

COPE: CBITS Over telehealth Promotes Empowerment



Results of a pilot study of a novel group intervention in youth with autism

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ABSTRACT

Adolescents with Autism Spectrum Disorders (ASD) experience co-occurring anxiety and depression at a rate of 14.4%-39.6%, are at a higher risk of maltreatment, have increased exposure to ACES (adverse childhood experiences), trauma & stress while also having unmet mental healthcare needs.

Autistic youth from racially/ethnically underrepresented populations and those living in low-resourced environments have access issues in reaching evidence-based mental health treatment. The disproportionately low number of AA and Latin therapists is also an impediment: only 9% of psychologists identify as AA or Latin when these identities account for a 31% of the US population.

Mental health care via telehealth may improve access to care for underrepresented youth with ASD, yet little research has identified how effective virtual therapy is for those with ASD. Critical need exists to evaluate the effectiveness of telehealth for neurodiverse youth.

Total Number of Trainees	N=12
Average Age	M=38 years, SD=2.58
Race	
Black or African American	91.6%
White	8.3%
Ethnicity – Hispanic or Latin(e)	16.7%
Gender/Sex	
Female	91.6%
Male	8.3%
Lesbian, Gay, or Bisexual (LGB)	8.3%

METHODS

Methods :

The 2 year pilot study recruited 48 adolescents with autism & 12 Social Work trainees in this pre-post intervention. Adolescents from the waitlists who had a diagnosis of ASD were recruited to the intervention program. The trainees were masters-level Social Work providers from local HBCU’s.

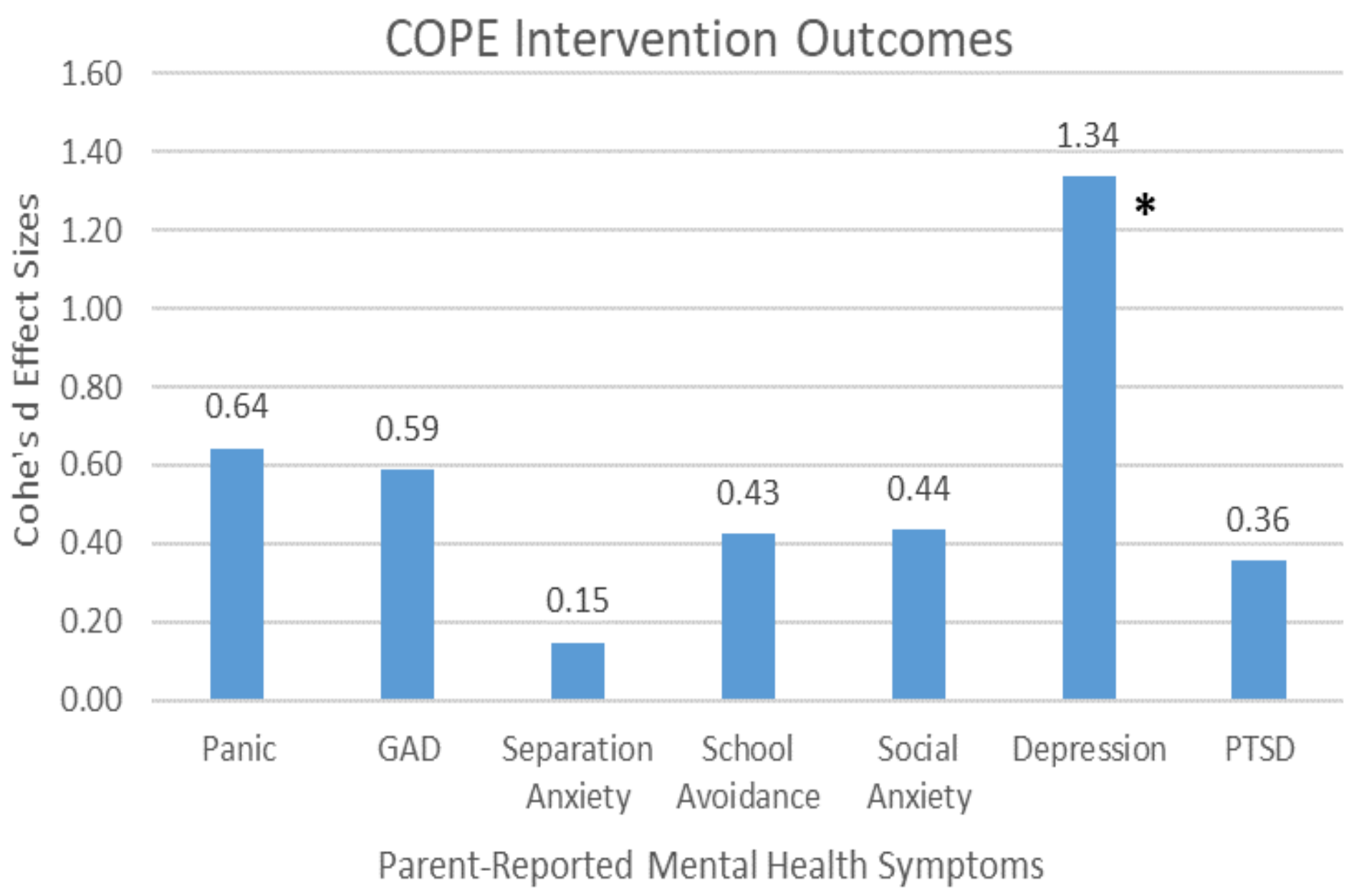
We adapted and delivered Cognitive Behavioral Intervention for Trauma in the Schools (CBITS), which is a 10-week, group- and evidence-based intervention for 11-17 year olds exposed to trauma, via telehealth. 12 social work master's degree students from area HBCUs participated in a two-semester internship program with didactic and clinical training in adolescent development, trauma exposure, and neurodiversity. They achieved formal certification in CBITS and co-led two groups each week under formal supervision

Both pre and post-intervention measures were administered to study participants and SW trainees and included

- CBITS Trauma and PTSD Screener
- Child and Adolescent Trauma Screen (CATS)
- Patient Health Questionnaire 9 (PHQ9)
- Screen for Child Anxiety Related Disorders (SCARED)
- Telehealth Satisfaction survey
- Qualitative focus groups with participants ,families and trainees

RESULTS

: Paired samples t-tests and descriptive statistics were used. Results demonstrated statistically significant decrease in depression symptoms ($p<0.05$) and panic and generalized anxiety symptoms. Qualitative reports from focus groups with patients and trainees showed a high acceptance rate of the telehealth format for CBITS intervention and therapeutic alliance

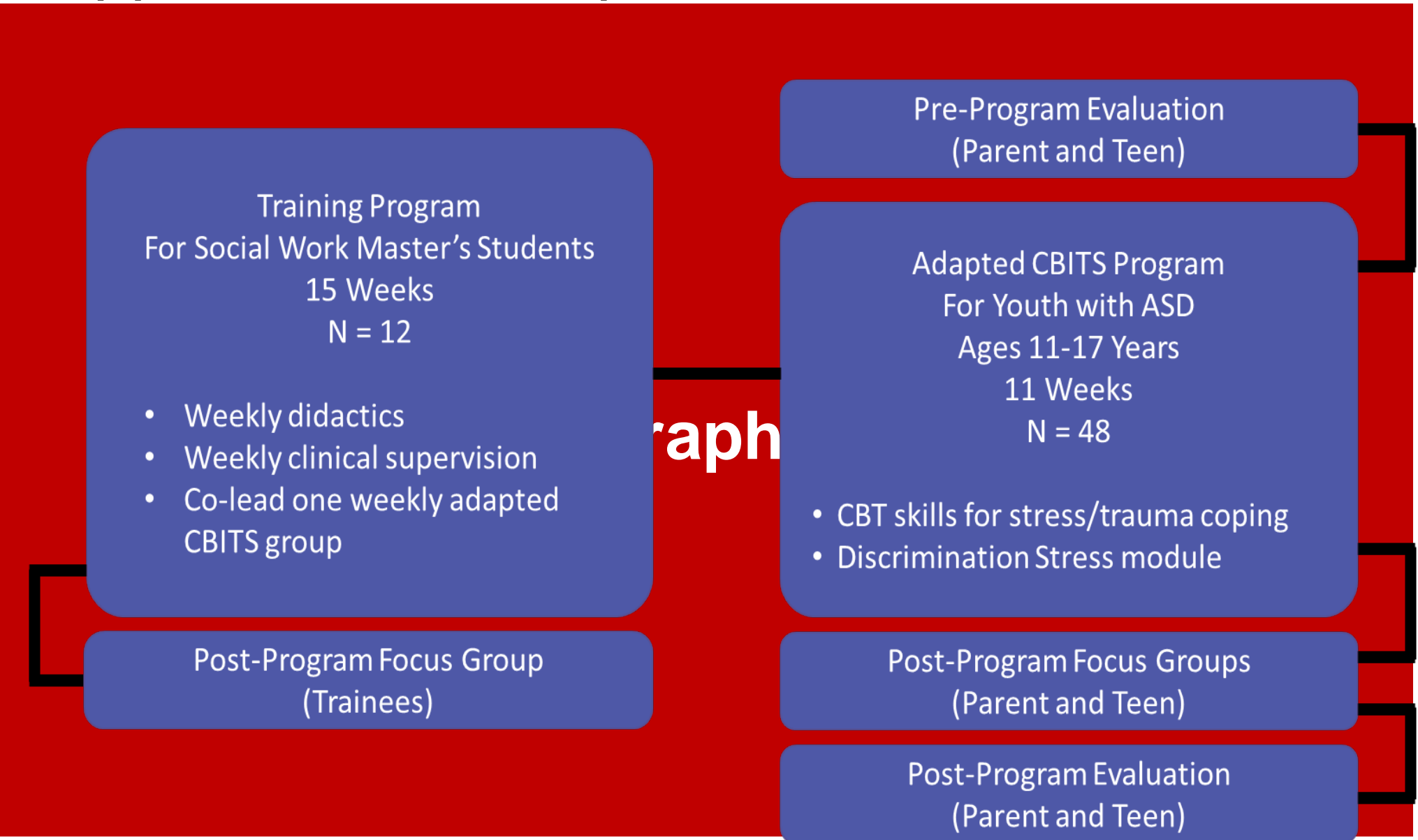


CONCLUSIONS

- Virtual group-based intervention may have potential to support autistic youth in addressing PTSD, anxiety, and depression symptoms following exposure to trauma or stressful experiences.
- Caregivers and teen participants reported positive experiences with the COPE program and telehealth delivery method.
- SW trainees expressed positive feedback on confidence level in providing virtual group therapy and content mastery on CBITS at the conclusion of the program
- Telehealth model was effective in providing guided supervision during trainee-led group intervention
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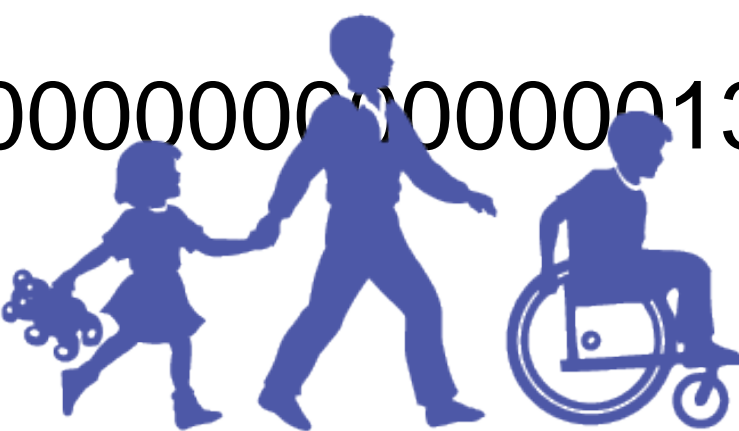
Trainee Survey feedback

_Appreciative of exposure to the multidisciplinary care team model
Appreciative of Isupervision and coach



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