

## **Predictors of engagement and retention in an adapted CBT program: Facing Your Fears-Intellectual and Developmental Disabilities**

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**Introduction:** Autistic adolescents with intellectual disability (ID) experience high rates of anxiety, which has significant negative impacts on daily life for the individual and their family (Winch et al., 2022). Very few evidence-based mental health interventions exist for this population. *Facing Your Fears: Intellectual and Developmental Disabilities (FYF:IDD)* is a 14-week CBT group treatment designed to reduce anxiety among autistic adolescents with ID ages 12-18 years old. The efficacy of the program is being examined via an RCT where participants are randomized to either *FYF:IDD* or a waitlist comparison. Given that a 14-week clinic-based intervention can pose a challenge for already stressed families, the objective of this study is to examine factors that impact engagement and retention of the intended target population in the *FYF:IDD* program. Findings from this analysis will inform next steps of intervention development to ensure optimal access for families who may benefit from the intervention.

**Methods:** Regression analyses were used to identify significant predictors of treatment dropout, completion, and session attendance. Hypothesized predictors included demographic characteristics, medical complexity of the teen (Pediatric Medical Complexity Algorithm), challenging behaviors (Aberrant Behavior Checklist), parent burnout (Parent Burnout Assessment), and travel distance to the clinic. All analyses controlled for treatment cohort and treatment condition.

**Results:** Fifty-one families (79% White, 6% Black, 15% multiple races; 24% Latinx) completed at least one session of *FYF:IDD*. Six families (67% White, 33% Asian; 33% Latinx) dropped out of the study prior to starting treatment. Of the families who completed at least one session, the average number of sessions completed was 10.35 (SD = 4.09) and 67% completed a full course (attended  $\geq 11$  of the 14 sessions). Married parents were significantly more likely to attend a greater number of sessions ( $\beta = 0.402$ ;  $p$ -value=0.002) and to complete a full course ( $\text{Exp}(\beta)=6.365$ ;  $p$ -value=.008), compared to single parents. Being in the waitlist comparison group was significantly associated with dropout prior to starting *FYF:IDD* ( $\text{Exp}(\beta)=33.260$ ;  $p$ -value=.017), compared to being in the intervention group. None of the other hypothesized predictors significantly predicted participant retention.

**Discussion:** In this sample, autistic adolescents with ID from married-parent households were more likely to consistently attend an anxiety CBT program than those from single-parent households. In the context of a population with high medical and developmental needs, parent partnership seems to drive differences in participation rates regardless of complexity of the teen's presentation. Parents of autistic youth with ID often report high levels of parenting stress; however, sharing the caregiving role with a partner may buffer against stress and enhance family participation in interventions (Norlin and Broberg, 2013). Future implementation of *FYF:IDD* should consider adjusting treatment duration, strategies to accommodate the needs of single-parent families, and intervention delivery in settings that may reduce parent burden (e.g., school- and transition-based settings).

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