

BACKGROUND

- 15-20% of children diagnosed with ASD lose the autism diagnosis (LAD) by adolescence¹
- In prior work, an LAD group received more ABA during ages 2-5 years than a group that retained the ASD diagnosis²
- Participating in society predicts life satisfaction in autistic individuals; interventions may contribute to social integration³
- Intervention programs can teach compensatory strategies that become spontaneous behavior⁴
- What about concerns that ABA's goal is to make autistic traits "invisible"?^{5,6}

OBJECTIVES

- Compare participation in intervention by autistic and LAD groups
- Test associations among intervention history, current life satisfaction, and camouflaging
- Exploratory: associations among intervention history, current DSM-5 diagnoses

METHODS

TABLE 1	ASD (n=30)	LAD (n=29)	F/ χ^2
Age (years)	20.2 (5.2)	22.8 (4.0)	2.6*
Gender (M:F:O)	20:8:2	21:8:1	0.7
Race (Asian:White:Multi:NR)	2:25:2:1	0:24:0:3	
Ethnicity (Latinx:Not Lat:NR)	2:24:4	1:23:5	
ADOS-2	14.1 (4.4)	2.5 (2.6)	11.0***
Matrix Reasoning	8.2 (1.9)	8.5 (1.6)	0.6
Intervention (number; of 13)	8.1 (3.0)	8.2 (3.1)	0.1
Intervention type (behavioral: EI: social skills)	22:20:22	21:21:23	0.1
Academic intervention type (IEP: special ed: acad support)	24:20:20	23:15:23	1.1

* $p < .05$, ** $p < .01$, *** $p < .001$.

Participants (Table 1)

- 30 autism, 29 LAD, no difference in NVIQ
- All participants: formal evaluation of autism by five years
- LAD participants: no current autism characteristics according to ADOS-2 and expert clinical judgment

Measures

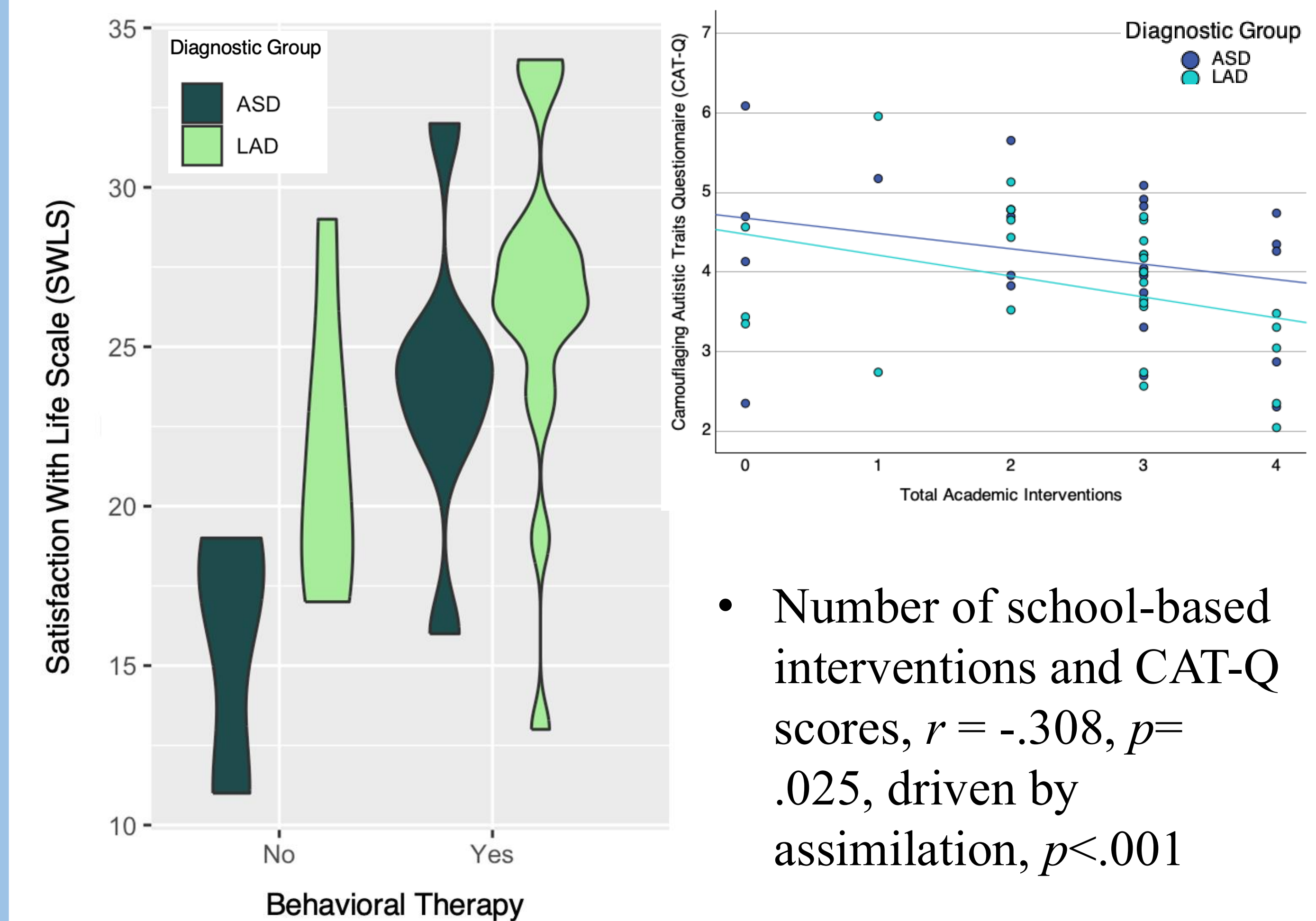
- Parent- reported intervention history
- Individualized Education Programs (IEPs)
- Satisfaction With Life Scale (SWLS)⁷
- Camouflaging Autistic Traits Questionnaire (CAT-Q)⁸

Behavioral therapy associated with greater life satisfaction, less camouflaging.

RESULTS

- No differences in **type, number of interventions**, $p = .892$
- Behavioral therapy participants (3.83) reported **less camouflaging** than those who did not (4.45), $p = .033$
 - Masking, assimilation accounted for this difference
 - Significant effect of special education, $p = .043$
- Participation in school-based intervention: **lower CAT-Q** scores, $p = .025$, driven by assimilation, $p < .001$
- All school-based interventions: IEP (1.3 vs. 2.7, $p = .043$); special education (.97 vs. 2.5, $p = .003$); academic support (1.3 vs. 2.4, $p = .040$) associated with fewer **DSM-5 diagnoses**

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- **Life satisfaction** scores: Higher for those who had behavioral therapy (25.75 vs. 19.56), $p = .004$
- No differences for other interventions

CONCLUSIONS

- Behavioral therapy may support skill development, which leads in turn to greater social engagement and life satisfaction
- Behavioral therapy seems to support behavior change that decreases the need to camouflage
- Similarly, school-based supports may decrease student stress and frustration, reducing internalizing symptoms

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