

# **Supporting Autistic Children and Teens to Manage Anxiety: Highlights from the Past 20 years of the Facing Your Fears Program**

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# Acknowledgements

- **Organization for Autism Research (OAR) – FYF; and FYF-IDD**
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- PCORI: IDD-2022C1-26330
- Children/Adolescents with autism and their families
- CBT researchers



A Debt of  
Gratitude to Our  
Research/Clinical  
Teams

Clinic-based FYF team

Implementation/multi-site teams

School-based FYF teams

FYF-IDD team

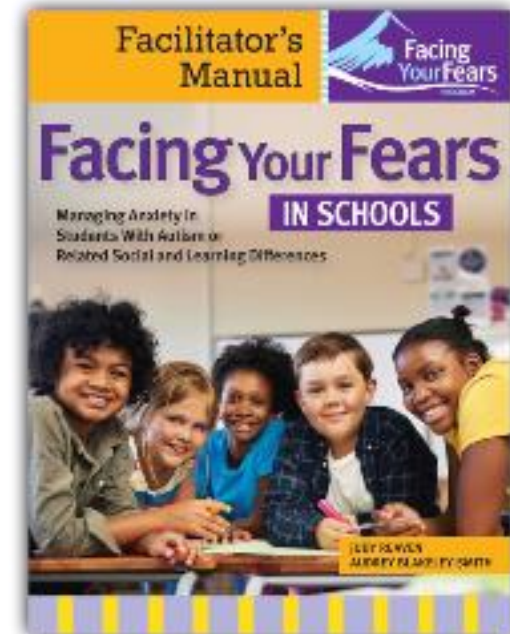
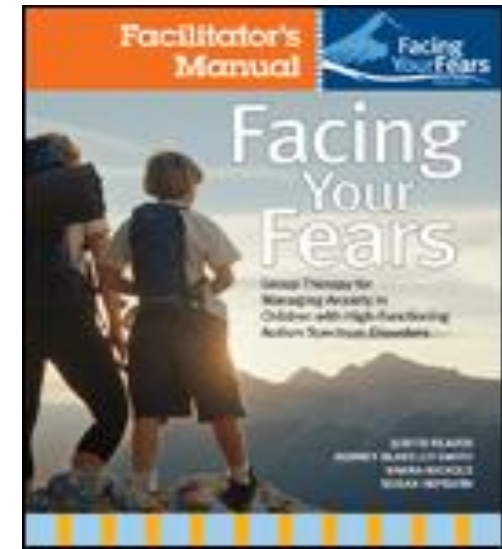
**Conflict of Interest:**

**Royalties:**

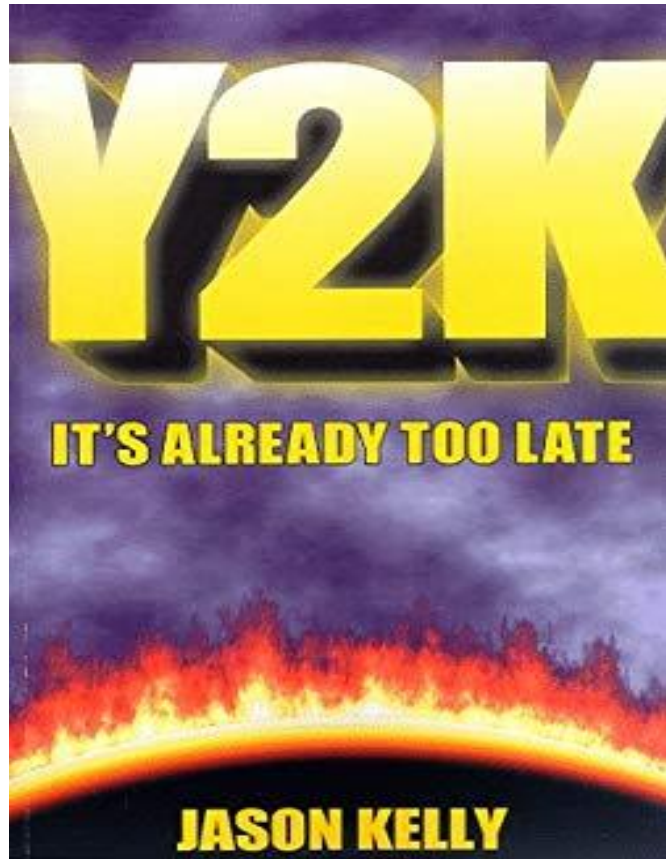
*Facing Your Fears: Group Therapy for Managing Anxiety in Children with High-Functioning Autism Spectrum Disorder*

*Facing Your Fears in Schools: Managing Anxiety in Students with Autism or Related Social and Learning Differences*

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# Our Story Begins in the early 2000s...



**Prevalence of  
autism is 6.7 per  
1000**

# Clinical Landscape of Autism

- Focus on diagnosis and early intervention
- Parents often excluded from intervention
- Little focus on school-aged, older youth, and individuals with autism and intellectual disability
- Limited understanding about co-occurring mental health symptoms
- No mental health intervention for autistic youth
- Long wait lists for outpatient psychotherapy
- Few qualified providers

# Presenting Concerns in Outpatient Clinics: Social/Behavioral Difficulties AND Common Fears



Making mistakes  
Asking for help  
Talking to people  
Separating from parents  
Changes in routine  
Loud noises

# FYF Development and Research

## First published paper

- *Case Study for Treatment of OCD in Autistic 7-Year-Old: Reaven & Hepburn (2003)*

 **2003**

## Implementation of FYF by Other Clinicians

- *Training materials developed: Reaven et al. (2014)*
- *Multi-site randomized trial to determine what kind of training is necessary to deliver FYF: Reaven et al. (2018)*

 **2014-2018**

## Developing FYF-IDD

- *Pilot Feasibility for autistic teens with ID and anxiety: Blakeley-Smith et al. (2021)*
- *RCT of FYF-IDD completed August 2024 – stay tuned for results*

 **2021-Now**

## Expanding FYF-S Research

- *Pilot Feasibility Study of FYF-S: Reaven et al. (2022)*
- *Cluster Randomized Trial of FYF-S: Reaven et al. (2024)*
- *Ongoing Multi-Site Cluster Randomized Trial: Pickard et al. (2024)*

 **2009-2012**

## Group Studies of FYF: Initial Support

- *Group Study Comparing FYF to Waitlist Control: Reaven et al. (2009)*
- *Randomized Trial Comparing FYF to Treatment-as-Usual: Reaven et al. (2012)*

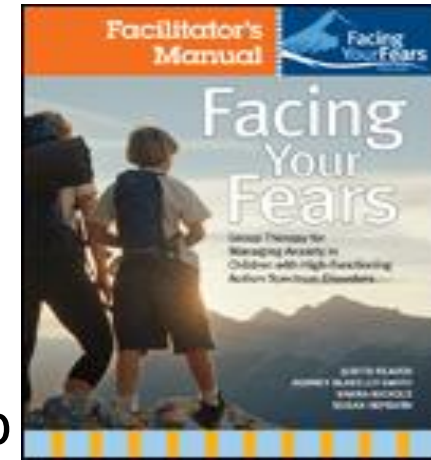
 **2017-2019**

## Initial Adaptation of FYF to Schools (FYF-S)

- *Adaptation of FYF to Schools in Singapore: Drmic et al. (2017)*
- *Focus Groups with community members about FYF-S Adaptation: Reaven et al. (2020)*

# FYF Intervention Package - Clinic Program (children ages 8-14; In Person or Via Telehealth)

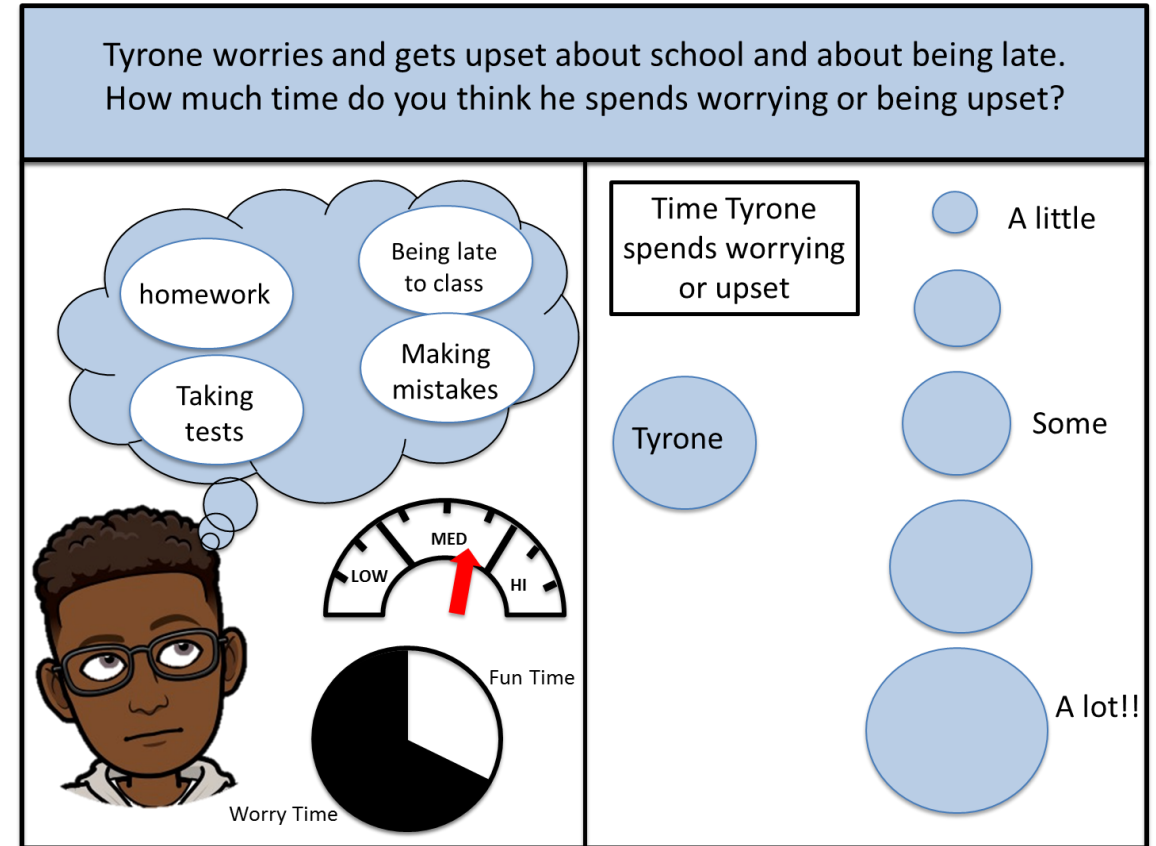
- **Duration of intervention:** 14 weeks – 90 minutes per session
- **Modality:** varied; children alone, parents alone, dyads and large group work
- **First seven weeks:** Define anxiety symptoms, identify anxiety provoking situations, develop a set of “tools” (somatic management, helpful thoughts, 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
- **Adaptations for Neurodivergent Learners:** written worksheets, drawing and other creative outlets, hands-on activities, video modeling, strengths based and incorporation of focused interest; parent involvement



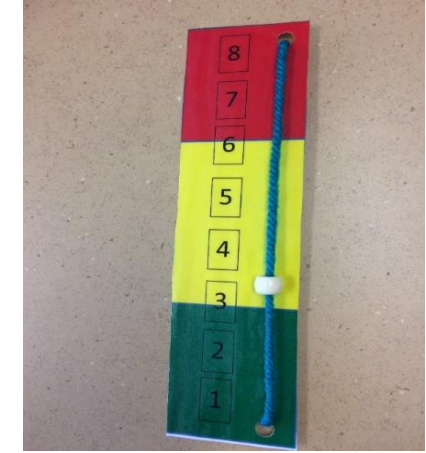
# Core Components of FYF

## • Psychoeducation

- Increase emotion vocabulary
- Identify anxiety symptoms (enhance self-awareness)
- Identify physiological symptoms of worry/anxiety/upset
- Compare “anxiety” vs “fun” time
- Externalizing Worry



# Psychoeducation: Emotion Regulation, Somatic Management and Cognitive Strategies



- Worry’s “false alarm” (Chansky, 2004)
- Deep breathing; relaxing activities
- “Active” minds vs “Helpful” thoughts (Garland & Clark, 1995)
- Emotion Regulation
  - Calming the body/managing the mind
  - Plan to Get to Green

# Plan to Get to Green

8

7

6

5

4

3

2

1

What I can do when I'm in red	What my parent/teacher can do or say when I'm in red
<ul style="list-style-type: none"> <li>○ Take a break</li> </ul>	<ul style="list-style-type: none"> <li>○ They can sit next to me while I calm down</li> </ul>
<ul style="list-style-type: none"> <li>○ Deep breathing</li> </ul>	<ul style="list-style-type: none"> <li>○ They can say "Step away for a minute"</li> </ul>
<ul style="list-style-type: none"> <li>○ Calming/relaxing things</li> </ul>	<ul style="list-style-type: none"> <li>○ They can give me space.</li> </ul>
<ul style="list-style-type: none"> <li>○</li> </ul>	<ul style="list-style-type: none"> <li>○ They may need to be quiet while I calm down.</li> </ul>
<ul style="list-style-type: none"> <li>○</li> </ul>	<ul style="list-style-type: none"> <li>○</li> </ul>

What I can do when I'm in yellow	What my parent/teacher can do or say when I'm in yellow
<ul style="list-style-type: none"> <li>○ Deep breathing</li> </ul>	<ul style="list-style-type: none"> <li>○ Remind me to use helpful thoughts</li> </ul>
<ul style="list-style-type: none"> <li>○ Helpful thoughts ("This is a false alarm" "It's no big deal")</li> </ul>	<ul style="list-style-type: none"> <li>○ Ask me what happened</li> </ul>
<ul style="list-style-type: none"> <li>○ Take a break (get a drink of water, go to the bathroom)</li> </ul>	<ul style="list-style-type: none"> <li>○ Sit with me</li> </ul>
<ul style="list-style-type: none"> <li>○</li> </ul>	<ul style="list-style-type: none"> <li>○</li> </ul>

What I can do to stay in the green zone	My parent/teacher can talk to me about rewards I can earn for getting to/staying in green
<ul style="list-style-type: none"> <li>○ Do calm/relaxing things</li> </ul>	<ul style="list-style-type: none"> <li>○</li> </ul>
<ul style="list-style-type: none"> <li>○</li> </ul>	<ul style="list-style-type: none"> <li>○</li> </ul>
<ul style="list-style-type: none"> <li>○</li> </ul>	<ul style="list-style-type: none"> <li>○</li> </ul>
<ul style="list-style-type: none"> <li>○</li> </ul>	<ul style="list-style-type: none"> <li>○</li> </ul>

**Graded  
Exposure:**  
Using Videos to  
Teach  
Exposure



# Facing Your Fears of Making Mistakes

- Make one mistake on schoolwork
- Make two mistakes on schoolwork
- Make a mistake when working with a peer
- Turn in an assignment and wait to hear whether you made any mistakes

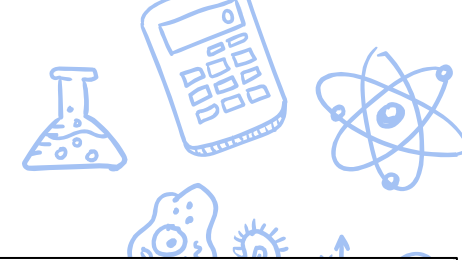
Video

# FYF - Parent Component

- Promote support among participants
- Provide psycho-education about anxiety disorders; learn the basic tenets of CBT
- Establish targets for graded exposure tasks
- Model brave behavior
- Encourage/reward brave behavior in their children
- Discuss parental anxiety and parenting style



# Evidence for FYF in Clinical Settings



## Cognitive-Behavioral Group Treatment for Anxiety Symptoms in Children With High-Functioning Autism Spectrum Disorder

### A Pilot Study

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Individuals with autism spectrum disorders (ASD) are at increased risk for developing without ASD and those with other developmental disabilities. Thirty-three children and their parents participated in an original, manualized cognitive behavioral group treatment for anxiety symptoms. Parent-child dyads entered into either an Active Treatment Condition or a Wait List Control Condition. The findings of this study are promising, particularly for the reduction in parent report of anxiety symptoms after the delivery of the Wait List Control Condition. The findings of this study are promising, particularly for the reduction in parent report of anxiety symptoms after the delivery of the Wait List Control Condition. The findings of this study are promising, particularly for the reduction in parent report of anxiety symptoms after the delivery of the Wait List Control Condition. The findings of this study are promising, particularly for the reduction in parent report of anxiety symptoms after the delivery of the Wait List Control Condition.

**Keywords:** autism; anxiety; intervention; modified cognitive-behavioral therapy; group

THE JOURNAL OF CHILD  
PSYCHOLOGY AND PSYCHIATRY  
Journal of Child Psychology and Psychiatry 53:4 (2012), pp 410–419  
doi:10.1111/j.1469-7610.2011.02486.x

## Group cognitive behavior therapy for children with high-functioning autism spectrum disorders and anxiety: a randomized trial

Judy Reaven, Audrey Blakeley-Smith, Kathy Culhane-Shelburne, and Susan Hepburn

Anschutz Medical Campus, School of Medicine, University of Colorado, Aurora, CO, USA

**Background:** Children with high-functioning autism spectrum disorders (ASD) are at high risk for developing significant anxiety. Anxiety can adversely impact functioning across school, home and community environments. Cognitive behavioral therapies (CBT) are frequently used with success for children with anxiety symptoms. Modified CBT interventions for anxiety in children with ASD have also yielded promising results. **Methods:** Fifty children with high-functioning ASD and anxiety were randomized to group CBT or treatment-as-usual (TAU) for 12 weeks. Independent clinical evaluators, blind to condition, completed structured interviews (Anxiety Disorders Interview Schedule – Parent Version; ADIS-P) pre- and post-intervention condition. **Results:** Forty-seven children completed either the CBT or TAU condition. Results indicated markedly better outcomes for the CBT group. Significant differences by group were noted in Clinician Severity Ratings, diagnostic status, and clinician ratings of global improvement. In the intent-to-treat sample, 10 of 20 children (50%) in the CBT group had a clinically meaningful positive treatment response, compared to 2 of 23 children (8.7%) in the TAU group. **Conclusions:** Initial results from this randomized, designed treatment study suggest that a group CBT intervention specifically developed for children with ASD may be effective in decreasing anxiety. Limitations of this study include small sample size, lack of an attention control group, and use of outcome measures normed with typically developing children. **Keywords:** Autism, anxiety, cognitive behavioral therapies, group.

## Training Clinicians to Deliver Group CBT to Manage Anxiety in Youth With ASD: Results of a Multisite Trial

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Allison Meyer  
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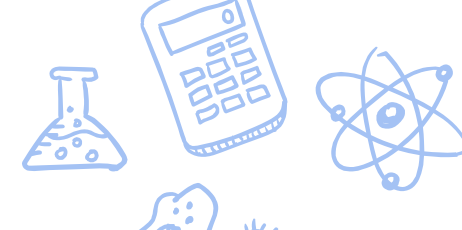
Susan Hepburn  
Colorado State University

Audrey Blakeley-Smith  
University of Colorado Anschutz Medical Center

**Objective:** Few guidelines are available regarding optimal training models for practitioners delivering cognitive-behavioral therapy (CBT) for anxiety in youth with autism spectrum disorder (ASD). The present study systematically compared 3 instructional conditions for delivering the Facing Your Fears program (FYF) to children with ASD and anxiety. **Method:** Thirty-four clinicians ( $M_{age} = 34$  years; 94% women, 88% Caucasian) and an intent-to-treat sample of 91 children with ASD and anxiety ( $M_{age} = 11$ ; 84% male 53% Caucasian) met eligibility criteria across 4 sites. A 3-group parallel design via a Latin square procedure was used to randomize 9 teams of clinicians to 1 of 3 training conditions: Manual, Workshop, Workshop-Plus. The effectiveness of instructional condition was assessed via implementation (CBT knowledge, treatment fidelity) and treatment outcomes (reductions in anxiety as measured by the Anxiety Disorders Interview Schedule-Parent (ADIS-P)). **Results:** Clinicians in both Workshop conditions significantly increased CBT knowledge postworkshop,  $F(1, 18) = 19.8, p < .001$ . Excellent treatment fidelity was obtained across conditions (above 89%), although clinicians in the Workshop conditions obtained significantly higher fidelity ratings and delivered FYF with greater quality than the Manual condition. Children with ASD demonstrated significant reductions in anxiety symptoms for three of the four anxiety diagnoses, with no differences noted across instructional condition. Rates of improvement were lower than those obtained in previous controlled trials. **Conclusions:** Results suggest that although there are some advantages

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# FYF in Community Settings



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Research in Autism Spectrum Disorders

journal homepage: [www.elsevier.com/locate/rasd](http://www.elsevier.com/locate/rasd)

Research in Autism Spectrum Disorders



Perceptions of implementing facing your fears in hospital and community organizations

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## ARTICLE INFO

Number of reviews completed is 3

### Keywords:

Implementation science  
Autism  
Anxiety  
Facing your fears  
Qualitative research

## ABSTRACT

**Background:** Implementation science is essential for identifying the strengths and challenges of evidence-based interventions when they are delivered in community settings. We examined the implementation of Facing Your Fears (FYF), a cognitive behaviour group intervention for autistic children and youth who experience co-occurring anxiety, in a hospital setting versus a community setting.

**Method:** This qualitative study was based on theories of diffusion of innovation and mutual adaptation and explored the implementation process through the perceptions of facilitators and managers. Sixteen multi-disciplinary facilitators and managers were interviewed regarding their perceptions of the compatibility, complexity, relative advantages, barriers, challenges, and adaptations that arose during implementation of FYF.

**Results:** Overall, facilitators and managers from both organizations reported that FYF had good compatibility with their organization, implementation of FYF was not too complex, and members of each organization reported advantages that were directly related to their setting. Facilitators and managers reported barriers and challenges that were organized into four theme-categories: system-level, intervention delivery, logistics, and individual and family. Adaptation themes aligned with the barriers and challenges that each organization encountered when implementing FYF, and modifications were made to both the intervention and the organization structure to

Solish et al. *Molecular Autism* (2020) 11:34  
<https://doi.org/10.1186/s13229-020-00341-6>

Molecular Autism

## RESEARCH

## Open Access

Effectiveness of a modified group cognitive behavioral therapy program for anxiety in children with ASD delivered in a community context



Abbie Solish<sup>1,2</sup>, Nora Klemencic<sup>1,3</sup>, Anne Ritzema<sup>1,4</sup>, Vicki Nolan<sup>1</sup>, Martha Pilkington<sup>1</sup>, Evdokia Anagnostou<sup>1,2,5</sup> and Jessica Brian<sup>1,2,5\*</sup>

### Abstract

**Background:** Youth with autism spectrum disorder (ASD) experience high rates (approximately 50–79%) of comorbid anxiety problems. Given the significant interference and distress that excessive anxiety can cause, evidence-based intervention is necessary in order to reduce long-term negative effects. Cognitive behavioral therapy (CBT) has demonstrated efficacy for treating anxiety disorders across the lifespan, both in individual and group formats. Recently, modified CBT programs for youth with ASD have been developed, showing positive outcomes. To date, these modified CBT programs have primarily been evaluated in controlled research settings.

**Methods:** The current community effectiveness study investigated the effectiveness of a modified group CBT program (Facing Your Fears) delivered in a tertiary care hospital and across six community-based agencies providing services for youth with ASD. Data were collected over six years (N = 105 youth with ASD; ages 6–15 years).



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Research in Autism Spectrum Disorders

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Research in Autism Spectrum Disorders



Facing Your Fears in autistic youth with co-occurring psychiatric conditions: Reductions in symptoms of anxiety and depression

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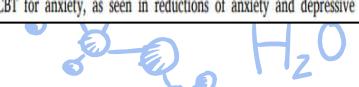
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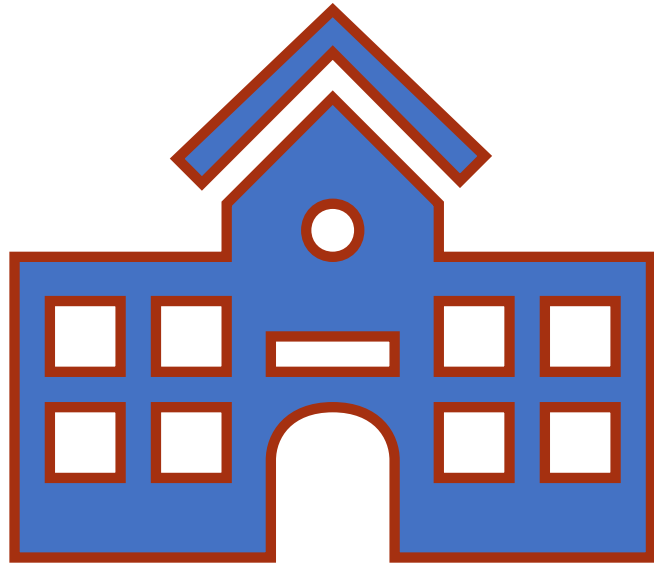
### Keywords:

Autism  
Anxiety  
Depression  
Cognitive behaviour therapy  
Psychiatric complexity

## ABSTRACT

Autistic youth often experience psychiatric complexity, with up to 70 % of youth experiencing at least one mental health issue, and as many as 41 % experiencing two or more issues simultaneously, or complex psychiatric comorbidity. Adapted cognitive behaviour therapy (CBT) for anxiety is effective in reducing anxiety symptoms in autistic youth who have multiple anxiety conditions, as well as other psychiatric conditions (e.g., attention deficit hyperactivity disorder; ADHD). However, few studies have examined the secondary impact of CBT for anxiety on depressive symptoms, despite the high prevalence of depression in autistic youth. Additionally, it is unknown how psychiatric complexity may impact, or moderate, autistic youth's response to treatment. Fifty-one autistic youth (8–13 years old) participated in an adapted CBT intervention for anxiety (Facing Your Fears). Participants were categorized into one of three groups of increasing psychiatric complexity (Anxiety only; Anxiety + ADHD; and Anxiety + other mental health conditions). Paired sample t-tests and linear mixed models highlighted that autistic youth generally benefitted from CBT for anxiety, as seen in reductions of anxiety and depressive



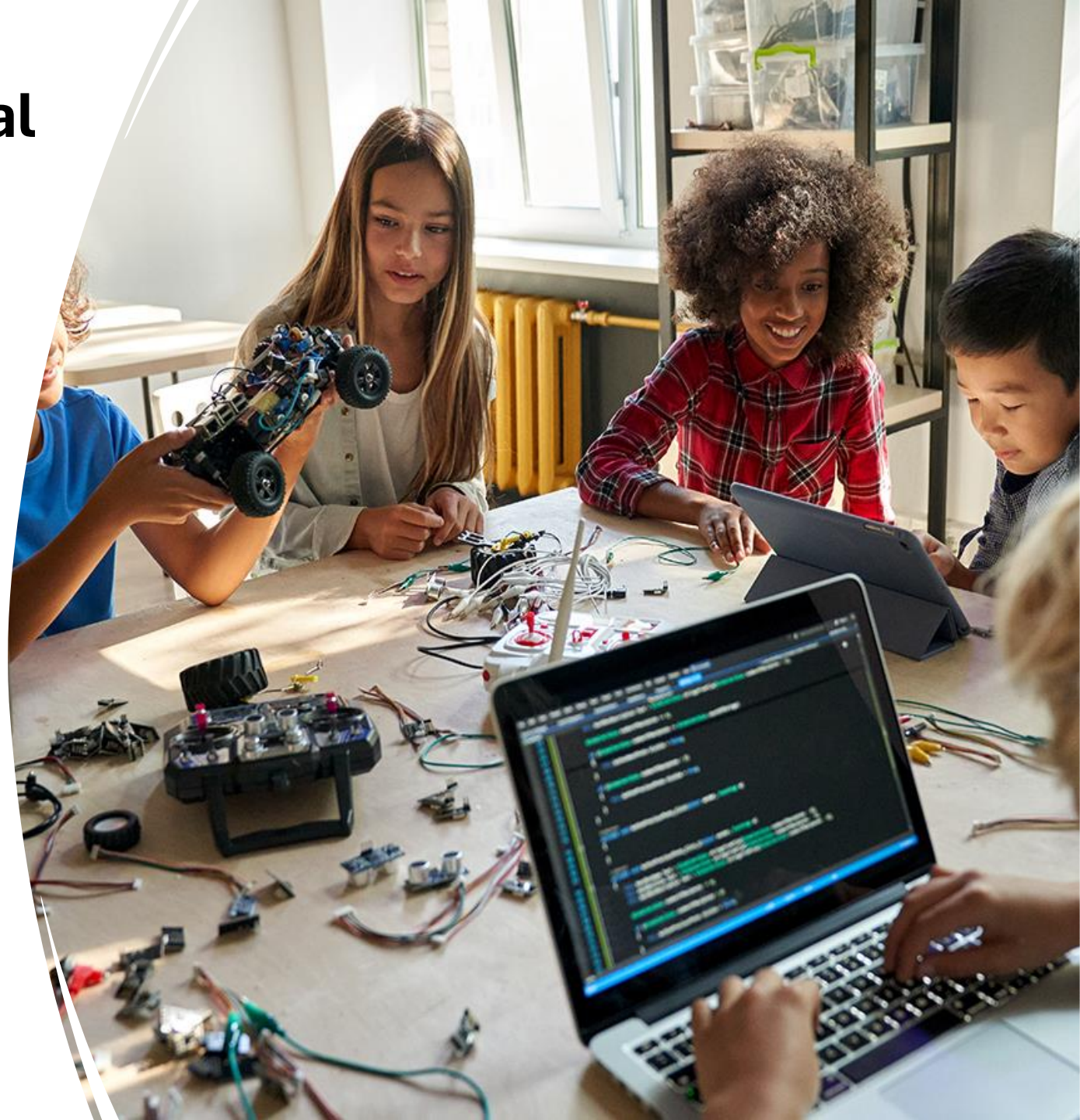


# Why Schools??

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# Need for Evidence-Based Mental Health Interventions in Schools

- Autistic students display marked anxiety and related difficulties in school (Rotheram-Fuller & MacMullen, 2011).
- Most CBT research/programs offered in University clinics, limiting access to care
- Youth from some communities likely to access services *only* in school (Ali et al. 2019)
- **Schools are the location of choice** (Mychailyszyn et al., 2011; Van Acker & Mayer, 2009).





## Initial Adaptation: Singapore (Drmic et al. 2017)

### Collaboration with the Community

- Trained 42 Specialists (educators)
- 22 Secondary Schools
- Students with autism (13-15 years)
- Significant reductions in parent/child self-report of anxiety

**Drs. Mariam Aljunied and Irene Drmic**



# FYF-School Based

## 12, 40-minute sessions (during school day)

### Session 1 & 2 Welcome & Introduction

Getting to know you/ice breaker

Learning about emotions

Everybody worries and gets upset sometimes

How I react/feel when I worry

### Session 3 -4 Understanding My Worry/Upset and Calming My Body

Time Spent Worrying/Upset

Externalizing worries: Worry bugs

False Alarms; Stress-o-meters

Measuring worry/upset; Deep Breathing

### Sessions 5-6 Managing the Mind; Calming the Body

Identifying relaxing activities

Active Minds and Helpful Thoughts

Putting it Altogether

Plan to Get to Green

### Sessions 8-12 Practice Facing Fears

Introduction to Exposure: Facing Fears

Creating exposure hierarchies/steps to success

Optional: Movie Making

Review & Graduation

### Two Parent Sessions

=====




**Session 1:**  
Overview of FYF-SB; introduce tools/ strategies

**Session 2:**  
Video link:  
Introduction to Graded Exposure

# Implementing school-based cognitive behavior therapy for anxiety in students with autism or suspected autism via a train-the-trainer approach: Results from a clustered randomized trial

Autism  
2024, Vol. 28(2) 484–497  
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Judy Reaven<sup>1</sup> , Katherine Pickard<sup>2</sup> , Allison T Meyer<sup>1</sup>,  
Lisa Hayutin<sup>1</sup>, Caitlin Middleton<sup>1</sup>, Nuri M Reyes<sup>1</sup>, Tanea Tanda<sup>1</sup>,  
Aubyn Stahmer<sup>3</sup> , Audrey Blakeley-Smith<sup>1</sup> and Richard E Boles<sup>1</sup>

## Abstract

Autistic youth frequently experience interfering anxiety, and schools may be an ideal setting to deliver mental health care. A type I hybrid-effectiveness, cluster randomized trial was used to examine the effectiveness of school-based Facing Your Fears compared to usual care. Change in provider cognitive behavior therapy knowledge and treatment fidelity (adherence and provider competence) were also examined. Seventy-seven interdisciplinary school providers across 25

# Impact and Reach of FYF

## Trainings across the country and globally

- 70 local/regional/national
- 42 international (e.g., Singapore, Ireland, Argentina, Kuwait and many Canadian provinces)
- Dozens of posters/presentations at scientific conferences
- Over 30 peer reviewed publications on FYF
- External Funding: Autism Speaks, HRSA, NIH, DOD, PCORI
- Two published manuals (clinic and school based FYF) and a third in the works (FYF-IDD)



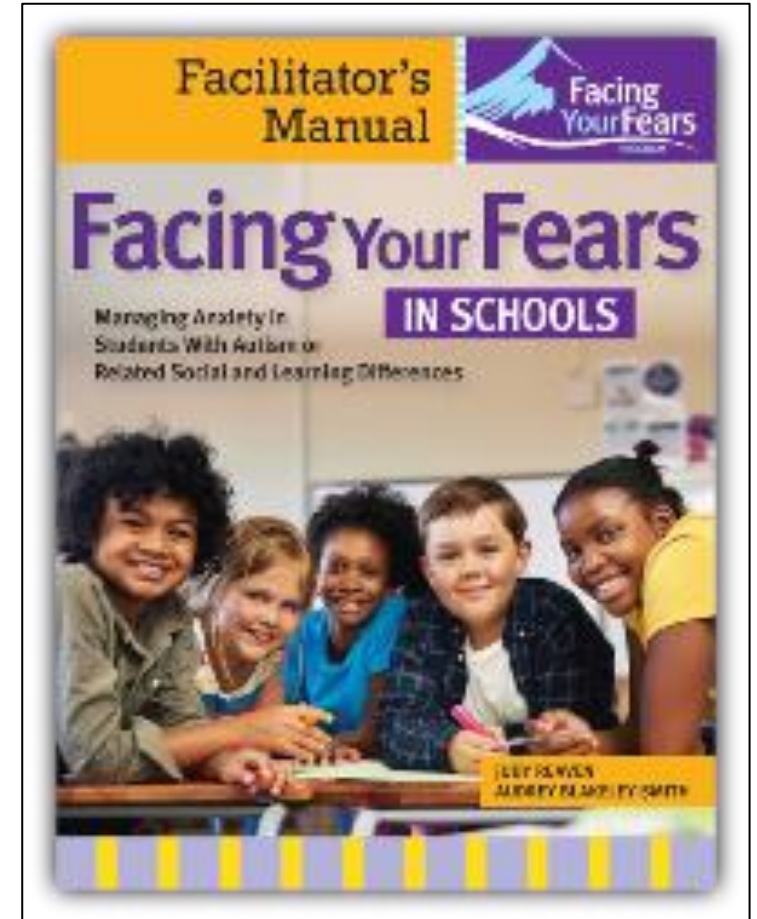
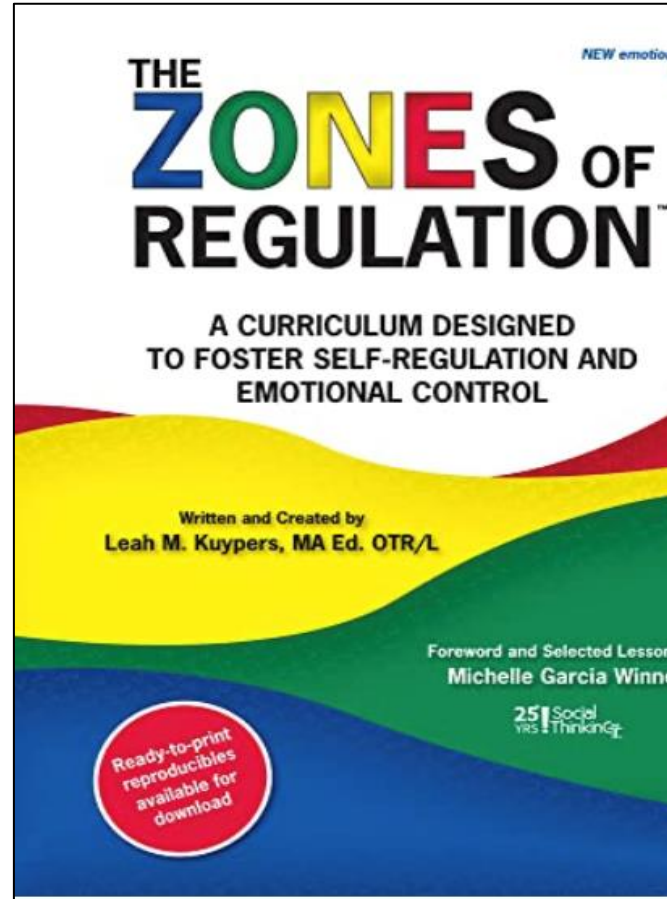
# Next Steps:

Compare Zones of Regulation to Facing Your Fears in Schools

Why?

1) To support schools to make decisions about programming

2) To determine which program works for which students



# Barriers to Mental Health Care: Autistic Teens with IDD

## Assessment challenges

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

## Service cliff

Higher mean rates of anxiety for autistic individuals with IDD (48.67%) relative to those without IDD (22.36%; Marquis et al., 2024)., yet reduced support particularly following high school (Roux et al., 2015)-->**unmet health care needs**

## Biases in research

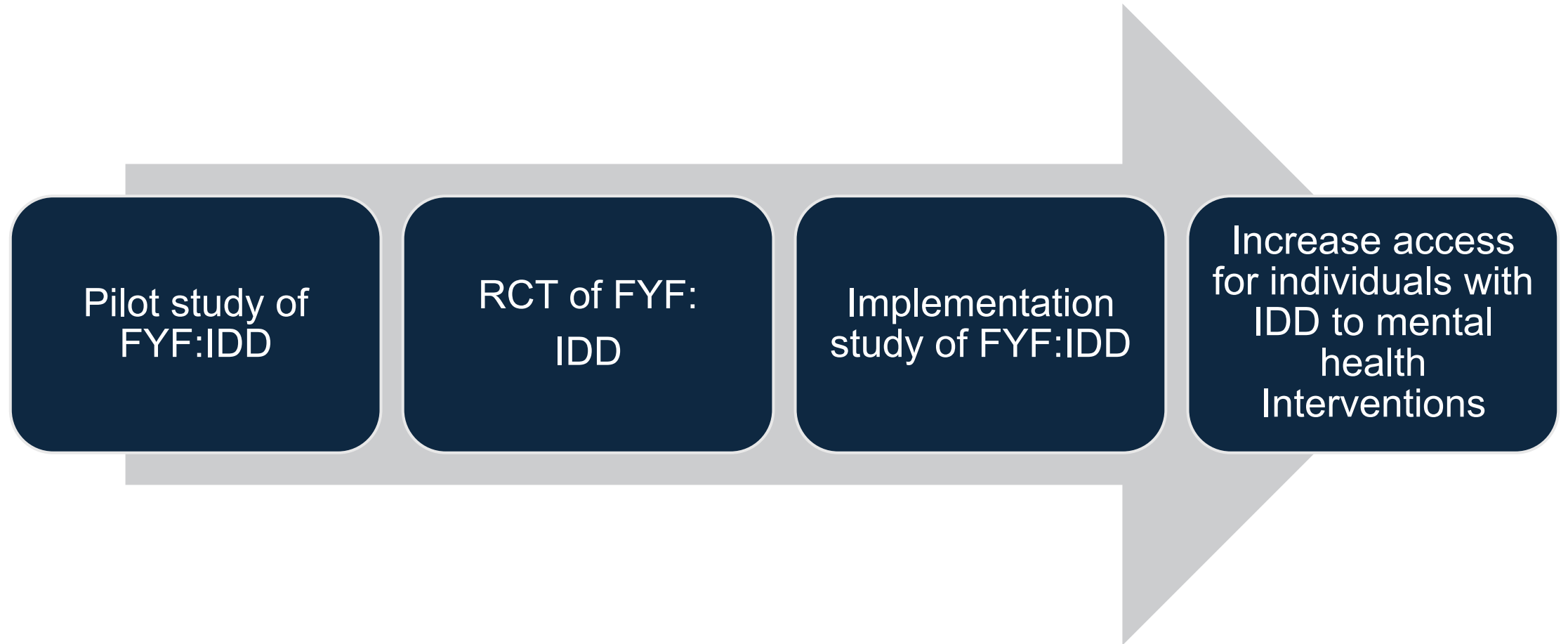
Only 6% of autistic participants in research studies have IDD (Russell et al., 2019)--> this contributes to the severe **lack of evidence-based interventions** for this population (Shepherd et al., 2019).

# Families deserve treatment options

- Behavioral approaches (ABA) are useful and have a long history of success
- Many families turn to PCPs who, in turn, rely on medication
  - 67% of autistic individuals with ID are prescribed medication for anxiety and ADHD (Zablotsky et al., 2015).
  - UK's Royal College of Psychiatry created STAMP (supporting treatment and appropriate medication in pediatrics) in 2018



# Program of Research



Pilot study of  
FYF:IDD

RCT of FYF:  
IDD

Implementation  
study of FYF:IDD

Increase access  
for individuals with  
IDD to mental  
health  
Interventions

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

Audrey Blakeley-Smith<sup>1</sup> | Allison T. Meyer<sup>2</sup> | Richard E. Boles<sup>2</sup> | Judy Reaven<sup>1</sup>

### Results of OAR funded 2021 Pilot Study:

## Facing Your Fears: IDD 14 week group for teens 12-18 (Blakeley-Smith et al., 2021)

1-3 = Caregiver education and preparing to tailor group content for teens.



4-7 = Psychoeducation and skill building



8 = Exposure preparation



9-13 = Exposure practice



14 = Celebrate accomplishments and outline next steps



# Anxiety Disorders in Autistic Teens with ID



Phobias: 69%



GAD: 69%

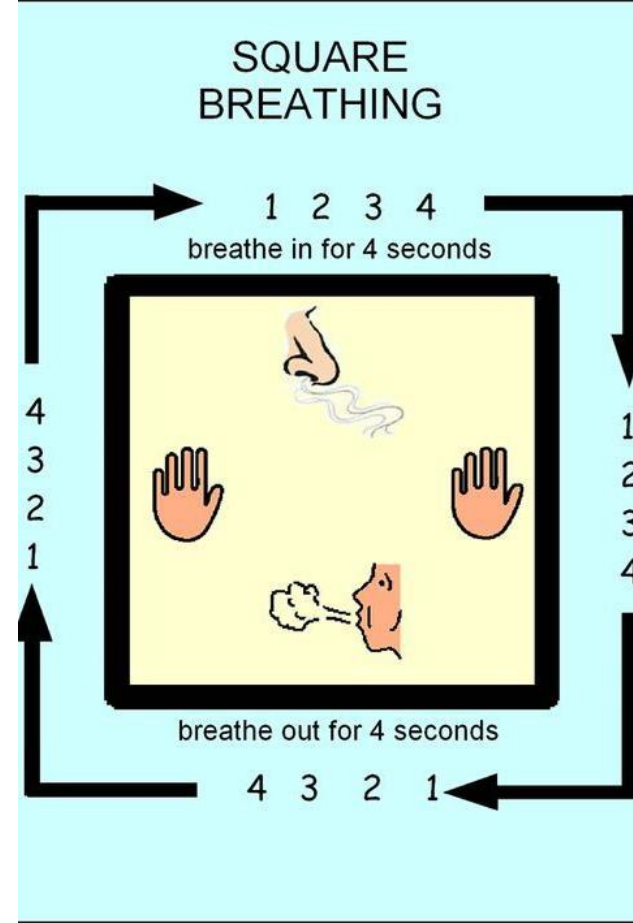
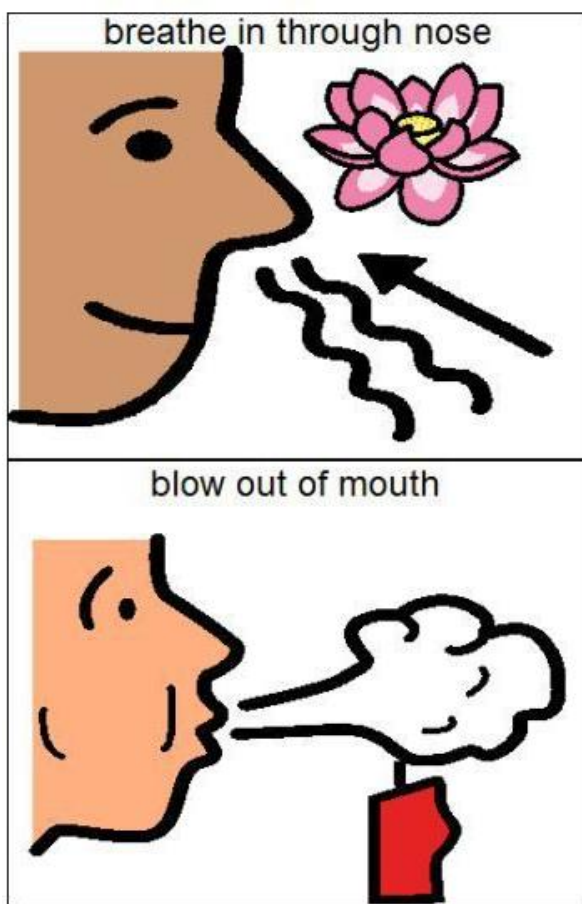


Social: 63%

Fear of Change:  
46%



Separation:  
26%



# Somatic Management: Calm Body

# Cognitive Component: Calm Mind



**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**

# Being Brave!

Calm My Body



Calm My Mind



Be Brave 

Reward 



# Summary – Final Thoughts



**It is critical to expand mental health interventions for people with IDD**



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



**Exposure, ultimately, may be what is most beneficial**



**Supporting clinicians to implement the program and provide feedback on the intervention is an important next step**

# What Really Matters...

- ▶ Using bathrooms in public
- ▶ Walking into the classroom, even when late.
- ▶ Talking to new people; asking peers or adults for help
- ▶ Going to the doctor/dentist
- ▶ Separating from parents to attend school
- ▶ Turning in homework, making mistakes on tests



THANK YOU!!

