Implementing Modified CBT in a Group Format to Treat Anxiety in Children with ASD: Insights for Parents, Clinicians, and Researchers

K. Johnston[2,3], M. McConnell[1,3], K. McFee[1,3], & G. Iarocci[2]

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[1] University of British Columbia, [2] Simon Fraser University, [3] British Columbia Children's Hospital

Overview

1. Discuss the need for community-based treatment for anxiety and outline some of the barriers
2. Provide an overview of a clinical research project at BCCH examining real-world effectiveness of a CBT group for anxiety
3. Provide practical information to support community involvement
4. Initiate discussion of next-steps towards shifting to practice in community settings

Need for Anxiety Treatment

- An estimated 40% of children with ASD experience clinical anxiety
- Approximately 25% of in school-aged children with ASD in BC. receive a formal diagnosis of anxiety[1]
- Appropriate mental health treatment is not readily available in communities
  - 25% of Canadian caregivers of school-aged children w/ ASD describe mental health treatment as being difficult to obtain

Barriers for Families

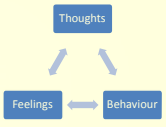
- Lack of community resources offering evidence-based treatment
- Being on a waitlist[1]
- Can't afford it[1]
- Lack of trained professionals[1]
- Age group restrictions on services - too young or too old[1]
- Finding appropriate services (community awareness)
- Transportation (& distance of travel)
- Child care and potential time off work
- Attending regular treatment sessions

Barriers for Clinicians

- Research-practice gap[3,4]
- Lack of studies examining real-word effectiveness
- Sorting through and selecting research-based treatment programs and finding up-to-date materials[2]
- Training and competence in this specific area of practice
- Coverage of overhead and staffing costs
- Appropriate spaces to run groups
- Appropriate screening and matching to type of treatment

Cognitive Behaviour Therapy (CBT)

- Evidence-based treatment for anxiety in children with ASD



- Psychoeducation about anxiety, cognitive restructuring, relaxation training, *EXPOSURE*
- Modifications for children with ASD
  - E.g., Visual materials, parent curriculum, video modeling/activities

Group Treatment Approaches

- Opportunities for normalizing experiences
- Social support
- Decreased isolation
- "me too" effect
- Group activities can make for more enjoyable learning experiences (e.g., videos)
- Vicarious learning

A Real-World Example: BCCH

- Tertiary/quaternary care centre = ++ complex children
- Outpatient Neuropsychiatry Clinic
- Recently completed data collection of 15 groups examining a modified CBT group treatment
  - Facing Your Fears (FYF) manualized program[5]
  - Children between 8-12 and parents (up to 5 families per group)
  - Large-group, parent-child pairs, child-/parent-only break-out groups
  - 14 weeks, plus a booster session

Group Participants

- Number of research participants =50
- Average age 11 years (range: 8-13)
- Average IQ (mean: 102.08; range: 70-154)
- Mostly boys (78% boys, 22% girls)
- Parents were mostly moms (80%)
- Ethnicity= 57% Caucasian, 22% Asian, 21% other
- Many coexisting issues: mood disorders, tics, learning disabilities, ADHD, giftedness, mild intellectual disability, behaviour disorders, etc.

Screening

- Research screening - 2 hours, multi-measure, parent and child
  - Anxiety Disorders Interview Schedule (ADIS), Spence Children's Anxiety Scale (SCAS)
  - **Minimum: Measure of anxiety symptomatology**
- **Inclusion Criteria**: ASD, aged 8-12, clinically significant anxiety, verbal, preferably reading level grade 3 or above
- **Exclusion Criteria**: IQ<70, primary OCD or depression, significant behavioural difficulties (e.g., aggression, bolting, etc.)

Group Building

- **Groups were generally mixed boys and girls**
- **Similarly aged children were grouped together**
  - Younger group: 7-10; Older group: ages 10-13
- Consider **amount of support** required for each child to be successful
  - Number and severity of difficulties – e.g. anxiety level, behavioural issues, additional coexisting issues, etc.
  - Individualized planning is key
- **Interests and personality**

Clinicians

- **3-4 clinicians per group of 5 children**
- **Interdisciplinary** works well - Rich range of experiences/skills
  - at least 1 clinician with high level expertise in CBT
  - at least 1 clinician with high level expertise in ASD
  - at least 1 clinician with excellent behaviour management skills
  - at least 1 leader be a mental health clinician
  - Fantastic learning experience – great for graduate students (with mentorship provided)

Rates of Anxiety Disorders at Start of Group

Type of Anxiety Disorder (as measured by ADIS)	% of Sample
Separation Anxiety	33%
Specific Phobia	86%
Panic Disorder	6%
Social Phobia	72%
Generalized Anxiety Disorder	78%
Obsessive Compulsive Disorder	4%

[1] Anxiety Disorders Interview Schedule

Preliminary Results: Treatment Acceptability

- High attendance
  - Average attendance was 13 out of 14 sessions
  - 86% of participants attended the booster session
- Low attrition (drop-outs were rare)
- High parent satisfaction (Average 4.14 out of 5)

1 Not Helpful 2 3 Somewhat Helpful 4 5 Very Helpful

What Was Most Helpful?

- "Exposure"
- **"Being able to openly and feely discuss their fears without judgement and anxiety"**
- "Being in a group session was great"
- **"To feel supported by others and to feel <u>they were not alone</u>. To feel successful"**
- "The resources, stress-o-meter, workbook, and weekly home practice"
- **"Realizing what is a true fear and what is just a false alarm. Learning steps to face a fear and calm down"**
- "Relaxation techniques and helpful thoughts"

Preliminary Results: Reductions in Anxiety

ADIS Scores	Pre	Post	Significance
Total number of anxiety disorders	2.8	1.9	*P*=<.000*
Total ADIS Clinician Severity Rating [1]	5.9	4.8	*P*=<.001*

[1] Anxiety Disorders Interview Schedule

Next Steps

- Bridging the gap between research and practice
  - Community-based clinicians in private practice
  - Child and Youth Mental Health
  - Modification for use in schools
- Improving cost effectiveness for use in private practice
  - Approximately same costs as individual treatment
  - Space rental, clinician time for group and preparation
- Considerations:
  - Pooling clinician resources, partnerships, training graduate students
- Consultation /support/training for clinicians

Information about Anxiety

- Recognizing an Anxiety Disorder:
  - Excessive worries (can be specific and intense or general and distributed)
  - May present as disruptive behaviour (e.g. , silliness, aggression, or refusal)
  - Avoidance (e.g., school or various other age-appropriate activities)
  - Physical complaints (e.g., stomach aches or headaches)
  - Sleep disturbance, difficulty concentrating, underactivity, withdrawal
  - Irritability
- Why seek services?
  - Can be a risk factor for other social and mental health problems
  - Miss additional learning opportunities
- When to seek services:
  - Impairments in child and/or family functioning, poor coping, etc.

Thank You!

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Resources for Clinicians and Parents

- Reaven, Blakley-Smith, & Nichols (2011). Facing Your Fears: Group Therapy for Managing Anxiety in Children with High-Functioning Autism Spectrum Disorders
- Attwood (2004). Exploring Feelings: Cognitive Behaviour Therapy to Manage Anxiety.
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- Davis III, White, & Ollendick (2014). Handbook of Autism and Anxiety.
- Kerns (2017). Anxiety in Children and Adolescents with Autism Spectrum Disorder: Evidence-based Assessment and Treatment.

Citations

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4. Kazdin, 2001
5. Reaven, Blakeley-Smith, Nichols, & Hepburn, 2011