



Reliability of the Autism Spectrum Disorder-Diagnostic For Children (ASD-DC)

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Abstract

The reliability of a new scale to assess Autistic Disorder, Pervasive Developmental Disorder, Not Otherwise Specified (PDD-NOS), and Asperger's Disorder in children was examined. Parents or other caregivers rated symptoms of 207 children between 2 and 16 years of age. The scale, which had 40 items in the final version, correlated highly with DSM-IV-TR and ICD-10 criteria and proved to have good inter-rater reliability and, excellent test–retest, and internal consistency reliability. These data are considered to have clinical utility given the need to establish data-based distinctions between these three subtypes of ASD. Furthermore, the measure is part of a more extensive battery measuring comorbid psychopathology and challenging behaviors. Implications for future research of this comprehensive assessment battery are discussed.

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Autism Spectrum Disorders (ASD) are a set of neurodevelopmental conditions, that while quite heterogeneous, have overlapping symptoms (Lam, Aman, & Arnold, 2006; Matson, 2007a). Once thought to be rare, the ASD are now considered to be one of the most prevalent of the severe disorders of childhood (Baird et al., 2006; Gillberg, Cederlund, Lamberg, & Zeijlon, 2006). Among the primary core features are social and language impairments, with excessive cognitive rigidity as well as ritualistic and stereotyped behaviors (Balconi & Carrera, 2007; Hilton, Graver, & LaVesser, 2007; Matson & Wilkins, 2007; Ritvo & Freeman, 1977). The clinical diagnostic picture is compounded further by the presence of intellectual disabilities (ID) in a substantial subset of the ASD population (Baird et al., 2006). Both ID and ASD are additional

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risk factors for challenging behaviors and comorbid psychopathology (Cannella, O'Reilly, & Lancioni, 2006; Dominick, Davis, Lainhart, Tager-Flusberg, & Folstein, 2007; Fox, Keller, Grede, & Bartosz, 2007; Matson & Nebel-Schwalm, 2007). Sorting out the various subtypes of ASD, and distinguishing those children with ASD who do or do not have ID and/or challenging behaviors and psychopathology has important implications for treatment effectiveness and long-term prognosis (Ben-Itzhak & Zachor, 2007; Chung et al., 2007; Eisenmajer et al., 1998; Hill & Furniss, 2006; Ingersoll & Gergans, 2007; Towbin, 2003). These issues have considerable implications for real world diagnosis since in practice, parents often have a difficult time finding professionals who can provide an appropriate diagnosis for their child (Siklos & Kerns, 2007). One reason for this is the lack of scaling methods that are brief, and can be used to measure multiple ASD and related problems.

Given the increased number of children being identified with an ASD (Centers for Disease Control and Prevention, 2007), an important step in the direction of better differential diagnosis of children with ASD has been the development of efficient and objective rating scales (Matson, Nebel-Schwalm, & Matson, 2007). The Childhood Autism Rating Scale (CARS) (Schopler, Reichler, & Renner, 1988) and Autism Behavior Checklist (ABC) (Krug, Arick, & Almond, 1979) are among these. More recently, with the emphasis on very early intervention, instruments such as the Checklist for Autism in Toddlers (CHAT) (Baron-Cohen, Allen, & Gillberg, 1993) were developed, and efforts to establish how early these conditions could be identified and treated were made (Ben-Itzhak & Zachor, 2007; Matson & Smith, *in press*; Matson, Wilkins, & Gonzalez, 2007; Symes, Remington, Brown, & Hastings, 2006). However, with the emphasis on ASD as a spectrum of conditions, measures that could be used to assess multiple ASD have been recognized as important. Attempts to develop such measures have been limited to date, with the Diagnostic Interview for Social and Communication Disorders-Version 10 (DISCO-10) (Wing, Leekam, Libby, Gould, & Larcombe, 2002) and the Pervasive Developmental Disorders Behavior Inventory (Cohen, Schmidt-Lackner, Romanczyk, & Sudhalter, 2003) being perhaps the most prominent.

The purpose of the current paper was to report on an ASD scale designed to measure Autistic Disorder, Pervasive Developmental Disorder, Not Otherwise Specified (PDD-NOS), and Asperger's Disorder. Additionally, the scale was constructed not only as a primary aide in diagnosis, but as part of a three component battery, the other two measures being designed to measure comorbid psychopathology and challenging behaviors, all in a quick and efficient manner. A variant of these scales has already been developed, and psychometric properties established with an adult ASD, ID population (Matson & Boisjoli, 2007a; Matson & Rivet, *in press*; Matson, Wilkins, & González, *in press*). The present paper provides reliability data on the children's version of the diagnostic scale, which included children within the average to ID ranges of intellectual abilities.

1. Method

1.1. Participants

Parents or other relatives or caregivers of 207 children with and without ASD served as participants. Parents were recruited through various clinic and school settings. Parents of children with ASD were recruited from mental health outpatient clinics, specialized schools, and advocacy/community groups. Participants came from sites in California, Connecticut, Michigan, New York, Georgia, and Louisiana. All parents completed informed consent materials and the study was approved by the LSU Institutional Review Board for research.

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