

CBT FOR ANXIETY IN TEENS WITH AUTISM AND INTELLECTUAL DISABILITY

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AGENDA

- **Provide overview of anxiety in autistic adolescents with intellectual disability (ID)**
- **Review the adapted Facing Your Fears program**
- **Discuss how adaptations can be crafted to meet the needs of teens with different cognitive and linguistic abilities**



AUTISTIC TEENS WITH INTELLECTUAL DISABILITY: AN UNDERSERVED POPULATION

- Higher mean rates of anxiety for autistic individuals with ID (48.67%) relative to those without ID (22.36%; Marquis et al., 2024).
- Anxiety is extremely impactful:
 - High rates of behavior that can be challenging (Moskowitz et al., 2013)
 - Limited access to interventions
- 67% of autistic individuals with ID are prescribed medication for anxiety and ADHD (Zablotsky et al., 2015).



BARRIERS TO MENTAL HEALTH CARE: TEENS AND YOUNG ADULTS

Assessment challenges

Communication and behavioral differences can make the assessment of mental health challenging (Plesa Skwerer et al., 2019)--> fewer standardized assessments.

Service cliff

Youth with autism were disproportionately impacted by COVID (Jesus et al., 2021), and experience an overall reduction of autism supports post-high school (Roux et al., 2015)--> unmet health care needs

Biases in research

Only 6% of autistic participants in research studies published in 2016 had ID (Russell et al., 2019)--> this contributes to the severe lack of evidence-based interventions for this population (Shepherd et al., 2019).

THE IMPORTANCE OF ANXIETY TREATMENT IN ADOLESCENCE/YOUNG ADULTHOOD

- Lowest post-high school rates of employment, even relative to peers with other disabilities (Roux et al, 2023).
- Heightened anxiety in the workplace affecting job retention (Hurlbutt and Chalmers, 2004)
- Yet, delivery of mental health supports to transition aged autistic students can buffer transition challenges and support stronger employment outcomes (Roux et al., 2023)--Why?
 - Can reduce anxious avoidance,
 - Support active coping across settings,
 - Supports access to important transition services.



Group cognitive behavioural treatment for anxiety in autistic adolescents with intellectual disability: A pilot and feasibility study

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RESULTS OF PILOT STUDY:

Feasibility and Acceptability:

Of the 23 adolescent participants, 19 completed treatment and attended 94% of treatment sessions.

Parent acceptability ratings: $M = 4.56$ (likert scale 0-5, with 5 indicating extremely satisfied)

Efficacy:

Results from a linear mixed model analysis model indicated a main effect of time for:

ADAMS: $F(1, 22.55) = 20.89, p < .0001, \omega_p^2 = .45.$

SCARED: $F(1, 21.09) = 4.92, p = .038, \omega_p^2 = .14$

Fear Survey Schedule for Children-Revised (subsample $n = 16$):
 $F(1, 17.60) = 6.01, p = .025, \omega_p^2 = .20.$

Department of Defense RCT:

Participant Characteristics

(n=71)

Age	15.23 years (range, 12-18)
Race	White: 71.8% Asian / Pacific Islander: 4.2% Black/African American: 5.6% More than one race: 12.7% Unknown/Not reported: 5.6%
Ethnicity	Hispanic / LatinX: 22.8% Not Hispanic/Latino: 69.0% Unknown/not reported: 4.2%
Gender	Male: 63.4% Female: 32.4% Nonbinary: 4.2%
Full Scale/Abbreviated IQ	57.64 (range 42 – 76)
Adaptive Behavior:	60.19 (range, 44 – 76)

WHAT ARE THE MOST COMMON ANXIETY DISORDERS IN AUTISTIC TEENS WITH ID DURING ADOLESCENCE?



Phobias: 69%



Social: 63%

GAD: 69%



Fear of Change: 46%



Separation: 26%



Relationship between expressive language and anxiety (Meyer et al., INSAR 2024)

Percent of the Sample Meeting Diagnostic Criteria for:	Minimally Verbal (n=17)	Fluent Language Speech (n=45)	<i>p</i>
Generalized Anxiety Disorder	21.40%	78.60%	0.08
Social Anxiety Disorder	29.40%	71.10%	0.003
Separation Anxiety Disorder	33.30%	23.80%	0.47
Average Number of Specific Phobias	1.80 phobias	1.97 phobias	0.12

PARENT BURNOUT

(BLAKELEY-SMITH ET AL., INSAR 2024)

Parental burnout was significantly predicted by lower parental self-efficacy ($R^2=.00$; $p=.05$) and by obsessive-compulsive behavior ($R^2=.00$; $p=.049$), as measured by the ADAMS

ANXIETY TREATMENTS FOR AUTISTIC YOUTH

Adaptations/modifications to existing protocols

- Coping Cat (Kendall, 1994; McNally Keehn et al. 2013)
- Cool Kids (Barrett et al. 2003; Chalfant et al. 2007)
- Building Confidence (Wood & McLeod, 2008; Wood et al. 2009; 2019)

Development of treatment programs specific to Autism

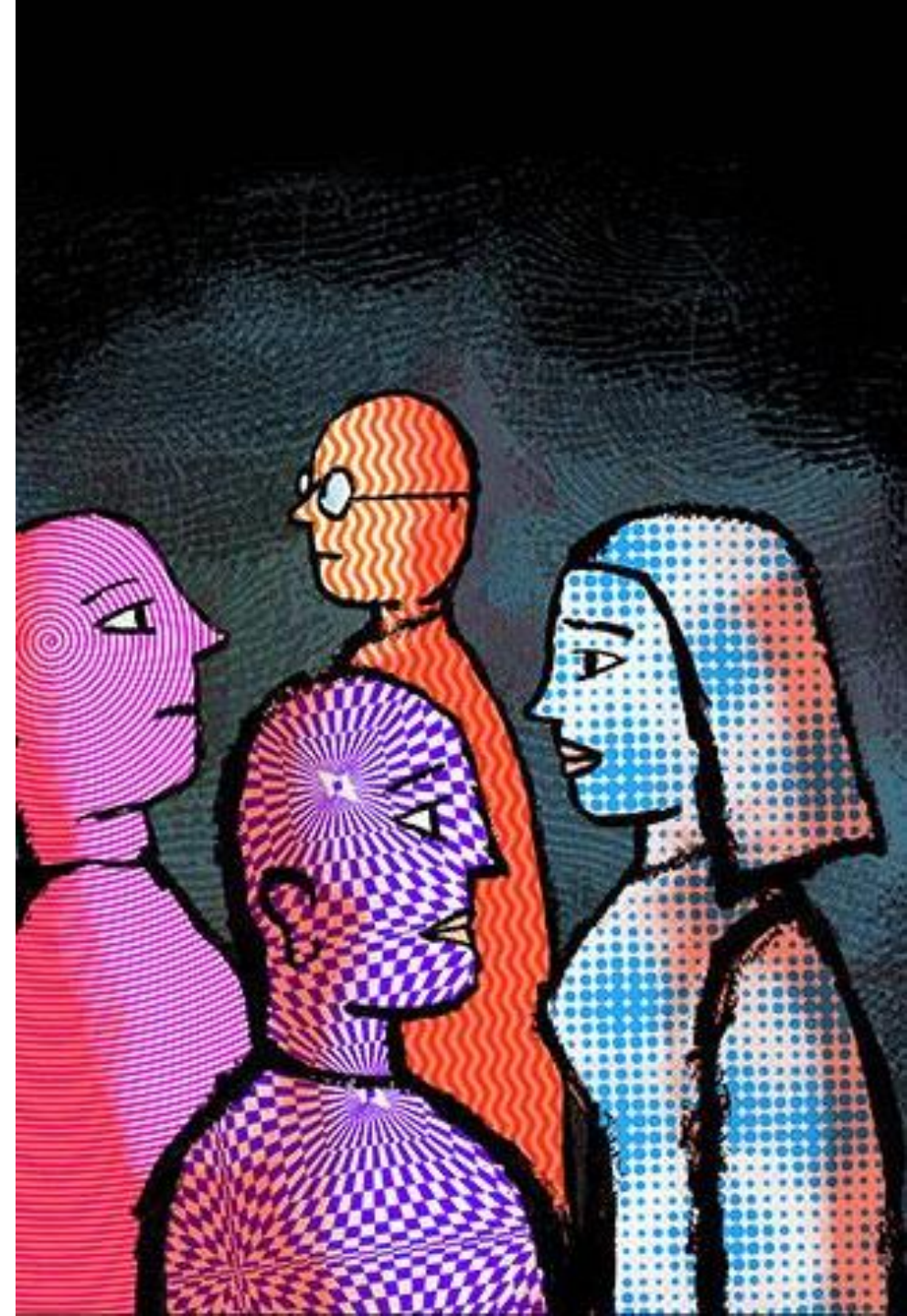
- Exploring Feelings (Attwood, 2004)
- Multimodal Anxiety and Social Skills Intervention (MASSI; White et al. 2013)
- Facing Your Fears: Group CBT for Managing Anxiety in Children with High-Functioning Autism; (FYF; Reaven et al. 2011)
- EASE (Mazefsky et al.)

Common CBT components maintained— psychoeducation/graded exposure

FRAMEWORK FOR IDENTIFYING ANXIETY IN AUTISM

1. Anxiety or worry is excessive given the teen's developmental level
2. Anxiety or worry is interfering with school, social, health, and overall well-being
3. The teen anticipates with distress and/or avoids certain activities—this is not just because of emotion regulation or sensory differences
4. Anxiety is above that of autism alone

(Kerns et al., 2015)



WHO HAVE WE INCLUDED IN FYF: IDD?

- 12-18 year olds with intellectual disability, autism, and interfering anxiety/emotion dysregulation
- All communication levels
- Behavior that may be challenging (e.g., SIB, aggression, disruption), but manageable
- Caregivers: 87% of autistic adults with ID continue to reside with their parents during their young adult years (Anderson et al., 2014)



Adapt Facing Your Fears for Teens with ASD and ID

Aim of Pilot Study (Blakeley-Smith et al., 2021)

14 week CBT group treatment



Adaptations to treatment modality, session duration, and content.

PARENT CONTENT

Factors contributing to anxiety and emotion dysregulation, triggers, and physiological symptoms

Differentiating anxious avoidance from simple avoidance

Balancing accommodations with skill building

Burnout prevention: parental self efficacy and perceived support

Session 9 Plan

Say Hi



Check in sheet

Deep Breathing



Practice being brave



Share a picture



Chair Yoga



Goodbye



Next steps to be brave!



TEACHING EMOTION REGULATION: SUPPORTING UNDERSTANDING AND PRACTICE

Parents use video or pictures to support teens' understanding of red, yellow and green zones

Parents identify teens' physical symptoms, teens sort pictures of physical symptoms into zones

Parents develop a crisis plan for serious red zone behavior and model somatic management for teens

Over the course of the intervention, parents begin to add somatic management and cognitive strategies for use in yellow zone

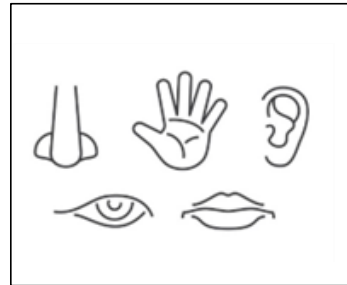
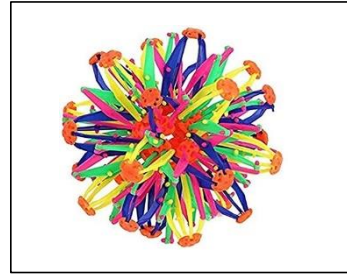


SOMATIC MANAGEMENT: IMPORTANCE OF SELF CALMING STRATEGIES

- **Many teens become reliant on caregivers to soothe them or are told to “take a break” when anxious. This does not reinforce self competence.**
- **Provide a range of somatic management techniques through a visual menu, emphasizing deep breathing, and daily practice.**
- **Embed within daily routines.**



Choose 1:

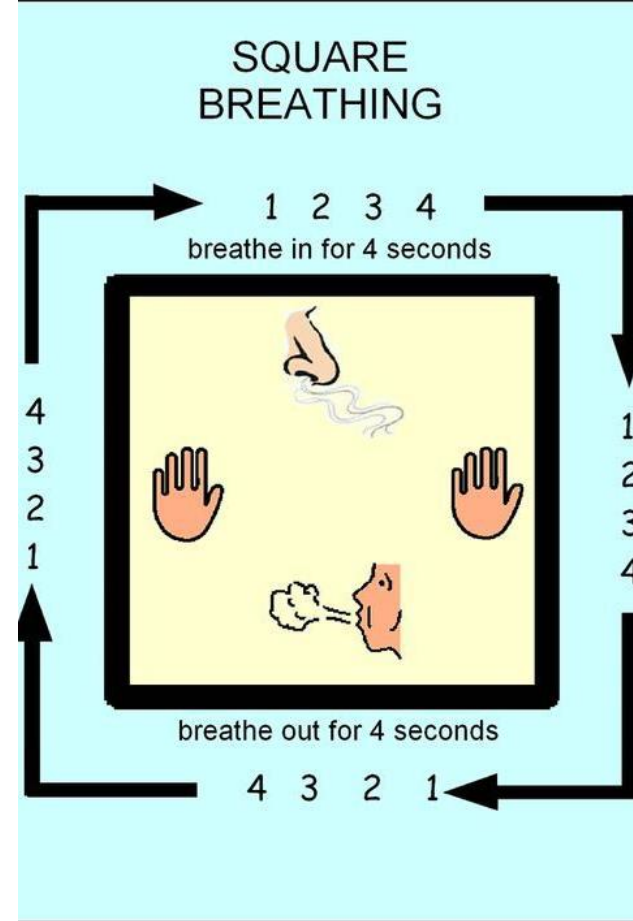
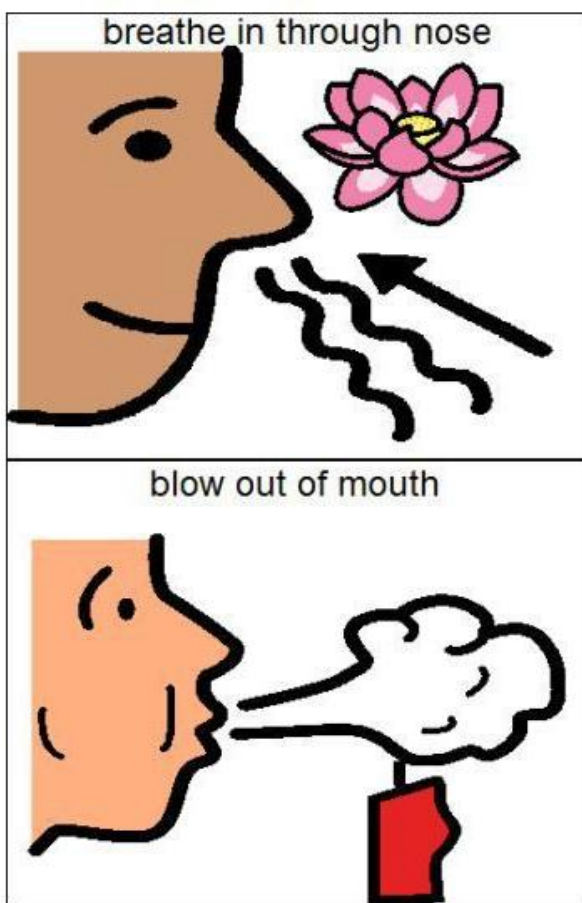


Squeeze ball



Calm My Body:





SUPPORTS TO HELP WITH DEEP BREATHING:

COGNITIVE COMPONENT:

IMPORTANCE OF REPLACING NEGATIVE SELF-TALK



Pay attention to negative self talk, perseverative questions, and reassurance seeking



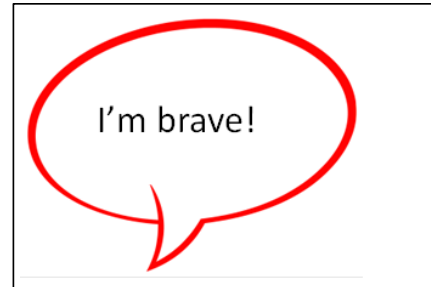
Focus on replacement not identification and challenge of negative cognitions



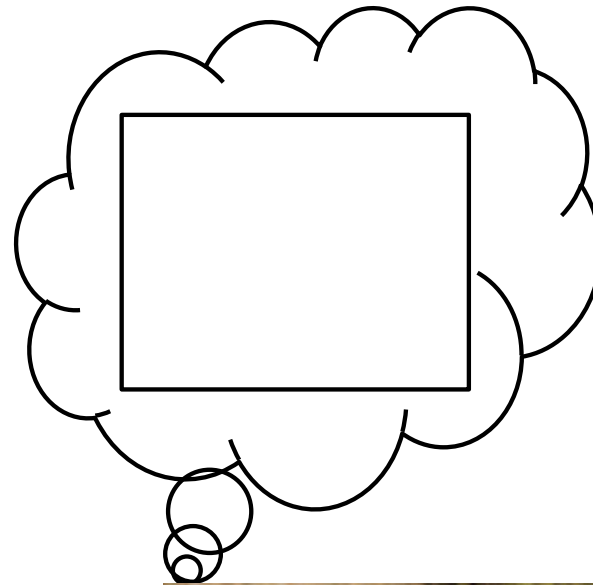
Use repetitive helpful thoughts designed to reinforce self competence:

**I can do it
I can handle it
I'm brave**

Choose 1:



Calm My Mind:



Being Brave!

Calm My Body



Calm My Mind



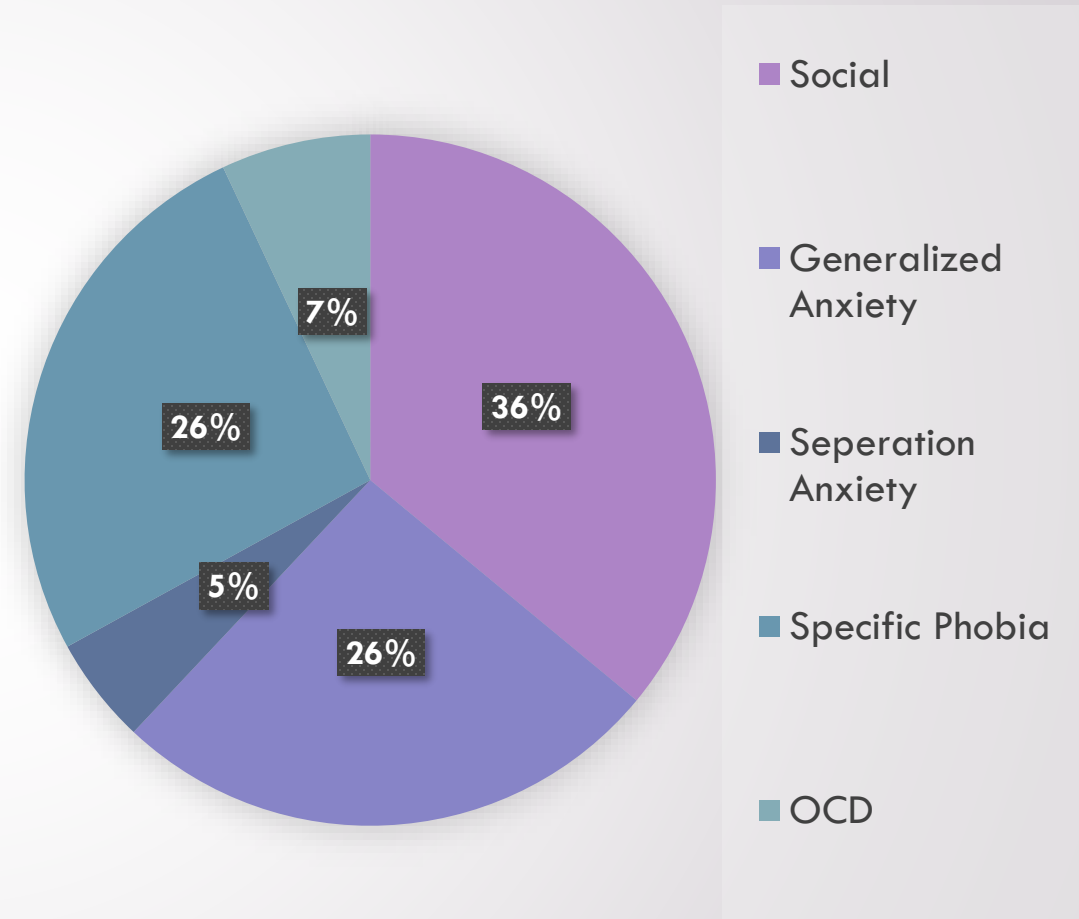
Be Brave 

Reward 



Social	requesting help, requesting clarification, peer interaction
Specific Phobia	Blood draws, dental and medical procedures, toilets flushing
GAD	access to preferred items/technology, future functioning
Separation	being away from family members
OCD	Technology, cabinets

Percent of Exposure Hierarchies Targeting Each Anxiety Domain



FACING YOUR FEARS



EXPOSURE: IMPORTANCE OF DAILY ROUTINES

Carefully make decisions about fears to face; should be based on degree of interference

Teen “buy in” may be reduced, so routine and rewards are critical

Visual schedules are instrumental in supporting engagement

Practice “being brave” on a daily basis

Share accounts of bravery

PARENT EXIT INTERVIEWS:

QUALITATIVE ANALYSES TO DATE
HAVE YIELDED FOUR
OVERARCHING THEMES

- Connection between CBT strategies and teen self-advocacy
- Autistic teens with ID can make use of both somatic management strategies and brief helpful thoughts
- Caregiver involvement enhances accessibility and generalization
- Benefits and challenges of a group modality

SUMMARY – FINAL THOUGHTS



It is critical to expand mental health interventions for people with ID



Autistic teens with ID can make use of both somatic management strategies and brief helpful thoughts



Exposure, ultimately, may be what is most beneficial



With further research, we will better understand who benefits most from which strategies

THANK YOU!!

