Biographical Information

Catherine Lord, Ph.D. is the Director of the Center for Autism and the Developing Brain, a subsidiary of Weill Cornell Medical College and New York Presbyterian Hospital. She completed degrees in psychology at UCLA and Harvard, and a clinical internship at Division TEACCH at the University of North Carolina at Chapel Hill. Dr. Lord is a licensed clinical psychologist with specialties in diagnosis, social and communication development and intervention in autism spectrum disorders (ASD). She is renowned for her work in longitudinal studies of social and communicative development in ASD. She has also been involved in the development of standardized diagnostic instruments for ASD with colleagues from the United Kingdom and the United States (the Autism Diagnostic Observation Schedule (ADOS) an observational scale; and the Autism Diagnostic Interview – Revised (ADI-R) a parent interview), now considered the gold standard for research diagnoses all over the world.

In addition, Dr. Lord was the Chair of the National Research Council’s Committee on the Effectiveness of Early Intervention in Autism and is a member of the DSM5 Neurodevelopmental Disorders Committee. Her work at the Center for Autism and the Developing Brain involves continued research in validity and longitudinal studies, early diagnosis of children with autism, and regression in children with autism and clinical evaluations and diagnoses of children and adults who may have autism.

Presentation Abstract (4:30 pm)

Longitudinal Studies of Autism Spectrum Disorder: 2 to 22

As the number of preschool children identified with Autism Spectrum Disorder (ASD) increases each year, so too will the number of children with ASD moving into adolescence. The aims of the project are to determine predictors of adolescent outcome measured in adaptive skills, quality of life, positive affect, behavior problems and symptoms of anxiety and depression. The project represents a shift in emphasis from attention primarily to negative outcomes to consideration of coping strategies for individuals and families and their impact on well-being and independence. The natural history of behavioral, cognitive, language and social development from ages 2 to 19 will be examined in two well-described samples of children from North Carolina and Chicago originally referred for possible ASD, and a group of non-spectrum developmentally delayed controls. One hundred eighty seven out of 213 original children currently remain in the Early Diagnosis study initially funded by NIMH and NICHD. These children were seen at ages 2, 3, 5 and 9. Their families have participated in phone interviews and completed packets of questionnaires when the children were between 11 and 18 years with a focus on relationships among adaptive skills, behavior problems, pubertal development and adolescent onset of seizures. Bridge funding will allow us to continue to follow these families for another year as we seek NIH funding for face-to-face assessments and to expand the sample in Michigan. In addition, we add a more specific focus on psychiatric comorbidity and mood disorders in ASD, and their relationship to quality of life. These studies will provide important information about individual differences in developmental trajectories in ASD and the factors that contribute to positive and negative aspects of outcome in adolescents and young adults.