Current Updates on the Facing Your Fears Program: Expansion of Treatment for Adolescents with ASD/IDD and Anxiety

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Conflict of Interest:

Royalties:

Facing Your Fears: Group Therapy for Managing Anxiety in Children with High-Functioning Autism Spectrum Disorders

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• Children/Adolescents with ASD and their families
• CBT researchers

Definition

Fear

Anxiety

Worry

Disorder

Excessive Persistent Interference

Manassis, 1996

Impact of Anxiety on Functioning

• Anxiety interferes with functioning across home, school and community
• Under-employed, risk for substance abuse, and development of other psychiatric disorders
• Higher risk for challenging behaviors
• Higher risk for developing medical conditions such as GI and sleep disturbance
• Without intervention, symptoms may persist into adulthood
• Evidence of increased financial cost for individuals with both ASD/Anxiety

(Hudson et al., 2002; Kerns & Kendall, 2003; Van Steensel et al. 2003; Valting et al. 2004; Williams et al., 2016)
Real World Impact

- Fear of public bathrooms (e.g., automatic toilets, hand dryers)
- Fear of being late
- Fear of talking to new people/asking for help
- Fear of separating from parents
- Fear of making mistakes
- Fear of hearing the name of certain foods/trying new foods

Research in Youth with ASD

- Population Study (Simonoff et al., 2008)
  - 70% of the sample met diagnostic criteria for Axis I
- Community Samples (Leyfer et al., 2006)
  - 72% of the sample met dx criteria for Axis I
- Clinic Samples (Bruin et al., 2007; Sukholdolsky et al., 2008)
  - 43-80% of the sample met dx criteria for Axis I
- 40% of youth with ASD met criteria for anxiety disorder (van Steensel et al. 2011) compared with 3-8% in TD population (McConachie et al. 2013)

Why are people with ASD so vulnerable to Psychiatric illness?

- Co-occurring medical conditions
- Discrimination, victimization, segregation
- Executive functioning, organizational challenges
- Lack of social understanding (theory of mind)
- Shared biological etiologies with psychiatric illness

Diagnostic Dilemmas for individuals with ASD

- Problem Behaviors
- Diagnostic Overshadowing
- Psychosocial Masking
- Diagnostic Overlap
- Symptoms Present Differently in ASD/DD

Facing Your Fears training goal:
Increase overlap
FYF Treatment Package – Youth with High-Functioning ASD and Anxiety (ages 8-14)

- **Total Duration of treatment**: 14 weeks – 1½ hour per session
- **Modality**: varied; children alone, parents alone, dyads and large group work

**First seven weeks**: Define anxiety symptoms, identify anxiety provoking situations, develop a set of "tools" (relaxation, helpful thoughts, emotion regulation, graded exposure)

**Second seven weeks**: Identify goals and create stimulus hierarchy, apply "tools" across settings, in vivo graded exposure, video activity to reinforce core concepts

**Booster session**: 4-6 weeks post-treatment

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Facing Your Fear Videos

- Public Bathrooms
- Toilets Flushing
- Spider webs
- Elevators
- Ugly leaves
- Tornadoes
- School buses tipping over
- Going outside
- Going to Highlands Ranch, CO
- Choking
- Dying
- Making mistakes
- Changing clothes in front of others

- The dark
- Mice/robbins/snakes
- Talking to people
- Losing things
- Scary movies
- Getting the flu/vax
- Playing new sports activities with other kids
- Staying home alone
- People who look different
- Change
- Loud noises

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Modifying FYF for the Full Autism Spectrum

- Preschool children
  - Intellectual Disabilities
  - Adolescents
  - Adults

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Facing Your Fears of Dogs

1. Look at pictures of dogs in a book or on the Internet
2. Watch videos of dogs
3. Walk past a dog on a leash, maintaining a distance of 10 ft.
4. Walk past a dog on a leash, maintaining a distance of 5 ft.
5. Stand next to a dog
6. Stand next to a dog and pet it.
Modifications for Teens

- More exposure practice
- Emphasize peer support and group problem-solving
- Less parent/teen direct interaction
- iPod/iPod touch

iPod Touch Screens:

Facing Your Fears: Oral Presentations

<table>
<thead>
<tr>
<th>Exposure Steps Completed in Group</th>
<th>Number of People Observing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliver a powerpoint to familiar and unfamiliar adults</td>
<td>24</td>
</tr>
<tr>
<td>Deliver a powerpoint to familiar peers and adults</td>
<td>10</td>
</tr>
<tr>
<td>Deliver a powerpoint to familiar peers (e.g., fellow group participants)</td>
<td>5</td>
</tr>
<tr>
<td>Practice delivering powerpoint presentation on a preferred topic out loud at home</td>
<td>0</td>
</tr>
</tbody>
</table>

Hypothesized Modifications for Teens With ID

- Exploring behavioral manifestations of anxiety
- Partnering with family to support parent/teen groups
- Supporting healthy living and social supports
- Creating cognitive mantras and visual supports
- Supporting completion of exposures in naturalistic environments

Next Steps: Focus Groups

- Behavioral Presentation
- Potential Link Between Anxiety and Problem Behavior
- Current Strategy Use
- Current Supports
- Proposed Intervention

Next Steps: Intervention Groups

- 2 – 3 groups of parents and teens with ID (approximately 16 families)
- Groups will be approximately 16 weeks in duration
- Groups will be a mix of parent sessions and individualized parent/teen work
- Modified content:
  - Tailored assessment of anxiety and assessment of problem behavior
  - Hands on activities to learn anxiety management
  - Video and modelling
  - Reinforcement of brave behavior
  - Healthy living
  - Brief cognitive mantras and strategies to manage physical symptoms
  - Gradually facing fears
State of the State: Research on CBT for Youth with ASD

- **Randomized controlled trials** (modality varies)

Data Update: Facing Your Fears in the Clinic Setting

- **Initial group treatment study** (Reaven et al. 2009)
  - N=33; significant reductions in anxiety
- **Randomized trial with independent evaluator** (Reaven et al., 2012)
  - N=50; Psychiatrically complex; Post-TX - Fewer # of Dx (including loss of GAD); 50% improvement compared to 8.7% TAU – (effect size 2.03); Maintained gains at 6-mos follow-up
- **Adolescent pilot** (Reaven et al. 2012)
  - N=24; significant reductions in anxiety and challenging behavior; 46% of teen participants “much improved” or “very much improved”

Data Update: Implementing FYF

- **Telehealth** (Hepburn et al. 2015)
  - N=33; Excellent fidelity/acceptability. Preliminary efficacy – significant reductions in parent report of youth anxiety, F(1,31) = 8.73; p = .006; Eta squared = .22. Improved parent sense of competence
- **Training clinicians in Halifax** (Reaven et al. 2014) – Phase 1
  - N=16; Significant improvements in CBT knowledge post-workshop; Excellent treatment fidelity; Significant reductions in parent reported anxiety; 54% improvement
- **Implementation project** - In progress Phase 2: manual only, workshop only, workshop plus to deliver FYF (UAB; Kennedy Krieger Institute; UNC-TEACCH program; and Cincinnati Children’s Hospital)
  - N=94; Initial results encouraging – with significant decreases in anxiety symptoms for all three conditions; excellent fidelity.

Bringing Evidence-Based Practice for Individuals with ASD to The “Real World”

- Telehealth
- Specialist Clinic Settings
- Schools
- Mental Health Centers

Facing Your Fears: School-Based Version (FYF-SB) in Singapore
Population Statistics
- Denver
  - 447 square miles
  - 554,636 people
- Singapore
  - 276 square miles
  - 5.4 million (2nd densest in the world)
- Languages:
  - 77% English
  - 7% Mandarin
  - 3% Malay
  - 2% Native American
  - 7% Chinese
  - 3% Hispanic
  - 3% Asian
  - 9% African American

FYF: School Based Program
Session 1: Welcome/Introduction to worry
Session 2: Time spent worrying; real dangers vs. false alarms; managing bodies
Session 3: Mind-body connections; measuring worry
Session 4: More mind-body connections; intro to facing fears
Sessions 5-9: Practice facing fears
Session 10: Graduation

FYF: Lighting a Bunsen burner in Science lab
1. Observe teacher switching the Bunsen burner off and on
2. Pretend to turn on the gas and “light” the burner with a prop
3. Turn on the gas and “light” the burner with a prop
4. Teacher turns on the gas, lights the burner with a real lighter
5. Pretend to turn on the gas, light the burner with real lighter
6. Turn on the gas by myself, light the Bunsen burner with a real lighter

Data Update: FYF in Schools
- FYF-SB: School project – Singapore
  - 22 Secondary schools; 42 specialists/psychologists trained
  - N=44 (ages 13-15yrs); 86% treatment completion; data on N=33.
  - Preliminary efficacy: significant reductions in parent report of youth anxiety (Wilcoxon), z=2.56; p=.01; r=22; significant reductions in youth self-report of anxiety (Wilcoxon), z=3.31; p=.001; r=.41;
  - No significant difference in DBT-T scores pre/post; p=.22
- Strengths
  - Strong support from stakeholders; joint planning, internal resources, appropriate identification of students
- Barriers
  - Scheduling difficulties; lack of parent support; some students not group ready; difficulty with managing and creating hierarchy

Summary/Limitations/Future Directions
- Children and teens with ASD demonstrate significant reductions in anxiety post-treatment
- Clinicians new to FYF can begin to achieve strong fidelity/implementation outcomes, promising youth treatment outcomes
- Small sample size
- Lack of attention control group
- Examine follow-up data
- Explore mechanisms of change
- Modify FYF/CBT for the full Autism Spectrum
- Adapting FYF for “real world” settings
Real World Success
► Using public bathrooms at airports, school, etc.
► Walking into the classroom, even when late.
► Talking to new people; asking for help at a store
► Going to another part of the house; outside; left alone
► Turning in homework, making mistakes on tests
► Hear the name of foods, decreased bullying

Current Research Project:
Working with Teens with ASD/IDD and Anxiety

Hypothesized Modifications for Teens
With ID

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