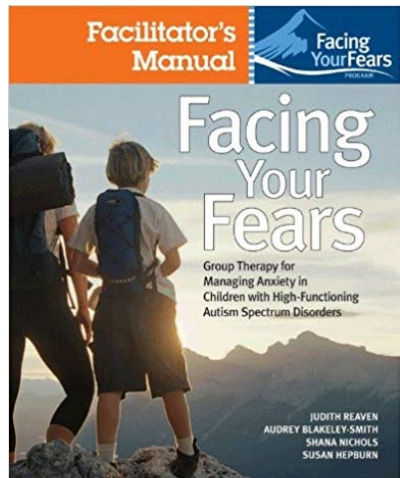


Facing Your Fears Program for Youth with ASD and Anxiety: Adaptations to Improve Treatment Access



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NIMH: 4R33MH089291-03

Autism Speaks and Organization for Autism
Research



Objectives



Introduction to anxiety in youth with ASD



Review Facing Your Fears (FYF) clinic-based intervention program

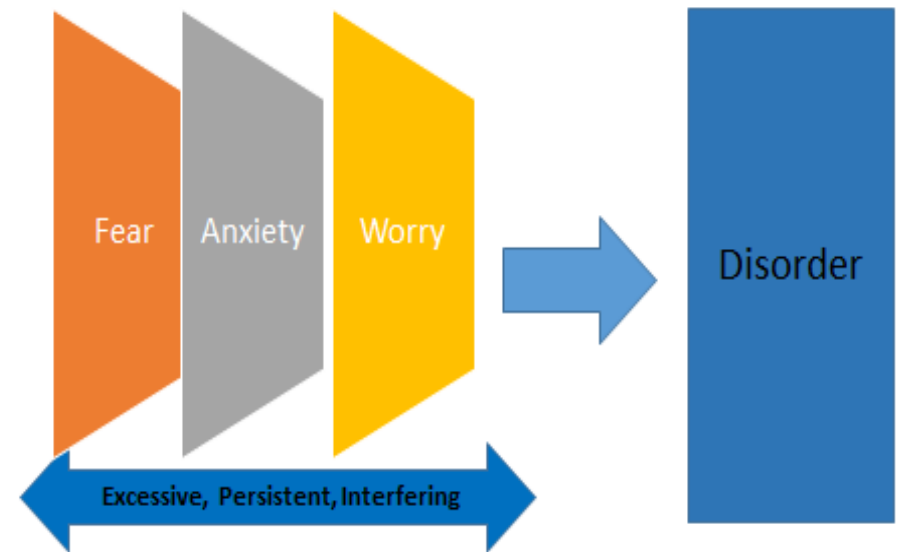
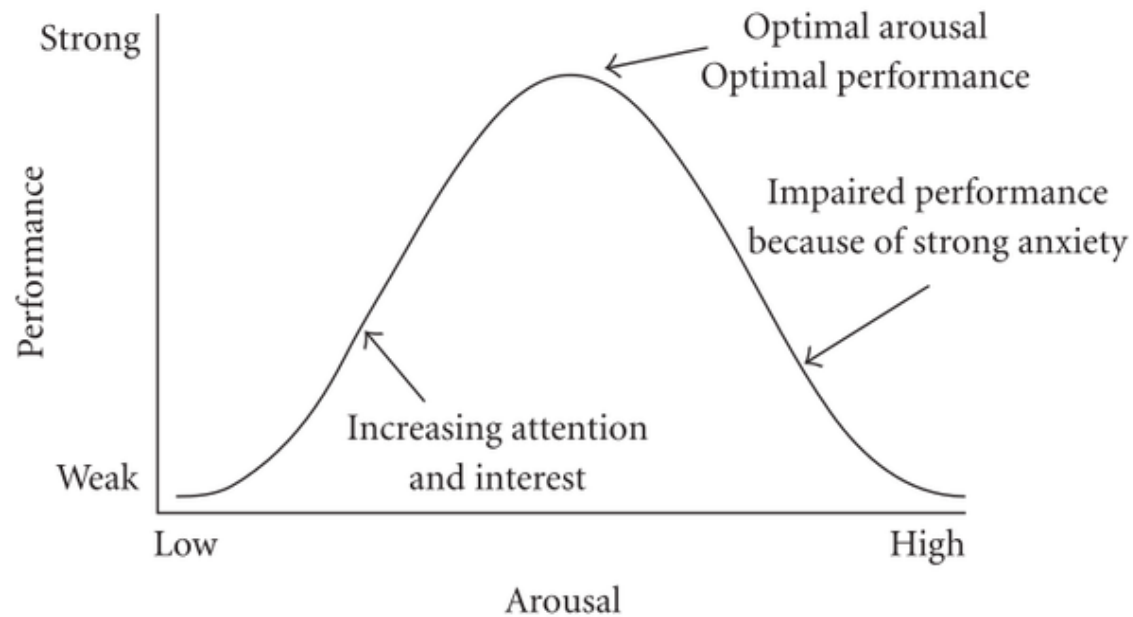


Adaptations to improve access –

School-based

Telehealth

Anxiety and Anxiety Disorders



(Manassis, 1996)

Anxiety vulnerabilities for people with ASD

Anxiety Disorders are Common

- 13-20% prevalence in general population (Walkup et al. 2008)
- 40% of youth with ASD met criteria for anxiety disorder (vanSteensel et al. 2011)

Vulnerabilities

- Shared biological etiologies with psychiatric illness
- Family history of anxiety disorders
- Diminished social understanding
- Bad social experiences (discrimination, victimization)
- Difficulties with executive functioning

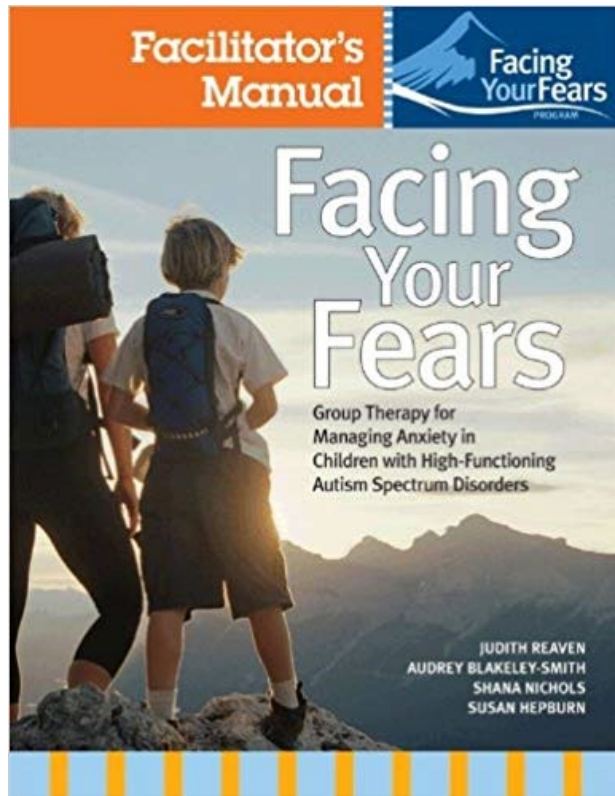
(Lainhart, 1999; Mazefsky & Herrington, 2014)



Facing Your Fears (FYF)

Children's Hospital Colorado

- Children's Hospital Colorado, Developmental Pediatrics/JFK Partners



Treatment of Choice

Cognitive Behavioral Strategies for Anxiety

Core Components

Psychoeducation

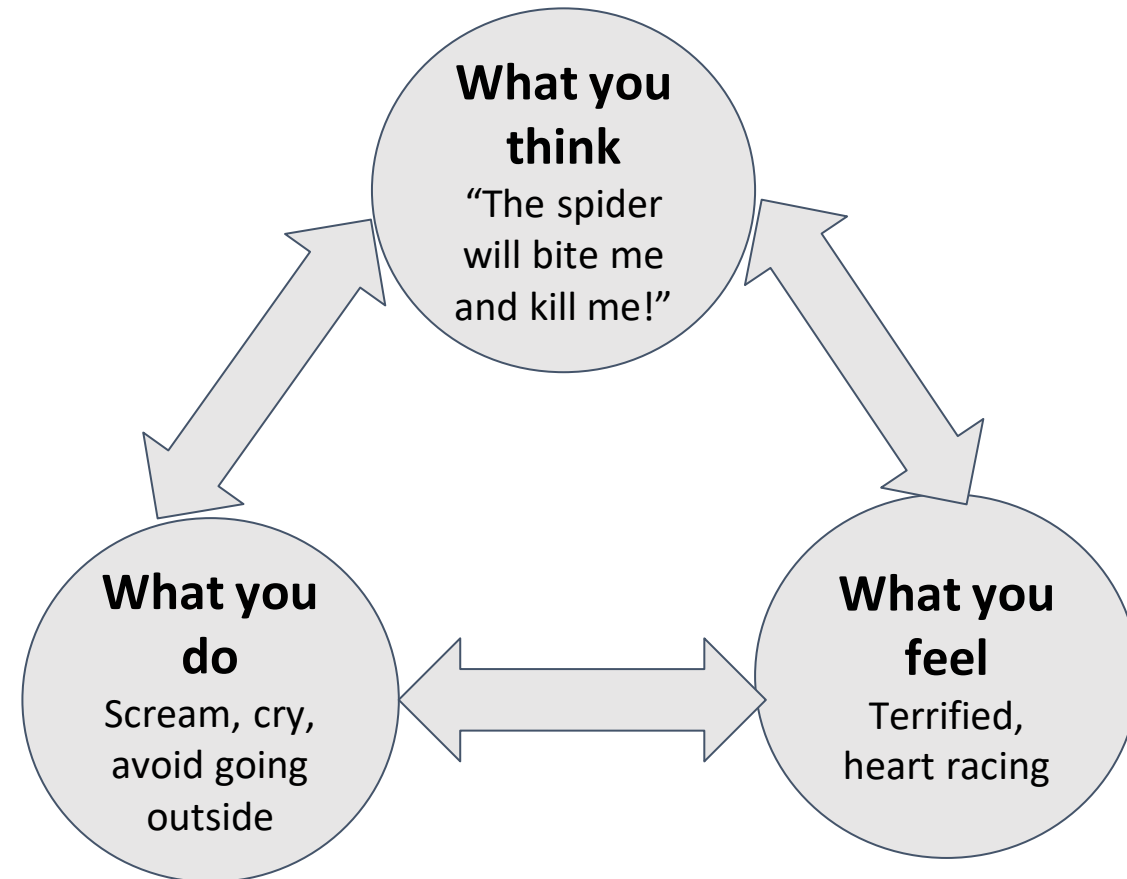
Somatic
Management

Cognitive
Restructuring

Problem Solving

Graded Exposure

Relapse Prevention



FYF clinic program: Curriculum overview

Weeks 1-6

Psychoeducation

Increasing awareness of physiological and cognitive symptoms of anxiety

Positive self-statements

Introduction to relaxation skills and other coping strategies

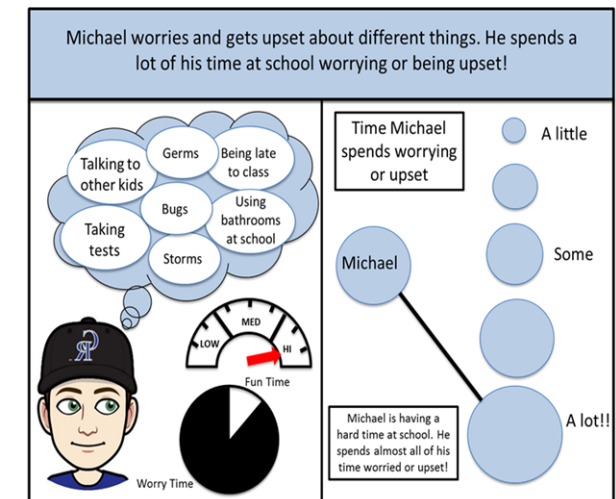
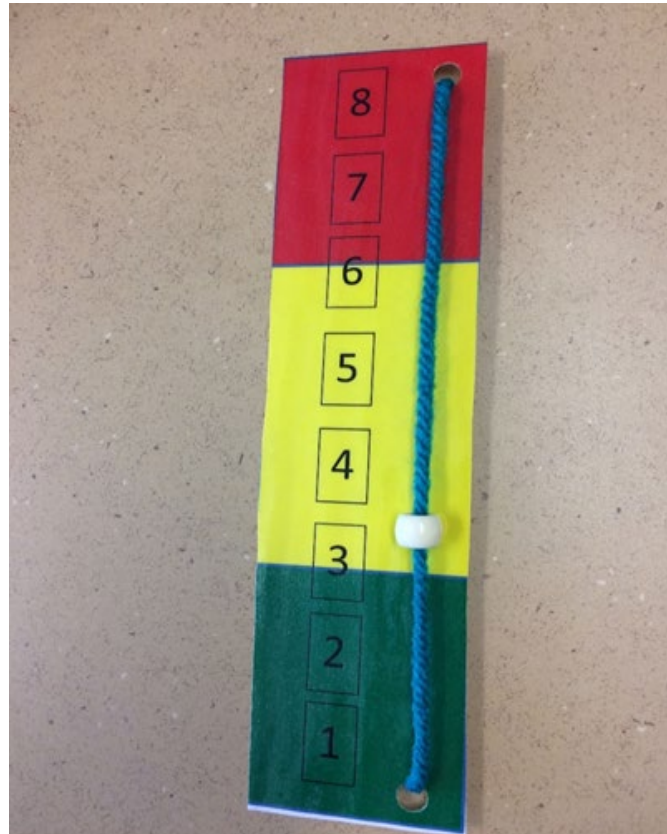
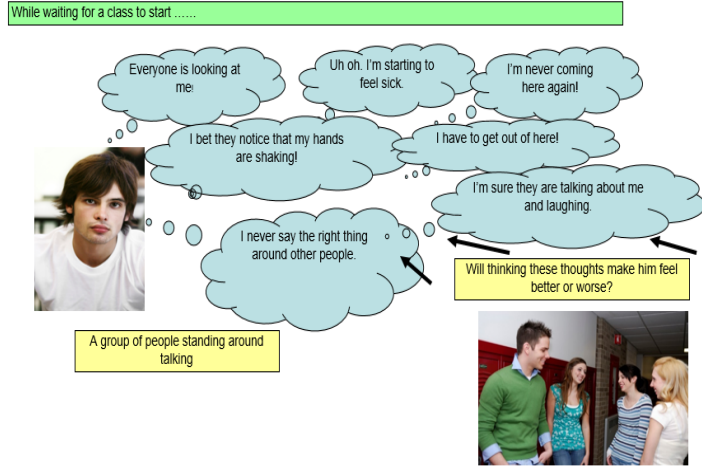
Weeks 7-14

Choosing a target and developing individual hierarchies

Exposure/Facing Fears a little at a time

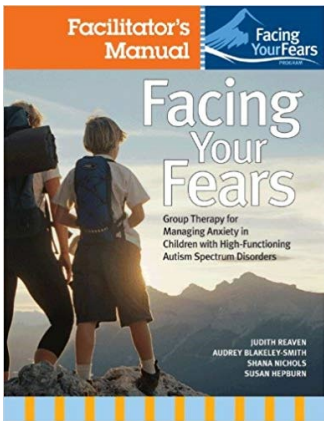
Tracking practices and making movies

Modifications for Youth with ASD



Change in thinking

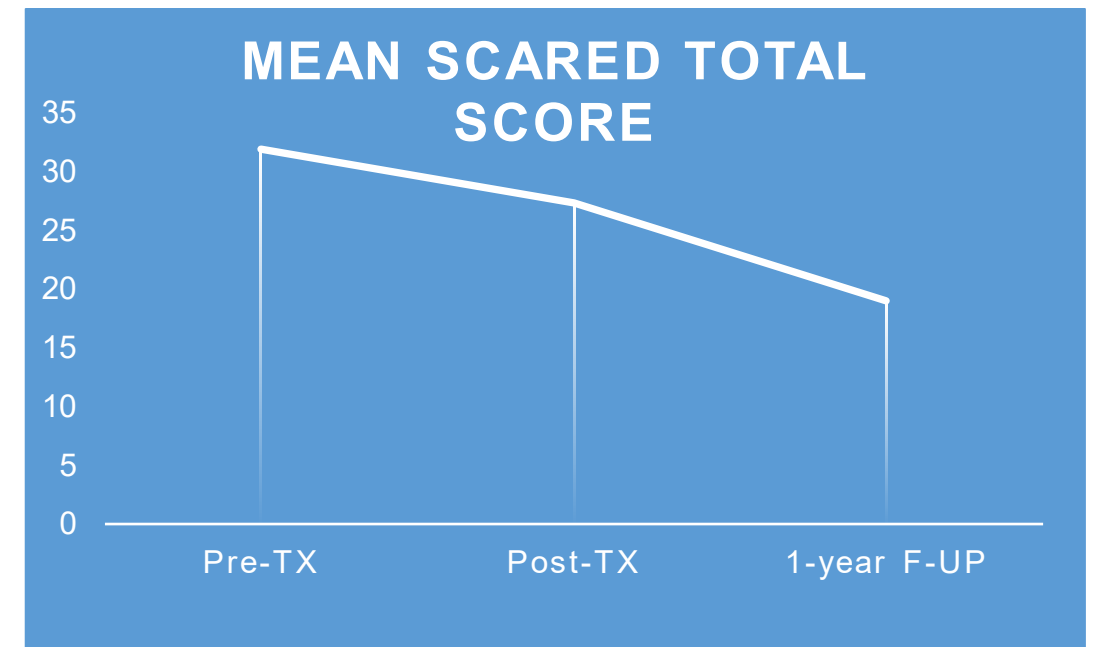




FYF clinic program: Outcome research

- Reductions in parent reported anxiety following participation in FYF treatment (Reaven et al., 2009; Reaven et al., 2012)
- Excellent fidelity across studies (Reaven et al., 2012; Reaven et al., 2018)
- Parents and children report liking the treatment and finding it beneficial (Reaven et al., 2009; Reaven et al., 2012; Walsh et al., 2018)

- Significant improvement at 1 year follow up (Hepburn et al. in prep)



FYF clinic program: Access limitations

Limited number of groups
offered per year

Location, location, location

Managing schedules/timing

Insurance coverage

Access for diverse and
underserved families



FYF school-based project (FYF-SB): Goals

Improve Access

- Develop a sustainable school-based version of FYF through collaboration with key stakeholders
- Improve access to MH services, particularly for kids from underserved and diverse communities
- Broaden the provider base/interdisciplinary providers to administer a mental health curriculum

Review Effectiveness

- Examine effectiveness of the school-based program via a train the trainer model



What are kids with ASD worried about in school?

Social Anxiety

Worry about what others think
Fear of social rejection
Fear of being teased/bullied
Fear of unwanted social attention

Making mistakes/ Perfectionism

Worried about poor school performance
Worried about being on time
Worried about losing

Change

Worrying that there will be a substitute
Worrying about a new school year
Fear of going someplace new
Fear of trying a new activity

Loud Noises

Fear that there will be a fire alarm
Fear of the cafeteria
Fear of assemblies

What does anxiety look like in school?

Parents say:

- Refuses to do things
- Won't go to school
- Clingy
- “Goes nonverbal”
- “Flies under the radar”
- Gets “stuck in a loop”
- Will get “tough” and say threatening things

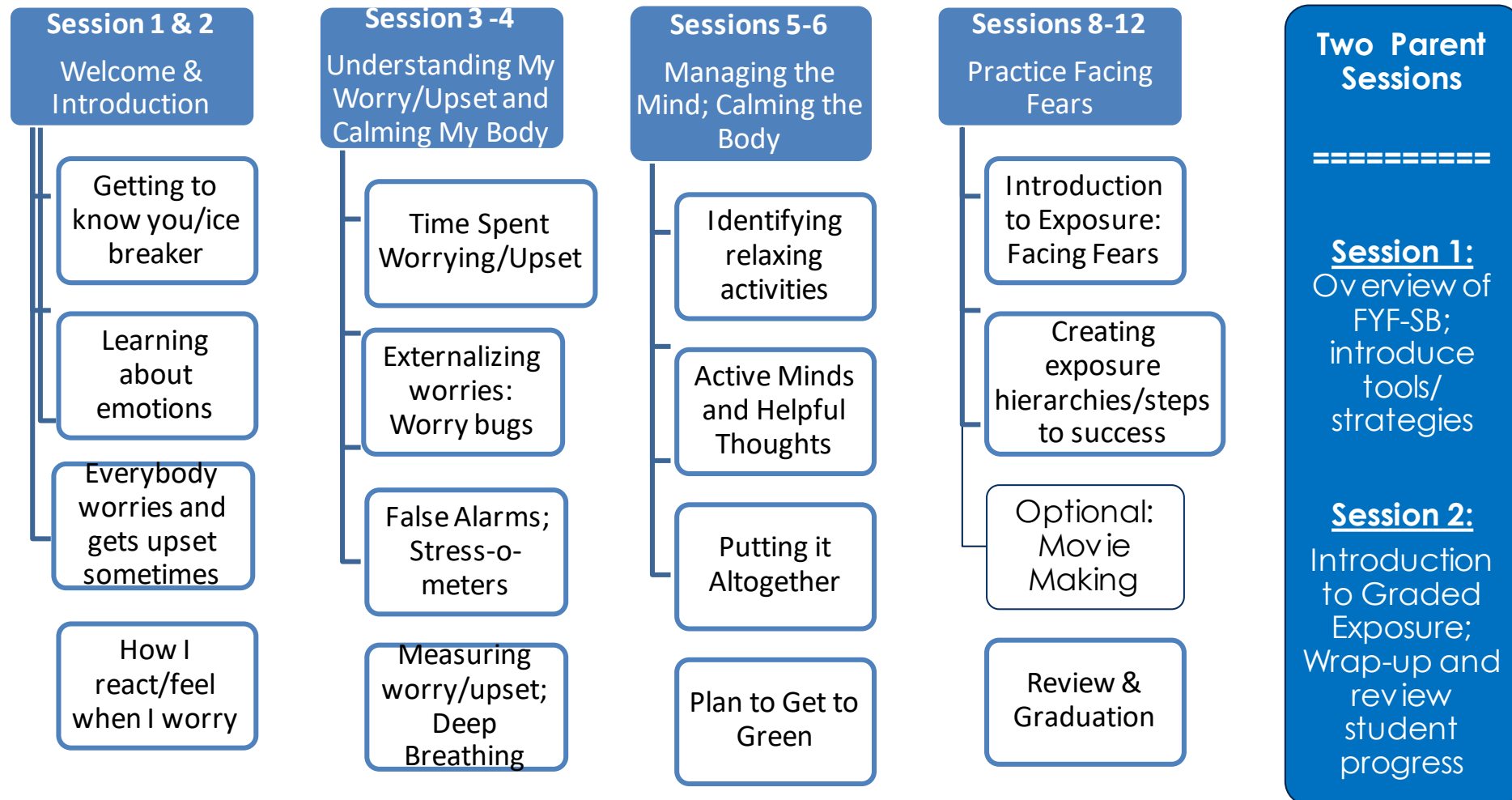
School providers say:

- Attendance issues and tardies
- Hiding under desks, leaving class
- Perfectionism
- Disruptions in class
- Instigating peer conflict
- Lack of confidence

Thank you for Cherry Creek, DPS, and Littleton Focus Groups 2017-18

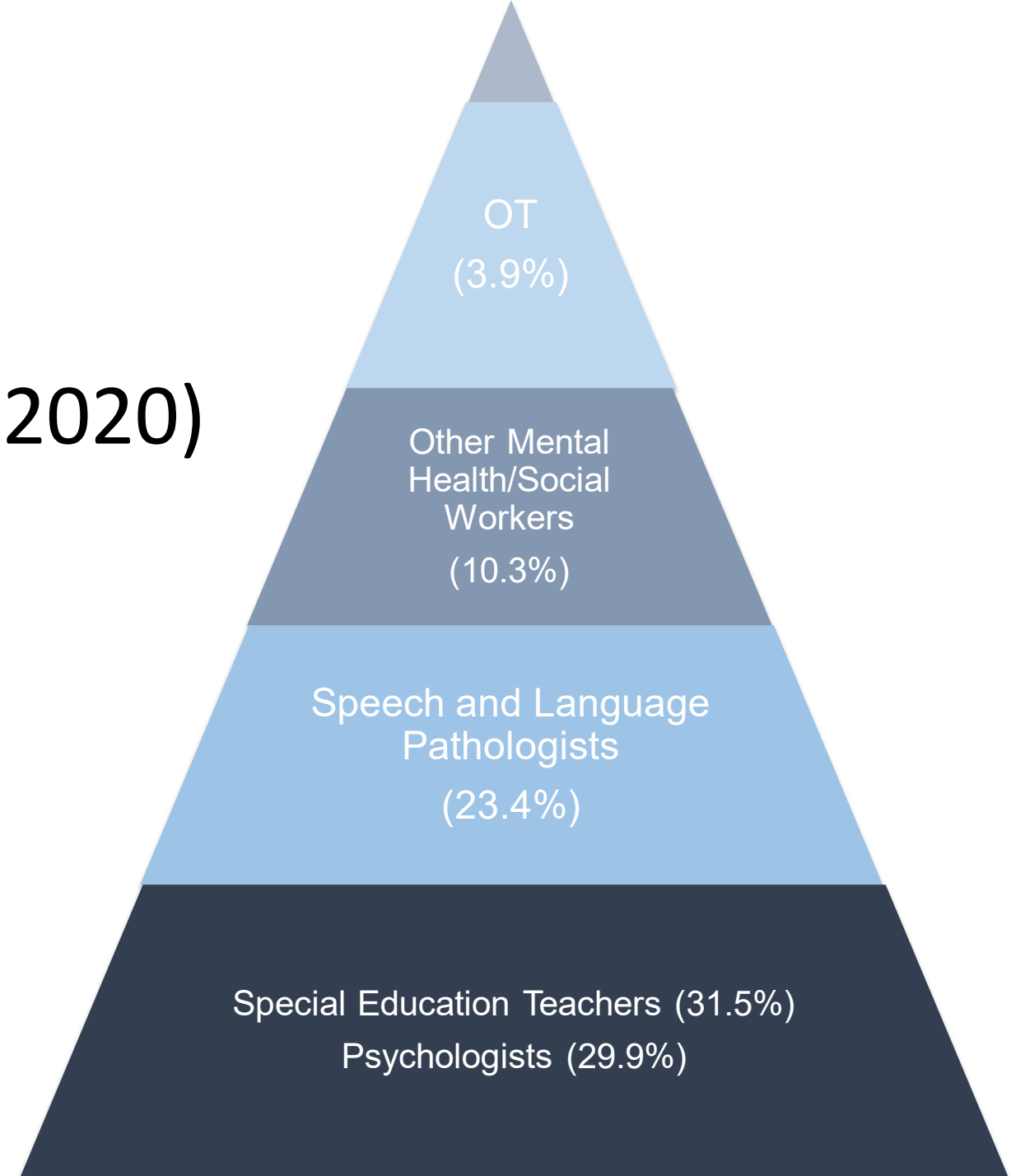


FYF-SB program overview



School Providers

77 school providers (2019-2020)



Student Participants (2019-2020; N= 81)



- 2nd-8th grade students
- ASD or social communication difficulties similar to ASD
- Interfering anxiety symptoms
- IQ above 70 + phrase speech

Students (N=81)	Percent Total (N=81)	Percent CCSD (N=27)	Percent DPS (N=25)	Percent LPS (N=29)
Gender				
Male	81.50	88.90	80.00	75.90
Ethnicity				
Hispanic or Latino	30.90	22.20	44.00	17.20
Non-Hispanic	69.10	77.80	56.00	82.80
Race				
Caucasian	70.40	81.50	64.00	86.20
Asian	4.90	3.70	4.00	6.90
Black/African American	16.0	11.10	24.00	-
Multiple race	4.90	-	8.00	6.90
Native Hawaiian/Pacific Islander	3.70	3.70	-	6.90
Consenting Caregiver Education				
Some high school	7.60	7.40	17.40	-
High school graduate	14.80	3.70	34.40	13.80
Associate degree	11.10	14.80	4.30	13.80
Some college, no degree	25.90	22.20	26.10	31.00
College undergraduate	21.00	25.90	8.70	27.60
Some graduate / terminal Master's	8.60	11.10	4.30	10.30
¹⁹ Professional degree	8.60	14.80	8.70	3.40


FYF-SB: Implementation Outcomes




- Improved CBT Knowledge (N=61): $t(60)=-6.29, p<.001$
- Treatment Completion and Fidelity (Overall)
 - Thirteen fall schools delivered FYF-SB
 - # of sessions completed: 6-12 (M=10)
 - 60% of sessions were coded for fidelity
 - Fidelity (absence/presence of core components): Range: 76-98% (M=86.15%)

FYF-SB: Initial Anxiety Outcomes

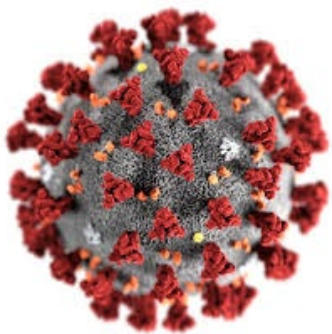
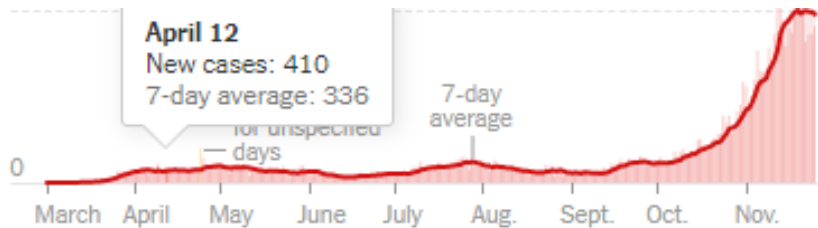
Parent Report

	<u>Significantly Improved Symptoms</u> <ul style="list-style-type: none">• Total score• Panic• Separation• Social anxiety	<u>No Change in Symptoms</u> <ul style="list-style-type: none">• School• General Anxiety Disorder (GAD)
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Child Report

	<u>Significantly Improved Symptoms</u> <ul style="list-style-type: none">• Separation• Social anxiety	<u>No Change in Symptoms</u> <ul style="list-style-type: none">• Panic• School• GAD
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Just when you think things are going ok...



	TOTAL REPORTED	ON NOV. 25	14-DAY CHANGE
Cases	212,416	4,534	+36% →
Deaths	2,930	62	+127% ↗
Hospitalized		1,794	+49% →

Advantages to Telehealth

- Families can receive evidence-based interventions
- Fewer providers may be needed to run groups (minimum of 2 recommended)
- Reduce barriers of transportation, time away from work, child-care, etc.
- Some youth and families might prefer this approach to in-person
- Ability to reach rural communities



Initial Telehealth Trial

- **Telehealth** (Hepburn et al. 2016) (N=33)
 - Excellent fidelity 92.1%
 - Satisfaction
 - parent mean = 92.9%
 - youth mean = 86.4%
 - Significant reductions in parent report of youth anxiety
 - Improved parent sense of competence



Telehealth clinic program



https://medschool.cuanschutz.edu/docs/librarie/sprovider95/default-document-library/telehealth-version-of-fyf-appendix-2020.pdf?sfvrsn=f36bcb9_0

- Shorter sessions
- 30-minute child component
- Creativity around participation and exposures
- “Kid of the week”
- Greater reliance on family follow-through for exposures
- Fewer in-session activities
- Ideal candidates:
 - Fears compatible with telehealth, adequate self-regulation

Questions?

