



# Supportive Parenting for Anxious Childhood Emotions (SPACE) Therapy Method

## Kaygılı Çocukluk Duyguları İçin Destekleyici Ebeveynlik (KÇDDE) Terapi Yöntemi

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### ABSTRACT

Supportive Parenting for Anxious Childhood Emotions (SPACE) is a parent-focused therapeutic approach designed to address anxiety symptoms in school-aged children and adolescents. Developed by Dr. Eli Lebowitz at the Yale Child Study Center, SPACE targets the dynamics of the parent-child relationship influenced by anxiety, aiming to enhance parental support and reduce children's reliance on maladaptive behaviors. The therapy emphasizes modifying parental responses to anxious behaviors and gradually diminishing habitual avoidance patterns in children, fostering their ability to self-regulate emotions. Conducted over 10-12 weeks, SPACE involves only parents in sessions, making it particularly suitable for children reluctant to participate in therapy. The process is semi-structured, comprising eight core stages—ranging from introducing the therapy and identifying adaptive parental behaviors to implementing behavior change plans and concluding with a summary of progress—alongside five optional session modules tailored to specific needs, such as teaching anxiety regulation strategies or addressing severe behaviors like self-harm. Grounded in nonviolent resistance principles, SPACE empowers parents to alter their own behaviors rather than directly controlling the child's actions, promoting sustainable change. International research, including randomized controlled trials and case studies, supports SPACE's efficacy in reducing anxiety symptoms, with comparable outcomes to Cognitive Behavioral Therapy (CBT) and notable effectiveness for conditions like anxiety disorders, obsessive-compulsive disorder, autism spectrum disorder, and eating disorders.

**Keywords:** Anxiety, anxiety disorders, child, parent-based intervention

### Öz

Kaygılı Çocukluk Duyguları için Destekleyici Ebeveynlik (KÇDDE), okul çağındaki çocuklar ve ergenlerde anksiyete semptomlarını ele almak için tasarlanmış ebeveyn odaklı bir terapi yaklaşımıdır. Yale Çocuk Çalışma Merkezi'nde Dr. Eli Lebowitz tarafından geliştirilen KÇDDE, anksiyeteden etkilenen ebeveyn-çocuk ilişkisinin dinamiklerini hedefleyerek ebeveynlerin çocuklarına daha iyi destek sağlamasını amaçlar. Terapi, ebeveynlerin kaygılı davranışlara tepkilerini değiştirmeye ve çocukların alışlagelmış kaçınma kalıplarını kademeli olarak azaltmaya odaklanarak çocukların duygularını kendi kendilerine düzenleme yeteneklerini geliştirmeyi teşvik eder. 10-12 hafta süren KÇDDE, yalnızca ebeveynlerin katıldığı oturumlarla yürütülür ve bu da özellikle terapiye katılmakta isteksiz çocuklar için uygun bir seçenek sunar. Süreç yarı yapılandırılmıştır ve sekiz temel aşamadan oluşur: terapiyi tanıtmaktan, ebeveynlerin uyarlayıcı davranışlarının belirlenmesine, davranış değiştirme planlarının uygulanmasına ve ilerlemenin özetlenmesiyle sonuçlanmaya kadar. Ayrıca, anksiyete düzenleme stratejileri öğretme veya kendine zarar verme gibi ciddi davranışları ele alma gibi özel ihtiyaçlara göre uyarlanmış beş isteğe bağlı oturum modülü içerir. Şiddetsiz direnç ilkelerine dayanan KÇDDE, ebeveynlerin çocuğun eylemlerini doğrudan kontrol etmek yerine kendi davranışlarını değiştirmelerini güçlendirerek sürdürülebilir değişimi teşvik eder. Uluslararası araştırmalar, randomize kontrollü çalışmalar ve vaka çalışmaları dahil, KÇDDE'nin anksiyete semptomlarını azaltmada etkili olduğunu desteklemekte olup Bilişsel Davranışçı Terapi (BDT) ile karşılaştırılabilir sonuçlar sunmakta ve anksiyete bozukluğu, obsesif-kompulsif bozukluk, otizm spektrum bozukluğu ve yeme bozuklukları gibi durumlarda dikkat çekici etkinlik göstermektedir.

**Anahtar sözcükler:** Anksiyete, anksiyete bozuklukları, çocuk, ebeveyn temelli müdahale

## Introduction

Anxiety disorder is defined as a mental health problem that causes intense and lasting feelings of anxiety that the individual cannot cope with and that leads to impaired functioning (Kessler et al. 2010, Kowalchuk et al. 2022). The effects of anxiety disorder, which negatively impact both physical and mental health, persist throughout an individual's lifetime (Costello et al. 2004, Grills-Taquechel and Ollendick 2007, Jokela et al. 2009). Common anxiety symptoms observed in individuals include excessive sweating, stomach aches, palpitations, breathing difficulties, trembling hands and feet, attention and memory problems, fear of death and loss of control, sudden feelings that something terrible is about to happen, and excessive preoccupation with anxious thoughts, among others (American Psychiatric Association [APA] 2013).

Anxiety disorder is considered a common mental health problem in childhood and adolescence (Bittner et al. 2007). Slyvester and Pine (2021) state that the prevalence of anxiety disorder in childhood is between 17% and 21%, while Merikanges et al. (2010) report that the prevalence in adolescence is between 30% and 32%. In Turkey, the prevalence of anxiety disorders has been found to range between 13% and 45% (Binbay et al. 2014).

Various protective and risk factors have been emphasized in the literature for anxiety disorders commonly seen in childhood and adolescence. Positive experiences in childhood (Şanlı et al. 2024), hope for the future (Lin et al. 2024), high quality of life, positive coping skills, high self-esteem (Wu et al. 2016), democratic parenting style (Erözkan 2012), etc. are considered protective factors. In contrast, authoritarian and protective parenting styles (Erözkan 2012), childhood traumatic experiences (Hovens et al. 2012, Musella et al. 20245), experiential avoidance (Wong et al. 2023), separation from family (Naseh et al. 2024), insecure attachment (Köse 2021), abuse (Taj et al. 2024), post-traumatic stress disorder (Küçük et al. 2024), obsessive-compulsive disorder (OCD) (Seçer 2014), depression (Lin et al. 2024), etc. Additionally, Swan and Kendall (2016) reported that individuals with anxiety disorders experience problems in family, social, and academic environments, as well as low life satisfaction.

It can be said that the negative effects of anxiety disorders experienced during childhood can pave the way for various mental health problems in adulthood and increase the risk of individuals experiencing problems in adulthood in terms of physical, social, emotional, academic, etc. Early intervention plays a crucial role in the treatment of childhood anxiety disorders, which negatively affect an individual's mental health and may lead to long-term mental health problems (Chase and Eyberg 2008). In early interventions, parents are considered an important factor in reducing children's behavioral problems and anxiety symptoms (Albano and Kendall 2002). Parents play a major role in shaping their children's behavior and emotional competence (Havighurst et al. 2015). It is believed that interventions applied to children are more effective when carried out in collaboration with parents. The literature reports that interventions applied to children are more effective when carried out in collaboration with parents (Wood et al. 2006, Cobham et al. 2010).

Parents play an active role in early interventions for children based on parenting (Lebowitz and Majdick 2020, Comer et al. 2021). The therapist teaches parents specific skills included in the therapy protocol, and parents apply what they have learned with their children (Cobham et al. 2017). In this process, the therapist and parents work together to reduce the child's behavioral problems (Lebowitz et al. 2014). In addition, the use of effective parenting skills in this process is crucial in improving negative behavioral problems in children and preventing long-term consequences (Chronis et al. 2007).

The effectiveness of interventions used for anxiety disorders is reported in the literature. These interventions include Cognitive Behavioral Therapy (CBT) (Pegg et al. 2022), From Timid to Tiger (FTTT) (Jalali and Pourahmadi Esfistani 2024), Parent-Child Interaction Therapy (PCIT) (Puliafico et al. 2012), Play Therapy (Genç and Tolan 2021), and Filial Therapy (FT) (Özkaya 2015). Among these intervention approaches, CBT, FT, PCIT, and play therapy interventions are applied in Turkey. In CBT and play therapy interventions, the therapy process is conducted only with the child, while in PCIT and FT, the therapy process is conducted in collaboration between the parent and child. However, the reluctance of children or adolescents to participate in the therapy process can negatively affect the therapy process. Among these

intervention programs, SPACE therapy, which differs from other intervention programs in that the intervention process can only be carried out with parents, offers an important opportunity for families with children who are reluctant to participate in the therapy process (Lebowitz and Majdick 2020, Berger et al. 2024). Furthermore, there is no intervention approach in Turkey that focuses directly on anxiety disorders in early childhood. Therefore, it is thought that the SPACE therapy method could be an important intervention approach in filling this gap in the Turkish literature. For this reason, the aim is to summarize, introduce, and outline the structure of SPACE. It is believed that this compilation may provide both mental health professionals and parents with a new perspective on intervening in anxiety disorders in children.

## **Supportive Parenting for Anxious Childhood Emotions (SPACE)**

Developed by Dr. Eli Lebowitz at the Yale Child Study Center, SPACE is defined as a parent-focused therapy approach for school-aged children and adolescents with anxiety disorders and OCD. Children with anxiety disorders may have difficulty regulating their emotions and may become dependent on their parents to regulate their internal emotional state. For this reason, SPACE aims to address the fundamental aspects of the parent-child relationship shaped by anxiety and to help parents better support their children. It also aims to restore parents' lost sense of self-efficacy by changing their perceptions of the problem. In this process, SPACE focuses on changing parental responses to the child's anxious states and gradually reducing the child's habitual behaviors. Furthermore, the therapy process helps parents take positive steps to increase their children's ability to cope with anxiety and regulate their internal states on their own, as well as repair some of the damage that anxiety may have caused in their relationships with their children (Lebowitz and Omer 2013, Lebowitz et al. 2014). SPACE is based on the principle of nonviolent resistance (NVR) to help parents cope with destructive or distressing child reactions caused by reduced compliance. The basic principle of NVR is that in a situation of disagreement between parent and child, the parent is given the opportunity to act by changing their own behavior. In the NVR process, the question "How can I get you to do this?" is replaced by "How can I stand behind my changed behavior?" (Lebowitz et al. 2014). NVR responses include not only deliberately ignoring unwanted behavior but also taking more positive steps to counteract unwanted behavior (Lebowitz 2013). The therapy process usually lasts 10-12 weeks, and only parents participate in the sessions. SPACE is a semi-structured therapy process. This process includes an eight-step treatment process and five session modules that can be incorporated into the process at the therapist's discretion (Lebowitz and Omer 2013, Lebowitz et al. 2014).

## **SPACE Therapy Process**

SPACE therapy consists of eight stages. These stages are explained in following parts;

### **Stage 1: Introduction of Therapy**

At this stage, the therapist's goal is to explain the SPACE therapy process to parents and address any concerns they may have. The therapist has a number of tasks during the first 1-2 sessions of the process. These include: "Explaining the necessity of parental cooperation in the process of improving the child's anxiety symptoms and the purpose of involving parents in the process, introducing the concept of anxiety to parents, and explaining the concepts of personal boundaries and support" (Lebowitz and Omer 2013).

### **Stage 2: Determining Parents' Adaptive Behaviors in Response to Their Children's Anxious Behaviors**

At this stage, the aim is to examine in detail the behaviors that parents adopt in response to their children's anxious behaviors. Adaptive behaviors are defined as obtaining items that the child needs due to anxiety, answering questions asked due to anxiety, etc. The session consists of two parts. These are:

1. Introducing the concept of adaptation to parents (speaking on behalf of a child with social anxiety, answering all questions asked by a child related to their anxiety, leaving the lights on in the house for a child who is afraid of the dark, etc.) and explaining the reason for addressing this concept,

2. Identifying adaptive behaviors in both parents and creating a chart.

Behaviors that do not serve to reduce the child's anxiety are not added to this list but are noted elsewhere. During this process, the therapist asks the parents to fill out the adaptive behavior chart every day until the following week (Lebowitz and Omer 2013).

### **Stage 3: Identifying the Behavior to be Changed from Among Adaptive Behaviors and Informing the Child**

At this stage, the primary goal of the therapist and parent is to identify the behaviors that the parent possesses and aims to change, and to create a plan with the parent to inform the child about the process. There are certain principles for selecting the target behavior. These are:

1. The target problem selected should be one of the adaptive behaviors that parents have developed in response to their child's anxious behaviors.
2. It should be a problem that negatively affects the daily functioning of the child or parents.
3. It should be a problem that recurs frequently during the day or every day (e.g., the child not being able to sleep alone at night).
4. It is considered very important for parents to be determined when starting the process, so the problem that is referred to as "we have no other choice" should be selected.
5. More than one problem should not be identified in the same week.

Additionally, when informing the child:

1. A time when both the parent and the child are calm and relaxed should be chosen, a time when both parties are ready for the conversation.
2. A time when other siblings are not present, i.e., when there are no distracting negative factors, should be chosen.
3. The conversation should not be held at a time when the child is anxious (Lebowitz and Omer 2013).

### **Stage 4: Creating a Plan for Behavior Change of Parents**

The aim of this stage is to make a plan on how to change the behaviors that the parent has and that are aimed to be changed and to inform the child about the plan in written and verbal form. These changes may include the parents' adaptive behaviors towards their child's anxious behaviors as well as the child's resistance to avoidance behaviors. The therapist asks both parents to be clear about the behavioral changes and to carry out the process together. In addition, the therapist and the parent evaluate the action of informing the child, which was discussed in the previous session. The evaluation process consists of factually when the announcement was made, where it was made, what was said and emotionally the emotional experience of the parent in the process (Lebowitz and Omer 2013).

### **Stage 5: Implementation of the Plan for Reducing Adaptive Behavior, Situation and Referral**

At this stage, the therapist first evaluates the previous week with the parents. The therapist talks about the situations in which the parents feel most successful and effective or have the most difficulties in the implementation process of the plan prepared for the parents to change their adaptive behaviors. However, the therapist takes into account that talking about negative situations may discourage the parents, so the therapist talks to the parents in balance with positive situations and avoiding a critical language. Parents are asked to describe behavioral changes in the child over the course of a week. In this process, the therapist supports the parents in identifying small improvements and encourages them to use expressions of praise for the child at the point of small changes. After the evaluation of the previous week and the identification of the improvements, the therapist identifies the obstacles that parents face during the

implementation of the plan. Parents are asked to identify the situations in which they feel inadequate. After the identification of the situation, the therapist tries to minimize the problem by talking about situations that can make this event go more smoothly and reorganizes the plan created in the previous stages (Lebowitz and Omer 2013).

### **Stage 6: Setting Additional Goals and Informing the Child**

At this stage, the parents and the child have reached the goal set in the previous sessions. If the goal has not been achieved, the principles of the previous stages of the therapy process continue to be applied. The aim of this section is to set an additional goal and to inform the child. As in the third stage, the process continues by identifying an additional behavior that the parent has and aims to change and creating a plan to inform the child about the process together with the parent (Lebowitz and Omer 2013).

### **Stage 7: Creating a Plan for Changing Parents' Additional Target Behaviors**

The process of creating a plan about the additional goal continues in the fourth stage by making a plan about how to change the behaviors that the parent has and that are aimed to be changed and by informing the child about the plan verbally and in writing (Lebowitz and Omer 2013).

### **Stage 8: Summarizing and Concluding the Session Process**

At this stage, the therapist addresses changes in the child's anxiety symptoms,, including targeted or non-targeted behaviors changes in parental attitudes, and skills taught to parents in the process. In addition, the therapist talks about the goals that parents want to achieve in the future and about possible negative situations they may encounter (Lebowitz and Omer 2013).

## **SPACE Session Modules**

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The SPACE session modules consist of five session modules that can be included in the process according to the therapist's decision and needs.

### **Module 1: Teaching Anxiety Regulation Strategies to Children**

This module aims to teach parents anxiety regulation skills that they can teach the child if the child agrees to co-manage the process with the parents. These skills are taught to parents to help them cope with the child's anxiety about the parents' decreased compliance behaviors and the parents' own anxiety and to help them gain better control over their own reactions. Regulatory skills target the emotional cognitive and physiological aspects of anxiety. These skills are expressed as breathing exercises, cognitive restructuring, guided imagery, and emotion use. With cognitive structuring, it is aimed to identify anxious thoughts that make a child anxious and then re-evaluate these thoughts, with guided imagery, it is aimed to make the child imagine the negative thoughts in the child's mind and talk about their fears and live in that moment, and then calm the child with relaxing thoughts, and finally, with the use of emotion, it is aimed to support the child to reveal their emotions with the help of a puppet... (Lebowitz and Omer 2013).

### **Module 2: Improving Cooperation between Parents**

This session module is designed to engage parents in situations where they have difficulty working collaboratively. The aim of this module is to identify the main sources of disagreement between parents in addressing their child's anxiety and to teach parents skills to support collaboration. These skills include integrating parents' attitudes, the therapist creating a plan for parents in sessions for situations where parents have difficulties in communicating or cooperating and asking them to implement it at home, and making role changes to support parents to better understand each other and empathize (Lebowitz and Omer 2013).

### **Module 3: Involving People Who Can Support the Child in this Process**

In this module, the therapist, together with the parents, creates a list of people who are likely to be involved in the process. The supporters encourage them face-to-face or over the phone against possible problems that parents or children may encounter in the process. In addition, the therapist aims to explain to the parents the rationale for including people who can be supportive in the process and the roles that supporters can take in the process (Lebowitz and Omer 2013).

### **Module 4: Providing Parents with the Necessary Tools To Cope with Their Child's Negative Behaviors.**

This module is designed to be included when the child exhibits overly aggressive reactions and negative behaviors in response to the parents' behavior. This module aims to provide parents with alternative solutions to the child's negative behaviors and to reduce the frequency of negative behaviors. This process includes defining the child's negative behavior, introducing the parent's behavior of responding to the negative behavior after a while and the concept of intervention after a while, including the supporters in the process and determining the roles they can take in the process (Lebowitz and Omer 2013).

### **Module 5: Teaching Parents Skills for Dealing with Children's Self-Harm, Suicide and Behaviors**

This module is designed to be included in the process when the child threatens self-harm, suicide, etc. in response to the parents' behavior. If the child has exhibited suicidal and self-harming behaviors prior to the process, the SPACE therapy process should be carried out together with the psychiatrist. The inclusion of this session module depends on the severity of the potential threat. The therapist establishes a supervision program to protect the parents from possible harm. The supervision program aims to minimize self-harm and protect the child, to support the child with the attention of parents and supporters, to avoid reinforcing the threat and to minimize the likelihood of future threats. After the supervision, the therapist meets with the parents and evaluates the process (Lebowitz and Omer 2013).

## **Research Results on the Effectiveness of SPACE**

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In the international literature, effective studies have been conducted with different experimental designs, for example, randomized controlled trials, case studies, and single-subject design designs with supportive parenting for anxious children's emotions (SPACE) therapy (Lebowitz et al. 2014, Lebowitz et al. 2020, Rozenblat et al. 2025).

Studies report that SPACE is effective on children's anxiety symptoms (Lebowitz et al. 2014, Lebowitz et al. 2021, Storch et al. 2024). Similarly, adults who could not live independently from their parents and had separation anxiety were administered SPACE therapy, and as a result, their symptom severity decreased significantly (Berger et al. 2024). In addition to this, a comparison was made between CBT and SPACE programs in terms of the effectiveness of SPACE on children's anxiety symptoms. As a result of the comparison studies, it was stated that CBT was as effective as CBT in reducing the child's anxiety symptoms and the family's level of adaptation to the child's anxious behaviors (Lebowitz et al. 2020), but FTTT was significantly more effective than the CBT program (Ghodrat et al. 2022).

In addition, the effectiveness of the SPACE therapy program has been examined in mental health problems that can be observed in children and adolescents such as OCD, Autism Spectrum Disorder (ASD), and eating disorders. Rozenblat et al. (2025) applied this therapy program to children diagnosed with ASD and reported that children's anxiety symptoms decreased after therapy and this decrease continued in follow-up sessions. Shimshoni et al. (2020) applied the therapy to children diagnosed with eating disorders and found that there was a decrease in eating disorder symptom severity after the therapy and that most of the children did not meet the diagnostic criteria for eating disorders. Finally, the efficacy of SPACE on OCD symptoms, which can be seen in children-adolescents and is considered as a mental health problem, has

been examined and improvements in OCD symptoms observed as a result of the studies have been reported (Lebowitz 2013, Lebowitz and Shimshoni 2018, Lee et al. 2020).

## Conclusion

It can be said that childhood anxiety disorder is a lifelong mental health problem that can have negative effects. When the literature is examined, it is seen that anxiety disorder affects the individual negatively in social, academic, psychological, etc. aspects. Considering the negative effects of anxiety disorder on the mental health of the child and in the future, it is thought that its treatment is important. Although the effectiveness of interventions (e.g., cognitive behavioral therapy) applied to children with anxiety disorders has been reported in the literature, the most important difference of SPACE from these approaches is that the process can be carried out only with the parents if the child does not accept the therapy process and participation in the sessions. Despite the above limitations, according to the results obtained from the studies, it has been observed that SPACE has a significant therapeutic role on children's anxiety symptoms after the therapy and that it continues after the therapy. In addition, according to the findings obtained from the studies, although it is possible to achieve positive results with therapy methods such as CBT, it has been reported that SPACE leads to a faster recovery because it involves parents in the process (Raila et al. 2021). Therefore, SPACE may be promising for parents of children with anxiety disorders who are reluctant to participate in the therapy process. Therefore, it can be evaluated as a functional approach in diversifying parent-based intervention practices in childhood in Turkey and bringing different practices that can be used by mental health professionals into the literature and contributing to child welfare in this way. It can be recommended to mental health professionals in Turkey to prevent anxiety problems in children, to examine the effectiveness in randomized controlled designs and to adapt this therapy method to Turkish culture.

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