise tests were estimated using the Kenward–Roger method and Bonferroni adjustment for multiple comparisons. Values in bold depict significant differences between SPACE and CBT. *SE* = standard error; MASC-C = Multidimensional Anxiety Scale for Children–Child Report; MASC-P = Multidimensional Anxiety Scale for Children–Parent Report; PRE = pretreatment; MID = midtreatment; POST = posttreatment; 3MO = 3-month follow-up; 6MO = 6-month follow-up; 12MO = 12-month follow-up; CBT = cognitive–behavioral therapy; SPACE = Supportive Parenting for Anxious Childhood Emotions; FASA-P = Family Accommodation Scale–Anxiety–Parent Report; FASA-C = Family Accommodation Scale–Anxiety–Child Report.

CBT also reduces FA, including at posttreatment and follow-up (e.g., Kagan et al., 2016). When a child's anxiety improves in CBT, parent behavior including FA, whether targeted in treatment or not, may change as well, suggesting bidirectional or reciprocal dynamics

(Bertelsen et al., 2023; Silverman et al., 2009). Research is therefore required to determine the shared and distinct mechanisms between SPACE and CBT (e.g., testing FA as a mediator of both treatments), as well as the directions and pathways of change.

Figure 1

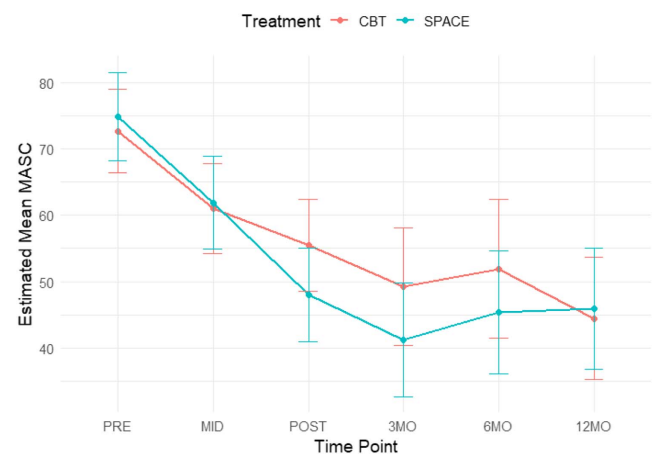
Estimated Marginal Means for Parent-Report MASC Over Time by Treatment Arm



Note. Asterisk (*) marks time points where scores significantly differed for SPACE and CBT. MASC = Multidimensional Anxiety Scale for Children; CBT = cognitive–behavioral therapy; SPACE = Supportive Parenting for Anxious Childhood Emotions. See the online article for the color version of this figure.

Figure 2

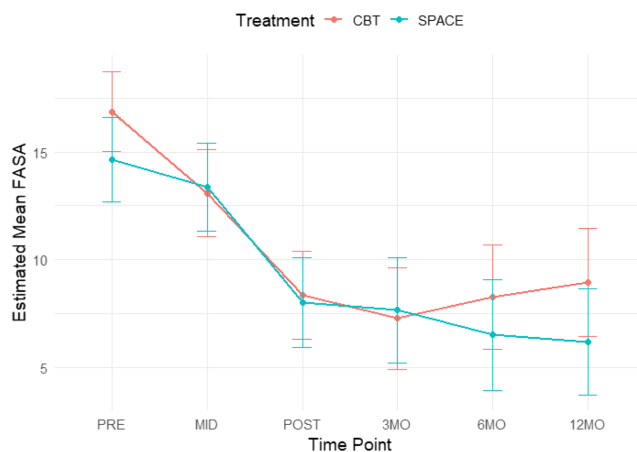
Estimated Marginal Means for Child-Report MASC Over Time by Treatment Arm



Note. MASC = Multidimensional Anxiety Scale for Children; CBT = cognitive–behavioral therapy; SPACE = Supportive Parenting for Anxious Childhood Emotions. See the online article for the color version of this figure.

Figure 3

Estimated Marginal Means for Parent-Report FASA Over Time by Treatment Arm



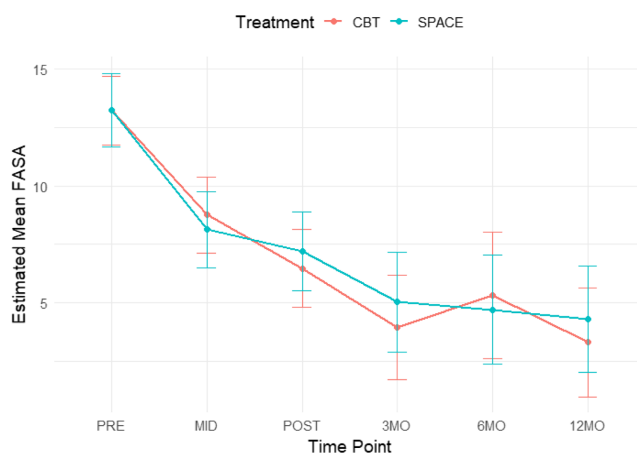
Note. FASA = Family Accommodation Scale–Anxiety; CBT = cognitive-behavioral therapy; SPACE = Supportive Parenting for Anxious Childhood Emotions. See the online article for the color version of this figure.

Limitations and Conclusion

Several limitations should be noted. This study relied only on self-report measures, and it was not feasible to conduct diagnostic interviews at follow-up assessments. Research is therefore needed to move beyond self-report and to establish anxiety disorder remission rates over time following SPACE, in comparison with CBT. It was also not feasible to collect longer term follow-up data beyond 1 year. SPACE is a relatively new treatment, and it is essential to first establish shorter term maintenance up to 12 months, as was done with CBT (Silverman et al., 2008). Establishing longer term durability is another important goal to understand the impact of

Figure 4

Estimated Marginal Means for Child-Report FASA Over Time by Treatment Arm



Note. FASA = Family Accommodation Scale–Anxiety; CBT = cognitive-behavioral therapy; SPACE = Supportive Parenting for Anxious Childhood Emotions. See the online article for the color version of this figure.

parent-only treatment on youth's anxiety as they transition into adolescence and adulthood (Gibby et al., 2017; Saavedra et al., 2010). Larger samples with greater sociodemographic diversity are needed to understand the generalizability of findings. Larger samples would also provide statistical power to examine any diagnostic differences related to treatment durability. Finally, attrition rates at follow-up time points varied widely, as is common in other clinical trials with longer term follow-up (Duagi et al., 2024). Although parameters were estimated using ML, attrition at later time points (especially for child-report data) may have reduced statistical power to detect interaction effects. Limitations notwithstanding, the present findings lay the groundwork for addressing these future directions and provide promising preliminary evidence that SPACE maintains its effects over time and compares favorably with the leading efficacious child anxiety treatment, CBT.

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