

Association For Behavioral and Cognitive Therapies

Annual Conference Convention

Baltimore, MD

November 12-15, 2026

The following is an abstract submitted to be presented at ABCT:

Facing Your Fears–IDD for Autistic Adolescents with Intellectual Disability: Moderators of Parent-Reported Anxiety Change

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Background: Anxiety is highly prevalent among autistic adolescents, particularly those with intellectual disability (ID; Gobrial & Raghavan, 2012), and is associated with poorer mental health outcomes and wellbeing. Facing Your Fears–IDD (FYF-IDD) is a cognitive-behavioral therapy (CBT)-based intervention specifically adapted for autistic adolescents with ID. FYF-IDD targets anxiety through a combination of somatic management, cognitive coping strategies, and graded exposure, providing developmentally appropriate supports for skill acquisition and generalization. While prior studies have demonstrated the efficacy of CBT for anxiety in autistic youth (Reaven et al., 2012; Sukhodolsky et al., 2013), less is known about how baseline characteristics may influence parent-reported treatment outcomes in this population. Understanding these factors is critical for identifying who benefits most from intervention and for tailoring treatment approaches (McCalla & McGuire, 2025). The current study examined pre- to post-treatment changes in parent-reported levels of anxiety among adolescents participating in FYF-IDD and tested whether baseline communication, hypersensitivity, or gender predicted these changes.

Methods: Participants were 64 adolescents ($M_{\text{age}}=15.26$, $M_{\text{IQ}}=57.76$, $M_{\text{adaptive behavior}}=59.94$) and their parents. Linear mixed-effects models were used to examine change in anxiety from pre- to post-treatment and to test whether participant characteristics moderated treatment response. Separate models tested potential moderators, including hypersensitivity (from the ADIS-Autism Spectrum Addendum), child gender, and communication ability (ABAS-3 Communication raw score). Interaction terms between time and each moderator were included to evaluate whether treatment-related changes in anxiety differed across participant characteristics.

Results: Models indicated that anxiety decreased significantly from pre- to post-treatment. Estimated marginal means showed that ADAMS General Anxiety scores declined from $M=9.76$ ($SE=0.56$) at pre-treatment to $M=6.38$ ($SE=0.71$) at post-treatment, representing a mean reduction of 3.37 points, $p<.001$. Hypersensitivity was significantly associated with overall anxiety levels, $F(3, 63.72)=3.09$, $p=.033$, but did not moderate treatment-related change, $F(3, 43.79)=1.17$, $p=.333$. Neither child gender, $F(1, 80.38)=1.11$, $p=.295$, nor communication ability, $F(1, 51.00)=0.01$, $p=.915$, significantly predicted overall anxiety.

Discussion: The present findings suggest that FYF-IDD was associated with meaningful improvements in anxiety for autistic teens with IDD. Importantly, treatment-related reductions in anxiety did not differ as a function of hypersensitivity, gender, or communication ability, suggesting that adapted CBT may be broadly beneficial across participants with varying sensory sensitivities, communication skills, and genders. Although hypersensitivity was associated with overall anxiety levels, it did not influence the degree of improvement over time. Historically, CBT has not been considered for those with ID, and the present study shows that it can be an effective therapeutic tool for this heterogeneous population.