



# Follow-Up of Children Who Were Diagnosed with ASD Before Age 3

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## Background

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder that develops before age three characterized by impairments in social interaction, communication, and repetitive behaviors. Early intervention has been shown to be effective, creating a need for early identification. However, validity of early diagnoses, determined through diagnostic stability, needs further examination.

## Phase A Goals

1. To examine diagnostic stability of children with early diagnoses of ASD now in grade school
2. Examine functional characteristics of adaptive behaviors and education placement at follow-up

## Phase A Methods

**Participants:** 57 children evaluated at WIHD before 3 yrs diagnosed with ASD using chart abstraction. These participants were re-evaluated at 7-12 years of age via mailed packets.

**Procedure:** During Time 2, parents were contacted and sent a consent form & questionnaires. The Vineland-II was administered in a follow-up phone call. Early Vineland scores came from EI charts.

**Measures:**  
 Time 1: Parent rating scale: Vineland and Child Autism Rating Scale (CARS)  
 Time 2: Parent rating scale: Vineland II, Gilliam Autism Rating Scale (GARS), and Parent Questionnaire

## Community Partners

Marina Yoegel, MA, CCC-SLP,  
 Assistant Commissioner,  
 Westchester County Department of Health

## Phase B Goals

Phase B involves in-person evaluations of the subjects.

1. Continue to evaluate diagnostic stability of early diagnosis and current diagnosis
2. Continue to examine functional characteristics at follow-up including adaptive behavior, educational placement, and social communication
3. Determine agreement between the current judgment-based diagnoses and those obtained when the child was evaluated in person

## Phase B Methods

### Participants:

Sample composed of:

- Re-recruited subjects who participated in Phase A and consented to participate in Phase B
- Newly recruited subjects participating only in Phase B who have been assessed through the EI system over the past 10 years.

### Procedure:

Parents of newly recruited and re-recruited participants were contacted to obtain consent. Packets were sent out including consent, EI background info, and questionnaires. The Vineland II was administered in a follow-up phone call. A face-to-face evaluation by a psychologist was completed. Data from questionnaires and the in-person evaluation were entered and analyzed using SPSS.

### Measures:

- Time 3:
- Parent rating scale: Vineland II, GARS-3, Social Communication Questionnaire (SCQ), Autism Spectrum Rating Scale (ASRS)
  - Parent Questionnaire
  - In-person evaluation: Autism Diagnostic Observation Schedule (ADOS-2), and Weschler Intelligence- Abbreviated

## Phase B Progress

Status				Sex			
New N	%	Re-recruited N	%	M N	%	F N	%
8	57	6	43	13	87	3	13
Packets				Cog. Assmt Done		ADOS-2 Assmt Done	
Sent Out N	Returned N	%	N	N			N
16	8	50	5	5			

## Current Results

**Outcome 1: Diagnostic Stability**  
 Three diagnostic categories at Time 3 were developed based on current functioning in terms of social skills, presence of atypical behaviors, learning difficulties and special services received according to parent report and face-to-face evaluations.

Mod-Sev ASD N=31	Mild ASD N=20	LD or No Dx N=12	
49.2%	31.7%	19.0%	
Mod-Sev ASD N=28	Mild ASD N=19	LD or No Dx N=11	
<b>Time 2/Time 3 GARS</b>	95	71	53

## Current Results

**Outcome 2: Adaptive Behavior**  
 The Vineland scores varied as expected with the lowest for the more severe category.

Vineland	Mod-Sev ASD N= 20	Mild ASD N=12	LD or No Dx N=10
Communication	64	82	107
Socialization	62	78	106
Daily Living Skills	67	86	106
Adaptive Behavior Composite	63	81	107

## IQ/Cognitive Outcomes

	Mod-Sev ASD N=3	Mild ASD N=1	LD or No Dx N=1
Full Scale IQ	61	66	103
ADOS-2	19	11	13

## Phase B Next Steps

1. Confirm previous judgment-based diagnoses made using parent report with new diagnoses determined during in-person evaluation
2. Determine agreement between the current judgment-based diagnoses and those obtained when the child was evaluated in person
3. Examine the relationship between EI services and outcomes with increased number of participants.