

Children with Early Autism Spectrum Diagnoses: Outcomes and Early Intervention Experience

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Team Project Abstract 2017-2018

Background: Longitudinal studies of Autism Spectrum Disorder (ASD) are important to understand outcomes of children diagnosed early. Few studies have followed children from as early as the age of two to school age. In addition, longitudinal studies tend to focus exclusively on diagnostic stability. This study focuses on diagnostic stability as well as functional outcomes and the early intervention experiences of participants.

Objective(s):

1. Determine the diagnostic stability of an early ASD diagnosis over time.
2. Examine functional outcomes of adaptive behavior and level of autism severity.
3. Examine the number of early intervention (EI) therapies and hours of services.

Methods:

Participants: 70 children who received early intervention evaluations or service coordination at WIHD were diagnosed with ASD before the age of 3 years old (Time 1) using a chart abstraction coding system. The same children were re-evaluated at age 7-18 years old (Time 2).

Instruments: Time 1: Demographics, Vineland Adaptive Behavior Scales (VABS), Childhood Autism Rating Scale (CARS), EI services child received.

Time 2: Parent Questionnaire, Vineland Adaptive Behavior Scales (VABS), and Gilliam Autism Rating Scale (GARS).

Procedure: Parents were contacted about study participation. Packets including consent form and questionnaires were mailed out. Each child's EI hours were recorded from the Department of Health EI charts. All instruments were scored and entered into the database using SPSS to conduct planned analyses.

Community Partner(s): Marina Yoegel, M.S. CCC-SLP, Supervisor of the EI Program, Westchester County Department of Health

Results:

Objective 1- Three diagnostic severity categories at Time 2 were developed based on the following: 1) parent report of current functioning (i.e. social skills, school placement) 2) GARS scores 3) learning difficulties and special education services. The participants were then placed in one of three ASD diagnostic severity level categories. Half of the children were in the most severe category, one third were in the mild category, and about 17% did not retain an ASD diagnosis.

Objective 2- Obtained scores are consistent with outcome severity categories for both the GARS and Vineland scores. (e.g., children in moderate-severe disability category had the highest GARS scores and the lowest Vineland scores).

Objective 3- The most common therapies were Speech, ABA, Special Instruction, and OT, in that order. More severe children received more feeding therapy. In terms of hours, children who were rated as more severe at outcome tended to get more hours of therapy.

Conclusions and Next Steps:

Diagnostic stability was found to be comparable to outcomes of other studies for this population. Adaptive behavior and autism severity scores at Time 2 reflected outcome disability level. The most common early therapies were Speech, Special Instruction, ABA, and OT. There was a trend for children rated as more severe at Time 2 to have received more EI services. Current research shows that age of diagnosis and outcomes is complex and multifaceted. The next steps would be to further analyze the data in the form of modeling taking into account early severity, age at EI entry, and amount of therapy.