

Introduction

- The course of dysregulation and internalizing symptoms in young children with autism spectrum disorders (ASD) has not been examined.
- Evidence of the persistence of regulatory problems in relation to internalizing symptoms is essential to our understanding of the clinical significance of these behaviors and to the development of appropriate services.

Research Questions:

Q1: What are the rates of persistence and change in dysregulation and internalizing symptoms over time?

Q2: Does having multiple problems on scales within the Dysregulation domain or across Dysregulation and Internalizing domains increase persistence of Dysregulation problems?

Methods

Participants (n=95) 52% PDD-NOS, 48% Autism in Year 1

Year 1 CA= 28 mo (14-37) DQ=66 (49-122)

Year 2 CA= 41 mo (31-50) DQ=73 (49-141)

Note. DQ=Developmental quotient based on the Mullen Scales (1995).

Measure

Infant Toddler Social and Emotional Assessment (ITSEA: Carter & Briggs-Gowan, 2005)

Scores interpreted relative to the extreme 10th percentile cut-points

Internalizing Domain:

- Depression/Withdrawal
- General Anxiety
- Separation Distress
- Inhibition to Novelty

Dysregulation Domain:

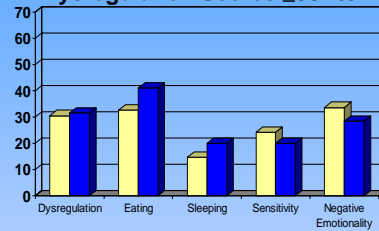
- Sleeping Problems
- Eating Problems
- Sensory Sensitivity
- Negative Emotionality



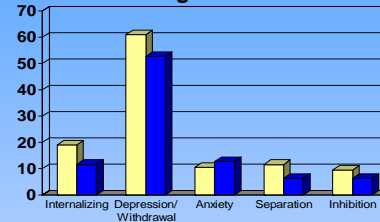
Results

Q1: What are the rates of persistence and change?

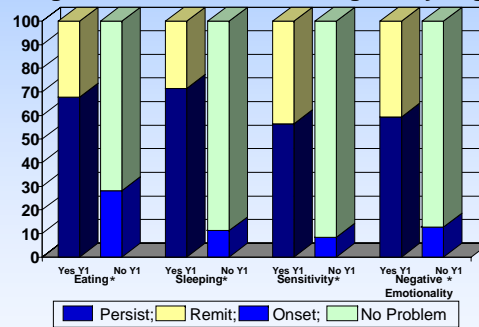
Percentage of Children With Dysregulation Scores $\geq 90^{\text{th}}$ ile



Percentage of Children With Internalizing Scores $\geq 90^{\text{th}}$ ile



Percentage of Persistence and Change in Dysregulation



Yes Y1= Of children with a score $\geq 90^{\text{th}}$ ile in Year 1
No Y1= Of children with a score $< 90^{\text{th}}$ ile in Year 1
 * $p < .00$ based on Fisher's Exact tests

Q2: Does having multiple problems on scales within the Dysregulation domain or across Dysregulation and Internalizing domains increase persistence of Dysregulation problems?

- Children who showed more than 1 Dysregulation score $\geq 90^{\text{th}}$ ile in Eating, Sleeping, and/or Sensitivity at Year 1 had a higher likelihood to show persisting Eating, Sleeping and/or Sensitivity problems.
- Children who showed Dysregulation and Internalizing scores $\geq 90^{\text{th}}$ ile at Year 1 had a higher likelihood for showing persisting Eating and Sensitivity problems.

Summary

- Depression/withdrawal scores $\geq 90^{\text{th}}$ ile were highly prevalent at both times and persisted in 46% of toddlers.
- 58%-71% of toddlers with dysregulation scores $\geq 90^{\text{th}}$ ile at initial assessment had scores $\geq 90^{\text{th}}$ ile at follow-up.
- Eating problems increased over time with high persistence and the highest percentage of new cases.
- Sensory Sensitivity had the highest rate of remission over time
- Persistence of Dysregulation problems was greater for children with multiple Dysregulation problems and for those with both Internalizing and Dysregulation problems at initial assessment

Discussion

- High Depression/Withdrawal scores may relate to symptoms of ASD included in this scale.
- The persistence of dysregulation problems in over half of the sample calls for allocating more early intervention resources to address these issues and the need to determine the clinical significance of these behaviors with respect to impairment.
- Differences in rates of behaviors may also reflect changes in parent perception of the behaviors (i.e. awareness, acceptability, and tolerance) over time.
- Early co-occurrence of dysregulation and internalizing problems may be a risk factor for their persistence and associated impairment.

References

Briggs-Gowan, M.J., Carter, A.S., Bosson-Heenan, J., Guyer, A.E., Horwitz, S.M. (2006). Are infant toddlers social-emotional and behavior problems transient? *Journal of the American Academy of Child and Adolescent Psychiatry*, 45 (7), 849-858.

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