

Family Accommodation of Anxiety in Autistic Adolescents with Intellectual Disability: Clinical Correlates and Treatment-Related Change



Rebecca S. Bradley¹, Allison Meyer^{1,2}, Lisa Hayutin^{1,2}, Nuri Reyes^{1,2}, Judy Reaven¹, Audrey Blakeley-Smith¹

¹ University of Colorado Anschutz

² Children's Hospital Colorado

Background

- Autistic adolescents with intellectual disability (ID) experience high rates of co-occurring anxiety symptoms, but few manualized treatment options exist to effectively addressing these symptoms
- Families of autistic teens with ID have unique needs that may be unaddressed in current interventions



Family accommodation of anxiety captures the ways in which caregivers modify their behavior to mitigate or prevent their child's distress. It involves both *participation* in child anxiety-driven behaviors (e.g., providing reassurance, enabling avoidance) and *modification* of family routines (e.g., changing schedules).

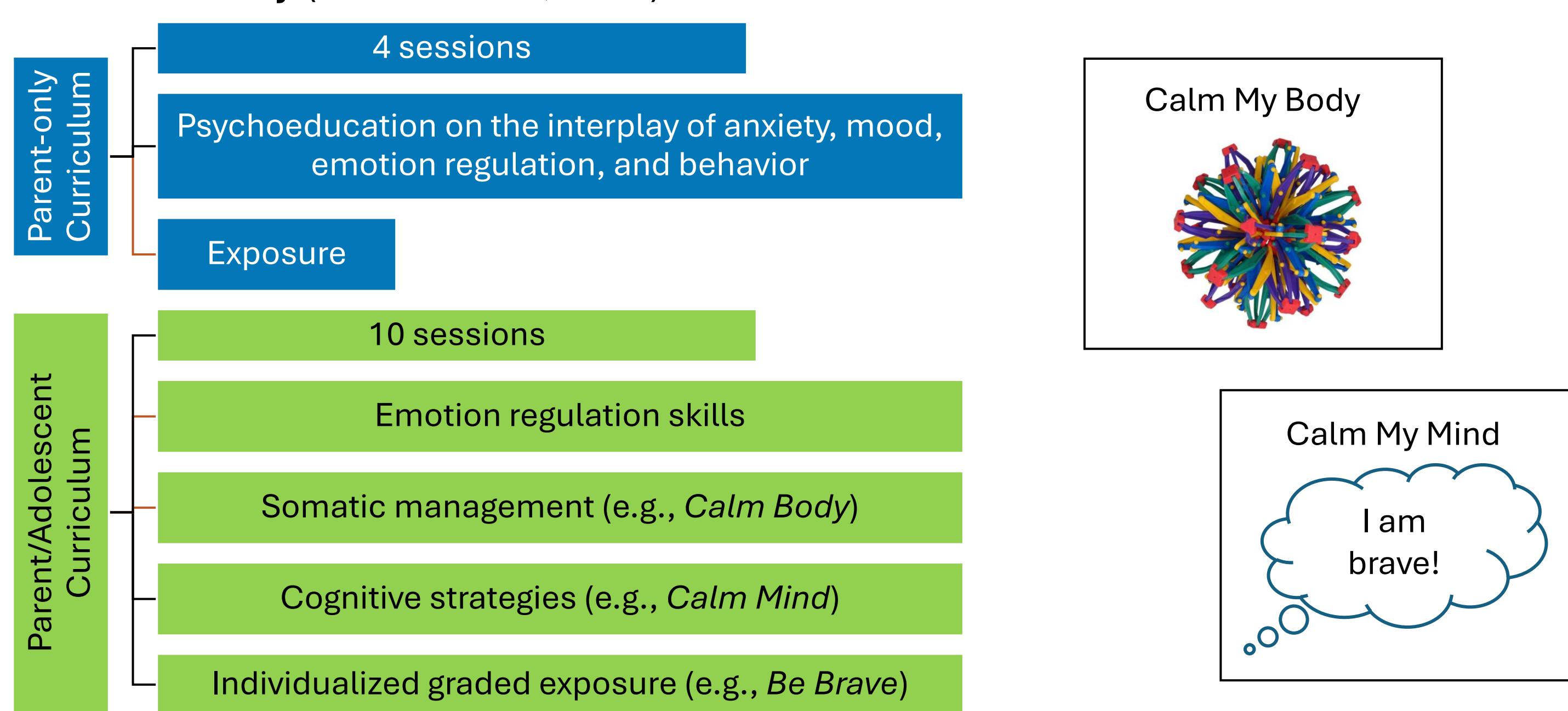
- High family accommodation has typically been associated with greater anxiety severity and poorer treatment outcomes in the general anxiety literature; however, it is unclear whether this pattern is true for autistic teens with ID
- Accommodation may be necessary among many families of autistic youth with ID, and these processes likely reflect adaptive, protective responses to multifaceted neurodevelopmental needs
- Examining family accommodation in this population may help characterize its presentation and associations with other clinical factors to inform future interventions

Objectives

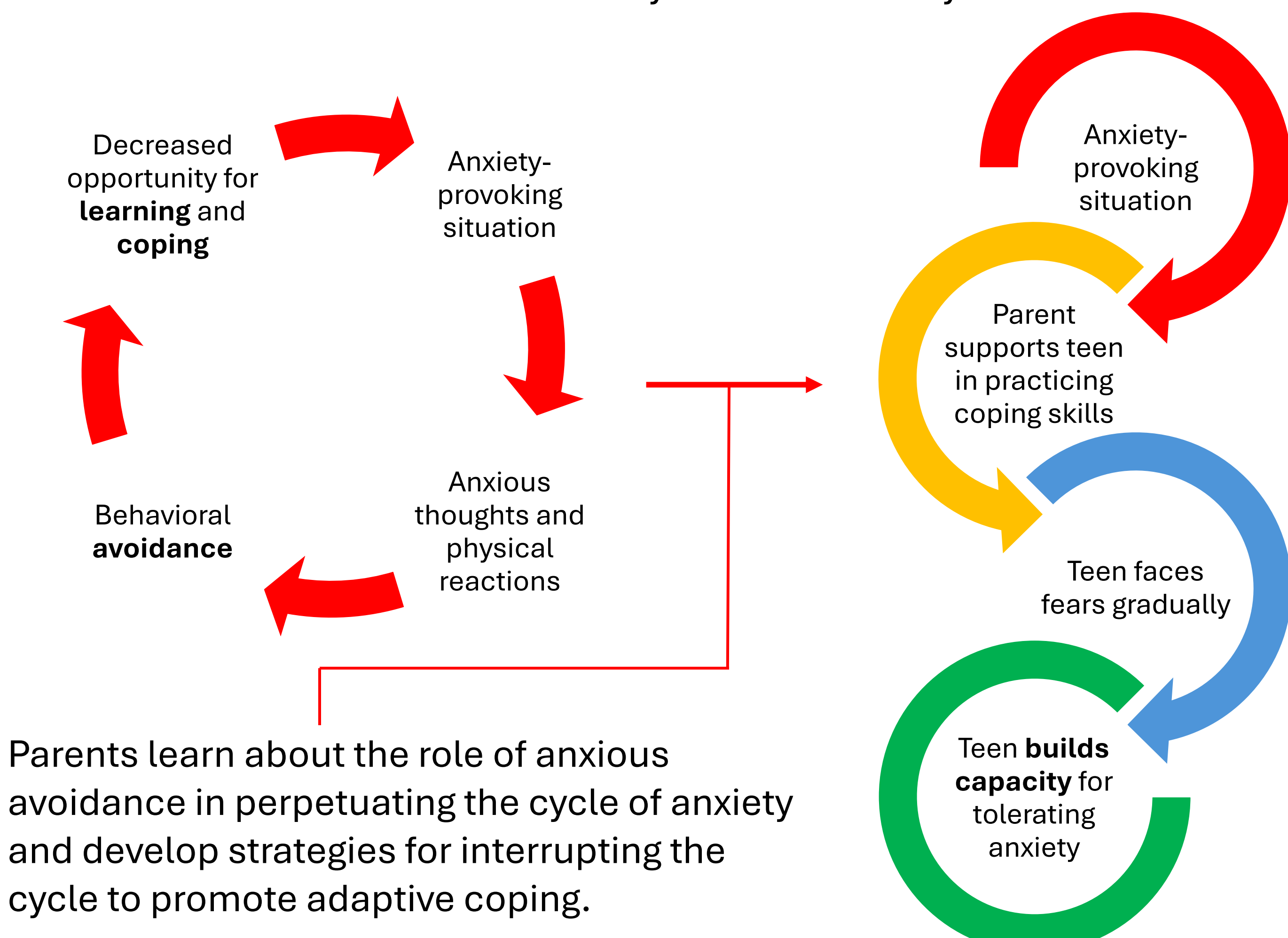
- To identify teen and family characteristics that correlate with family accommodation of anxiety symptoms in autistic adolescents with ID
- To identify predictors of treatment-related changes in accommodation

Intervention: FYF:IDD

Facing Your Fears: Intellectual and Developmental Disabilities (FYF:IDD) is adapted from *Facing Your Fears*, a manualized, CBT group intervention for autistic youth with anxiety (Reaven et al., 2012)



Importantly, *FYF:IDD* explicitly targets family accommodation by providing a framework that distinguishes between **adaptive** protective behaviors and **excessive** accommodations that may reinforce anxiety.



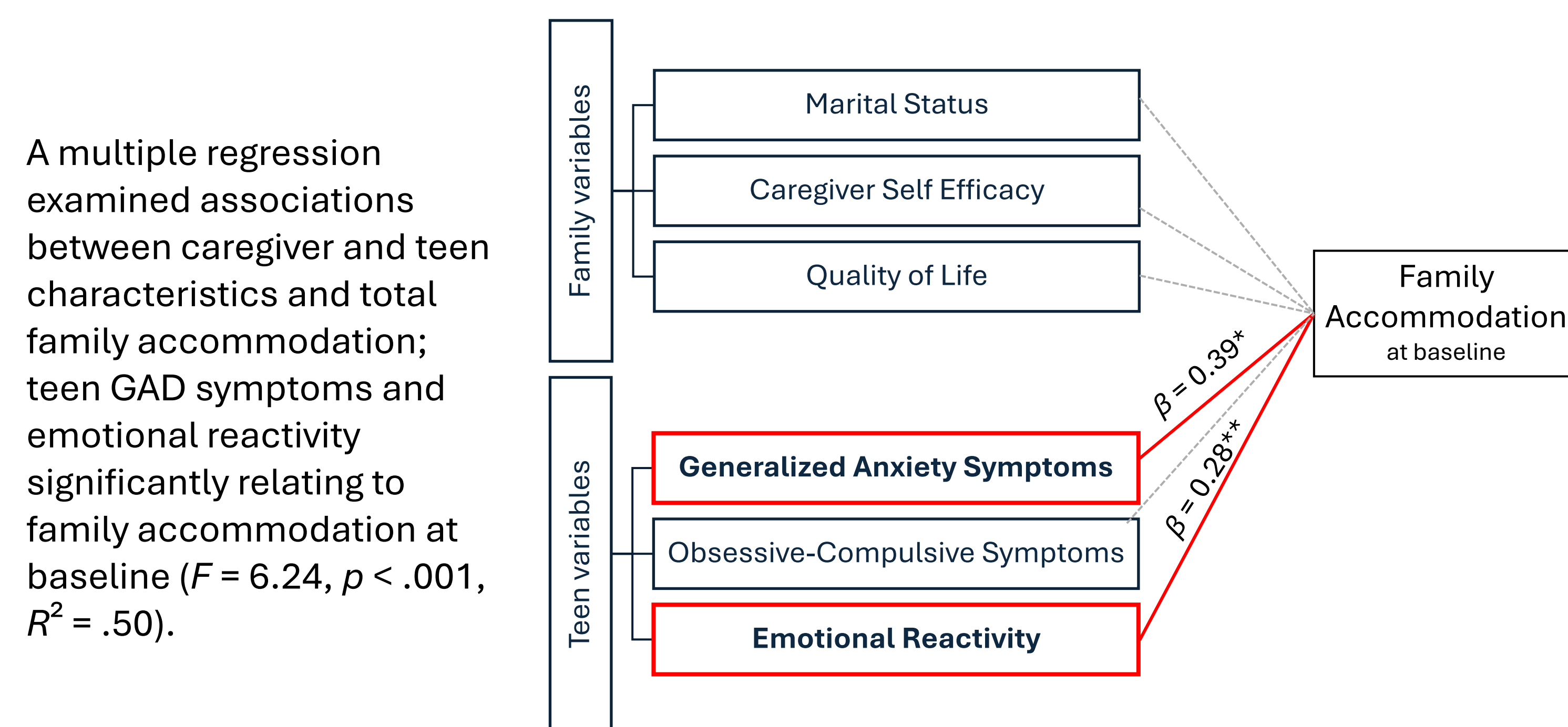
Parents learn about the role of anxious avoidance in perpetuating the cycle of anxiety and develop strategies for interrupting the cycle to promote adaptive coping.

Methods

- 52 adolescents and their caregivers participated in FYF:IDD ($M_{FSIQ} = 56.2$; $M_{Adaptive\ Behavior\ Composite} = 59.4$)
- Family-focused measures:** Demographics, family accommodation (FASA; Lebowitz et al., 2013), family quality of life (WHOQOL; Skevington et al., 2004), and caregiver self-efficacy (PSES; Nicolas et al., 2020)
- Teen outcome measures:** Comprehensive anxiety symptoms (ADIS-ASA; Kerns et al., 2017; Clinical Global Impression scale, Guy, 1976) and emotion dysregulation (EDI; Mazefsky et al., 2018)

Results

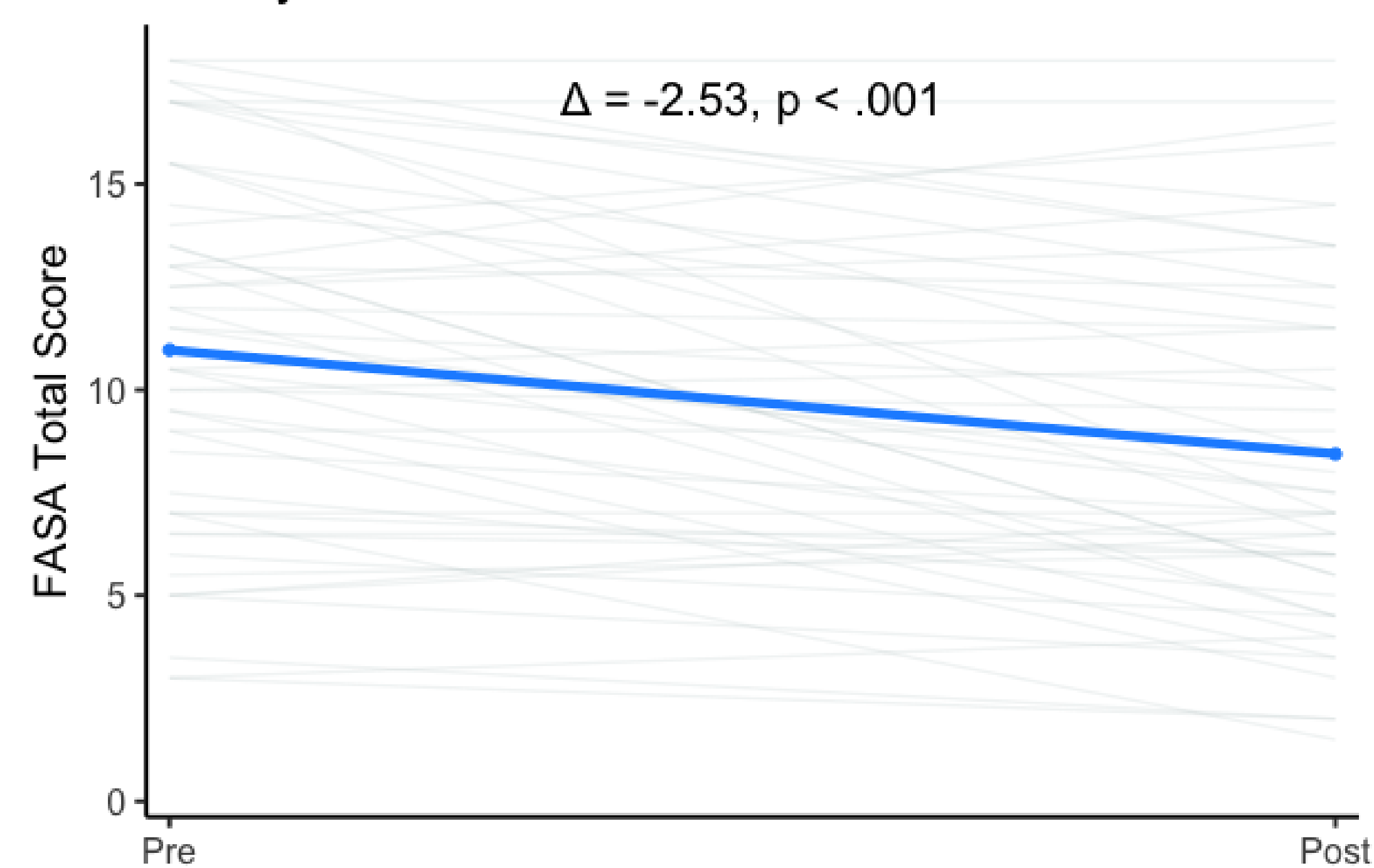
- All families endorsed some accommodation, including participation in their teen's anxious behaviors ($M = 13.9$, $SD = 4.45$) and modification of family routines ($M = 8.5$, $SD = 4.59$) at baseline



A multiple regression examined associations between caregiver and teen characteristics and total family accommodation; teen GAD symptoms and emotional reactivity significantly relating to family accommodation at baseline ($F = 6.24$, $p < .001$, $R^2 = .50$).

- Total family accommodation significantly decreased following FYF:IDD** ($t = -5.20$, $p < .001$, $Mdiff = -2.53$)

Family Accommodation Pre to Post FYF:IDD



Family characteristics, baseline teen variables, and treatment-related changes did not predict reductions in family accommodation ($F = 1.23$, $p = .31$, $R^2 = .17$); accommodation was also unrelated to teen anxiety improvement (point-biserial $r = -.13$, $p = .37$, $Mdiff = 1.18$)

Conclusion

- Families reported high family accommodation at baseline; *participation* scores were higher on average ($M = 13.9$) than caregivers of autistic youth in a recent SPACE trial ($M = 10.8$), further supporting unique caregiver involvement in teen anxiety symptoms within the Autism:ID community (Myers et al., 2026)
- Findings demonstrate subtle but significant reductions in family accommodation following *FYF:IDD* ($total\ Mdiff = 2.53$), which tracked alongside reductions in teen anxiety
 - Teen anxiety and emotional reactivity were strongly associated with family accommodation at baseline but not related to reductions in accommodations following treatment, suggesting initial elevations in teen anxiety/emotional dysregulation may not limit families' responsiveness to *FYF:IDD*'s individualized emphasis on accommodation
 - Improvements in family accommodation were not directly linked to improvements in teen anxiety or broader family impact variables (e.g., caregiver self-efficacy, quality of life), suggesting changes to accommodation behavior may occur alongside, but not directly drive, teen anxiety improvement
- FYF:IDD* appears to provide a structured framework for families; reductions in accommodation are encouraging and further investigation is needed to determine if these improvements are sustained long-term

This project was supported in part by the Health Resources and Services Administration (HRSA) under the Leadership Education in Neurodevelopmental Disabilities (LEND) Grant T73MC11044 and by the Administration on Intellectual and Developmental Disabilities (AIDD) under the University Center of Excellence in Developmental Disabilities (UCDEDD) Grant 90DDUC0106 of the U.S. Department of Health and Human Services (HHS). This information or content and conclusion are those of the author and should not be construed as the official position or policy of, nor should HRSA, HHS or the U.S. Government infer any endorsements.