

COGNITIVE-BEHAVIORAL GROUP THERAPY FOR ADOLESCENTS WITH HIGH-FUNCTIONING AUTISM SPECTRUM DISORDERS AND ANXIETY - A PILOT STUDY

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BACKGROUND: Anxiety disorders are among the most common psychiatric conditions that present during childhood and often co-occur with other diagnoses (Compton et al. 2004). Individuals with developmental disabilities are at increased risk for developing anxiety disorders and children with high-functioning autism and Asperger Syndrome are at even greater risk for developing significant anxiety symptoms (Brereton, Tonge & Einfeld, 2006). Cognitive-behavioral therapies (CBT) are frequently used for children and adolescents with anxiety symptoms with good success (Compton et al. 2004). Given the co-morbidity of anxiety and autism spectrum disorders, it is surprising that so few treatment studies of dually diagnosed persons exist in the literature. In fact, research using randomized clinical trials to date has typically excluded children with pervasive developmental disorders. Limited studies using CBT interventions for individuals with autism spectrum disorders have been published and none of the group treatment studies published to date have specifically targeted adolescents with ASD. Thus the effectiveness of CBT with this population remains unexplored. We conducted a pilot study of adolescents with ASD and anxiety, to 1) determine the initial efficacy of CBT for this population and 2) to describe modifications that are necessary in the implementation of CBT for this population.

METHOD: Four adolescents (age 14-17) with a diagnosis of an autism spectrum disorder and presenting with clinical anxiety symptoms participated in a 12-week original, manualized, group CBT intervention, along with their parents. The treatment for adolescents with ASD and anxiety was based on an intervention originally developed for children 8-14 with ASD and anxiety (Coping Group: Fighting Worries and Facing Fears; Reaven et al. 2006 unpublished treatment manual). Personal handheld computers were offered to the teens as a tool for self-monitoring anxiety symptoms, as well as relaxation and graded exposure practice. Pre-treatment and post-treatment measures of anxiety were obtained for the adolescent group, using several self-report and parent-report measures of anxiety. Basic components were conserved from the original "Face Your Fears" manual, while care was taken to modify activities for the adolescents and to document the modifications.

RESULTS: Pre-treatment and post-treatment results will be presented. Modifications necessary for working with adolescents with ASD and anxiety will be discussed.

CONCLUSION: CBT may be an appropriate intervention for adolescents with ASD and anxiety symptoms. Modifications to traditional CBT protocols are necessary for use with teens with ASD, given the core deficits of ASD. This study provides an initial first step in creating an adolescent version of a CBT intervention for teens with ASD and anxiety.