



Fear-less Triple P: What we've learned so far

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The significance of anxiety in children and adolescents

- Most common form of psychopathology reported by children
- Psychosocial consequences
 - School & social performance
 - Physical health problems
- Poor prognosis
- The families of anxiety-disordered children
- The poor reach of existing treatments



Treatment outcome research: What do we know?

- Child-focused CBT = gold standard
 - is an efficacious & useful treatment for anxiety in children (Cartwright-Hatton et al., 2004; Chorpita & Daleiden, 2007).
 - Across studies, the average remission rate at post-treatment is 56.5%.
 - That's not bad. BUT, of course, children live in families.
- Child + parent interventions – unclear that involving parents enhances benefits
- Parent-focused interventions

Introducing "Fear-less" Triple P

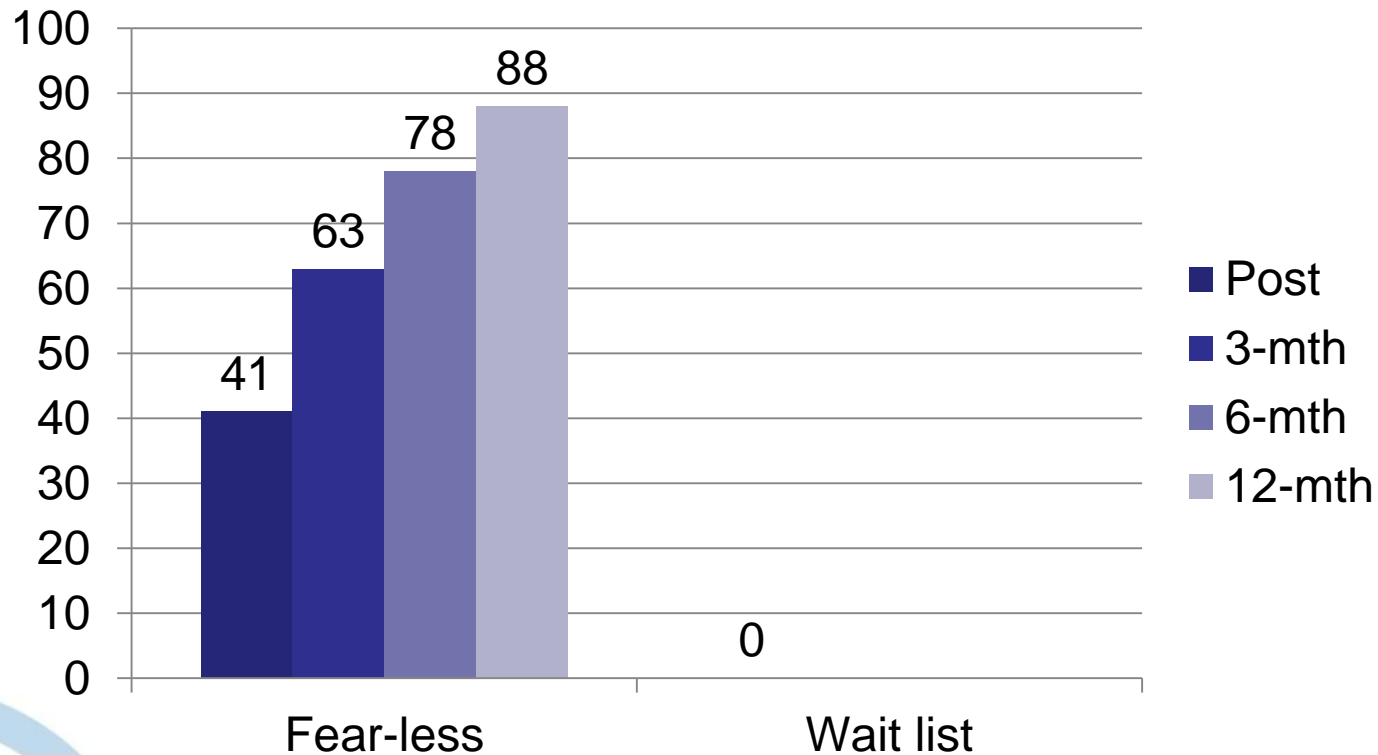
- A 6-session parenting intervention (Cobham & Sanders, 2009) designed to:
 - Educate parents about anxiety in children; their own potential role in maintaining children's anxiety; avoidance & exposure; mental flexibility; & helpful vs. less helpful parental responses to children's anxiety;
 - Empower parents to take on their role as the most powerful agent for change for their children; and
 - Produce radiating effects within the families of anxiety-disordered children.

"Fear-less" Triple P pilot

- N = 61 families with a child aged 7-14 meeting criteria for a clinically significant anxiety diagnosis on the ADIS-IV-C/P;
- Random assignment to WL or "Fear-less" Triple P
- Measures
 - Child: SCAS; EMBU-C
 - Parents: SCAS-P; EMBU-P; Parenting Scale; Parent Problem Checklist; Relationship Quality Index; DASS-21; & Parenting Tasks Checklist
- Follow-up points: post, 3-mth, 6-mth & 12-mth.

"Fear-less" Pilot: Diagnostic data (Cobham & Sanders, in preparation)

% of children anxiety diagnosis-free



Child self-report data over time

Time point	SCAS Total *	EMBU Over- protection*	EMBU Emotional warmth	EMBU Rejection*	EMBU Anxious parenting	CDI-S
Pre WL Fear-less	27.04 (12.63) 32.72 (16.34)	23.58 (3.61) 24.17 (4.09)	31.66 (4.39) 31.49 (5.34)	15.79 (3.08) 14.66 (2.33)	23.22 (4.77) 23.23 (5.34)	47.28 (6.08) 48.97 (11.56)
Post WL Fear-less	27.9 (11.47) 23.7 (14.05)	23.86 (3.30) 23.75 (4.75)	31.45 (6.10) 31.48 (6.56)	16.05 (3.12) 17.13 (6.04)	20.73 (5.16) 22.14 (5.41)	47.22 (6.89) 49.09 (12.57)
3-mth Fear-less	15.76 (11.84)	23.14 (3.14)	32.48 (3.73)	15.41 (2.91)	20.04 (4.55)	44.31 (7.27)
6-mth Fear-less	13.82 (12.68)	21.48 (3.01)	32.79 (5.85)	12.95 (2.57)	17.22 (4.37)	43.42 (5.98)
12-mth Fear-less	18.48 (12.04)	22.17 (4.51)	33.38 (2.87)	13.78 (2.66)	20.22 (4.43)	37 (2.52)

Parents' questionnaire data over time

- Mothers

- Significant change over time on SCAS total; EMBU Over-protection; EMBU Emotional warmth; EMBU Rejection; DASS Anxiety scale; Parenting tasks checklist – behavioural self-efficacy; CBCL Internalizing scale; CBCL Externalizing scale
- Trends for changes over time on EMBU Anxious Parenting; Parenting Scale (Laxness); Parenting Scale (Over-reactive)

- Fathers

- Significant change over time on EMBU Anxious Parenting

Conclusions and Future Directions

Conclusions and Implications

- Strong support for the efficacy of this brief, 6-session parenting intervention in the treatment of anxiety disordered children and adolescents
- Exciting potential for extending reach (including previously 'difficult to work with' populations)
- High level of acceptability to parents

Future Directions

1. Replication in other sites & a larger RCT
2. How light could we go?
3. Mediators and moderators



Thank you.

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