Acceptability of Cognitive-Behavioral Therapy for Teens with Autism Spectrum Disorders
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ABSTRACT
This study evaluated the acceptability of a novel Cognitive Behavioral Therapy (CBT) program for adolescents with Autism Spectrum Disorders (ASD). Participants (n=4; 12-14 years; 2 boys) were diagnosed with ASD and at least one anxiety disorder. The youth and their parents found the treatment acceptable and helpful. Preliminary outcome data indicate that the teens self-reported variable change in anxiety symptoms, depression, and loneliness. Youth with ASD may have difficulties using self-report measures, and it is recommended that future assessments be supplemented with clinician, teacher, and parent ratings.

INTRODUCTION
• CBT is the primary, non-medical treatment of choice for childhood mood and anxiety disorders.1 Anxiety disorders frequently co-occur in adolescents with ASD.2
• As identification rates of ASD have risen, so has interest in adapting CBT to treat this population.
• Although efficacy of CBT with ASD is promising, no previous research has examined treatment satisfaction.3,4 This study implemented a novel, manual-based CBT program to address anxiety and social development in adolescents with ASD.

Study Aims:
(1) to evaluate parents’ and teenagers’ satisfaction with treatment.
(2) to explore self-report measures of change.

METHODS
PARTICIPANTS:
Adolescents with clinical diagnoses of ASD supported by Autism Diagnostic Interview – Revised1 & Autism Diagnostic Observation Schedule8 and anxiety disorder supported by the Anxiety Diagnostic Interview Schedule.7

PROCEDURES:
Following individual therapy sessions and at treatment completion youth and parents completed measures of treatment satisfaction.

MEASURES:
• Multidimensional Anxiety Scale for Children (MASC8): t-score ≥ 65 is indicative of clinical anxiety
• Loneliness Questionnaire (LQ9,10): divided into Social Loneliness (S; range 0-65) and Emotional Loneliness (E; range 0-45), with higher scores indicative of greater loneliness
• Short Mood Feelings Questionnaire (SMFQ11): range: 0-26, with higher scores indicative of greater depression; clinical cut off =8

RESULTS

Table 2. Participant and parent satisfaction for overall program

<table>
<thead>
<tr>
<th>ID</th>
<th>Program Helpfulness</th>
<th>Most Helpful Component</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Participant</td>
<td>Parent</td>
</tr>
<tr>
<td></td>
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<td>Participant</td>
</tr>
<tr>
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<tr>
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<td>7</td>
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<tr>
<td>4</td>
<td>10</td>
<td>9</td>
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</tbody>
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Table 3. Self-report measures of change

<table>
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<tr>
<th>ID</th>
<th>Pre</th>
<th>Post</th>
<th>Pre</th>
<th>Post</th>
<th>Pre</th>
<th>Post</th>
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</thead>
<tbody>
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<td>E=19</td>
<td>S=37</td>
<td>E=25</td>
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<td>E=6</td>
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<tr>
<td>Post</td>
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<td>E=22</td>
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<tr>
<td>Pre</td>
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<td>E=31</td>
<td>S=37</td>
<td>E=31</td>
<td>S=11</td>
<td>E=14</td>
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<tr>
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<td>E=20</td>
<td>S=20</td>
<td>E=14</td>
<td>S=11</td>
<td>E=14</td>
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</tbody>
</table>

• There was considerable variability on self-report measures of change

CONCLUSIONS
• Overall, adolescent participants and their parents found the CBT treatment to be helpful and acceptable.
• These results have important implications for outcome measurement in treatment studies of ASD: (1) Despite clinically confirmed anxiety disorders and parent-reported change with anxiety, the youth reported minimal problems with anxiety and inconsistent change. (2) There was variability in both the report and change of depression and loneliness between participants. (3) High-functioning youth with ASD may have difficulty recognizing & reliably reporting on their symptoms of anxiety, depression, or loneliness.

LIMITATIONS/FUTURE DIRECTIONS
• Self-report measures for screening, diagnosis, and change should be supplemented with clinician, teacher and parent ratings.
• Limitations include a small sample size and lack of independent ratings.
• Future studies will need to confirm acceptability of CBT for adolescents with ASD.

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