

PRACTICE BRIEFS



Autism Spectrum Disorder

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ABSTRACT: Autism spectrum disorder (ASD) is a complex neurodevelopmental condition characterized by persistent differences in social communication and interaction, alongside restricted and repetitive patterns of behavior, interests, or activities. This practice brief synthesizes current evidence across diagnostic science, multi-informant assessment, and intervention modalities including behavioral, developmental, neurotechnological, and hybrid approaches. Emphasis is placed on neurodiversity-affirming counseling practices, ethical safeguards, interdisciplinary collaboration, and culturally responsive care.

Introduction

Autism spectrum disorder (ASD) has been identified in about 1 in 31 children aged 8 in the United States, with a global prevalence rate of about 1 in 127 persons (U.S. Centers for Disease Control and Prevention [CDC], 2025; World Health Association [WHO], 2025). ASD is defined by persistent differences in social communication and interaction, along with restricted or repetitive patterns of behavior, interests, or sensory processing that are present across the lifespan (American Psychiatric Association [APA], 2022). These characteristics vary widely in expression, strengths, and support needs, reinforcing that autism is best understood as a spectrum rather than a single, uniform condition.

Over the past several decades, the conceptualization of autism has evolved significantly. Earlier approaches relied on narrowly defined behavioral descriptions, often without sufficient attention to developmental trajectories, environmental context, or lived experience. Contemporary understanding integrates findings from developmental science, neurobiology, genetics, sensory processing research, and ecological systems theory, alongside neurodiversity perspectives that recognize autism as a natural variation in human development. This shift has informed more holistic, ethical, and person-centered approaches to assessment and intervention.

Together, these considerations underscore the importance of comprehensive, developmentally informed, and ethically grounded autism assessment and intervention. By integrating current science, addressing societal misconceptions, and centering accurate information and collaborative care, counselors are uniquely positioned to support individuals with ASD and their families in ways that promote understanding, inclusion, and meaningful quality of life outcomes.

Diagnostic Framework Alignment: *DSM-5-TR* and *ICD-11*

The *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., text rev.; *DSM-5-TR*) serves as the primary diagnostic reference for neurodevelopmental conditions in North America, offering standardized diagnostic criteria, severity specifiers, and clinical descriptors to support professional judgment (APA, 2022). ASD is conceptualized as a single spectrum condition defined by differences in social communication and restricted or repetitive behaviors, with specifiers describing required levels of support,

language abilities, intellectual functioning, and co-occurring medical or mental health conditions. This unified framework reflects a shift away from outdated categorical subtypes and toward a dimensional understanding of autism.

The *International Classification of Diseases* (11th Revision; *ICD-11*) is the global diagnostic classification system maintained by the WHO and used worldwide for clinical coding, health reporting, and service eligibility (WHO, 2023). *ICD-11* closely aligns with the *DSM-5-TR* spectrum model while placing additional emphasis on functional impact within everyday environments such as home, school, work, and community contexts. Harmonization between *DSM-5-TR* and *ICD-11* enhances international diagnostic consistency, facilitates collaborative research, and promotes continuity of care across systems.

Together, these frameworks support individualized, person-centered assessment practices that extend beyond categorical labels. This alignment is consistent with neurodiversity-affirming approaches, which recognize variation in communication styles, sensory processing, learning profiles, and developmental trajectories while ensuring equitable access to support and services.

Neurobiological, Neuroimaging, and Genetic Advances

Advances in neurobiological research have contributed substantially to understanding the neurological foundations of ASD. Neuroimaging studies using structural magnetic resonance imaging (MRI), diffusion tensor imaging (DTI), and resting-state functional connectivity analyses consistently identify atypical cortical thickness, white-matter organization, and large-scale network connectivity differences in individuals with ASD. These differences are most often observed within frontal, temporal, and limbic regions implicated in social cognition, language processing, emotional regulation, and sensory integration (Sun et al., 2024).

Functional neuroimaging research further demonstrates patterns of hypo- and hyperconnectivity, altered reward system activation, and reduced synchronization within the default mode network during social and cognitive tasks. Although these findings strengthen theoretical models of ASD and support its neurobiological basis, neuroimaging currently remains a research-focused tool. Factors such as cost, limited accessibility, developmental variability, and heterogeneity across individuals constrain their routine clinical application (Sun et al., 2024).

Genetic research has similarly advanced, identifying hundreds of common and rare genetic variants associated with ASD, including de novo mutations and copy-number variations affecting synaptic development, neuronal signaling, and excitatory-inhibitory balance (Havdahl et al., 2021). Emerging precision medicine approaches aim to integrate genetic profiles with behavioral and developmental data to inform individualized support. However, behavioral assessment remains in the diagnostic cornerstone, and ethical considerations, including privacy, informed consent, identity, and potential misuse of genetic information, must remain central to clinical decision-making.

Assessment Strategies

Artificial Intelligence-Assisted and Digital Screening Tools

Artificial intelligence (AI)-based technologies are increasingly integrated into early developmental screening processes, offering opportunities to enhance sensitivity, reduce diagnostic delays, and expand access to care. AI-driven systems analyze multimodal behavioral data, including eye-gaze patterns, vocal prosody, motor movements, and social interaction dynamics captured through video recordings, mobile applications, or wearable sensors. Systematic reviews indicate that machine-learning models demonstrate promising accuracy in identifying early behavioral markers associated with ASD, particularly when used as adjuncts to validate screening tools (Jia et al., 2025).

Importantly, AI-assisted tools are not intended to replace comprehensive clinical evaluation or professional judgment. Instead, they may function as supportive technologies that identify potential risk

markers, inform referral decisions, and supplement multi-informant assessment processes. Ethical use of AI requires appropriate validation, human oversight, transparency, attention to algorithmic bias, and protection of privacy and confidentiality (Committee on Psychological Tests and Assessment, 2026; Jia et al., 2025).

Screening Protocols and Re-Screening Considerations

The American Academy of Pediatrics (AAP) recommends ongoing developmental surveillance, with standardized developmental screening at 9, 18, and 30 months and autism-specific screening at 18 and 24 months. Counselors should use validated instruments such as the Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT-R/F; Robins et al., 2009/2025). Research indicates that screening performance may vary by sex, with females less likely to screen positive despite meeting diagnostic criteria, highlighting the importance of clinical judgment and continued monitoring (Eldeeb et al., 2023).

Re-screening during preschool and early school years is recommended to identify individuals with later-emerging social communication differences, masking or compensatory strategies, prior false-negative results, or regression associated with co-occurring conditions. Re-screening during preschool and elementary years is recommended to identify

- subtle social-communication differences emerging later in development;
- masking or compensatory behaviors;
- children previously screened false-negative; and/or
- those with regression or co-occurring conditions.

This ensures that children with delayed symptom emergence are not overlooked. Periodic reassessment supports timely access to services and prevents overlooked support needs.

Digital Monitoring Dashboards

Digital developmental dashboards and longitudinal tracking systems allow counselors to monitor real-time progress, chart developmental trajectories, and document changes in adaptive, sensory, and behavioral domains. These platforms may integrate

- automated progress graphs;
- caregiver-submitted video and rating scales;
- wearable sensor streaming data;
- school/home observational logs; and/or
- alerts for regression or stagnation in growth.

Such systems support dynamic treatment planning, enabling responsive adjustment rather than annual static review.

Comprehensive Diagnostic Workflow

Pre-Assessment Intake

Consistent with the *ACA Code of Ethics*, assessment should consider the client's personal and cultural context and gather comprehensive information to inform collaborative counseling and service planning (American Counseling Association [ACA], 2014). This phase establishes the foundation for ethical, accurate, and individualized assessment and treatment planning.

For pediatric assessments, intake should include a comprehensive developmental and medical history, including prenatal and perinatal factors, developmental milestones, family history, educational experiences, and social-emotional and behavioral functioning (Hyman et al., 2020). Caregiver input is central, with attention to strengths, interests, and challenges across home, school, and community settings.

For adolescent and adult assessments, intake emphasizes developmental continuity across the lifespan, including educational and occupational history, relationships, mental health, identity development, and current functional demands (Hyman et al., 2020). When available and with consent, information from parents or long-term caregivers is incorporated to clarify early developmental patterns.

Across all ages, screening for co-occurring conditions (e.g., attention-deficit/hyperactivity disorder [ADHD], anxiety, mood disorders, learning differences, language disorders, or medical concerns) is conducted to support differential diagnosis. ACA-aligned practice emphasizes attention to the client's cultural context, informed consent, client autonomy and welfare, and culturally sensitive assessment and diagnosis (American Counseling Association [ACA], 2014, Standards E.1.b., E.3.a., and E.5.b.).

Multi-Informant Assessment

Comprehensive ASD assessment incorporates multiple methods and sources of information to evaluate symptoms and functioning across settings (Hyman et al., 2020). Because autism-related characteristics may present differently across settings and relationships, assessment should integrate information from individuals who know the client in different roles and environments. For children, this typically includes caregiver and teacher reports, along with self-report when developmentally appropriate. For adolescents and adults, self-report is an important component of assessment, with collateral information from family members, partners, or other supports incorporated when available, clinically relevant, and obtained with appropriate consent (American Counseling Association [ACA], 2014; Hyman et al., 2020).

Standardized measures may also be incorporated as part of a comprehensive evaluation. These may include the Autism Diagnostic Observation Schedule–Second Edition (ADOS-2), Autism Diagnostic Interview–Revised (ADI-R), Social Responsiveness Scale–Second Edition (SRS-2), and Vineland Adaptive Behavior Scales–Third Edition (Vineland-3). These instruments provide information about areas such as social communication, restricted or repetitive behaviors, developmental history, and adaptive functioning. Findings from standardized measures should be interpreted alongside developmental history, clinical observation, and information from multiple sources rather than used in isolation to establish a diagnosis (ACA, 2014; Hyman et al., 2020).

Direct Observation

Direct observation is an important component of comprehensive ASD assessment and provides information that complements developmental history, standardized measures, and reports from other informants (Hyman et al., 2020). Observation may occur during structured assessment activities and, when appropriate, within naturalistic contexts relevant to the individual's everyday functioning.

For children, observation may focus on social engagement, play, communication, behavioral patterns, sensory responses, and interactions with caregivers or others. Observations across settings can provide additional information about how autism-related characteristics and functional needs vary according to environmental and social demands (Hyman et al., 2020).

For adolescents and adults, observation may include social reciprocity, pragmatic communication, behavioral flexibility, and patterns of social interaction. Because some individuals may use masking or compensatory strategies that make autism-related characteristics less apparent during a clinical encounter, observational findings should be considered within the broader context of developmental history, lived experiences, and functioning across environments.

Consistent with ethical assessment practice, observational findings should not be interpreted in isolation. Integrating direct observation with developmental history, standardized assessment, and information from multiple sources supports a more comprehensive understanding of the individual and informs appropriate diagnostic and treatment recommendations (American Counseling Association [ACA], 2014; Hyman et al., 2020).

Adjunctive Assessment Methods

Adjunctive methods may be incorporated when clinically indicated as part of comprehensive care, with counselors practicing within the boundaries of their competence and collaborating with other professionals when appropriate (American Counseling Association [ACA], 2014). Medical evaluations, including genetic testing, neurological consultation, or other specialty referrals, may be recommended when clinically indicated, particularly when developmental regression, co-occurring medical conditions, or other features warrant further evaluation (Hyman et al., 2020). These methods can help clarify underlying factors that may influence functioning or treatment needs.

Adjunctive methods are not required to establish an autism diagnosis and do not replace a comprehensive evaluation that includes developmental history, behavioral assessment, and clinical judgment (Hyman et al., 2020). Diagnostic findings should be interpreted within the context of the individual's developmental, personal, and cultural characteristics and used to inform individualized, person-centered treatment and support planning (American Counseling Association [ACA], 2014; Hyman et al., 2020).

Treatment Approaches

Effective intervention planning considers developmental priorities, individual strengths and support needs, family values, and cultural context (American Counseling Association [ACA], 2014; Hyman et al., 2020). Evidence-based interventions may include behavioral and developmental approaches selected according to the individual's needs and goals, while telehealth and other technology-enhanced approaches may be incorporated when clinically appropriate (Hyman et al., 2020). Ongoing assessment of progress, collaboration with individuals and families, and attention to how skills and supports function across settings can inform treatment planning and modification (Hyman et al., 2020). Consistent with person-centered and neurodiversity-affirming practice, intervention planning should prioritize autonomy, dignity, individual strengths, meaningful participation, and quality of life rather than focusing solely on normalization of behavior.

Individualized Intervention Planning Protocol

The Individualized Intervention Planning Protocol presented in this practice brief integrates assessment, individualized goal development, intervention implementation and monitoring, interdisciplinary collaboration, and ethical practice into a cohesive framework. Consistent with recommendations for individualized ASD intervention planning, the protocol emphasizes selecting developmental and behavioral approaches according to the individual's strengths, developmental needs, functional priorities, and family preferences (Hyman et al., 2020). Technology-enhanced strategies may also be incorporated when clinically appropriate, with attention to ethical practice, privacy, and professional judgment (American Counseling Association [ACA], 2014; Jia et al., 2025).

The protocol provides a structured yet flexible approach to intervention planning, emphasizing individualized goals, ongoing assessment of progress, and coordination of supports across developmental domains and settings (Hyman et al., 2020).

Developmental Domain and Cross-Setting Assessment

Effective planning begins with a multidimensional developmental domain assessment. Clinicians evaluate communication, social interaction, adaptive functioning, sensory regulation, and behavioral functioning to identify strengths and needs. Mapping these domains allows practitioners to prioritize functional outcomes while simultaneously promoting independence over time. A cross-setting assessment is essential during this process. Information is gathered from parents, teachers, caregivers, and direct observation. Multi-informant data can help identify contextual patterns, environmental factors, and supports that may not be apparent during structured clinical assessment (Hyman et al., 2020). Emerging approaches, including ecological momentary assessment (EMA), wearable devices, and

mobile-based tracking, may provide additional opportunities to collect behavioral and physiological information within everyday environments; however, these technologies remain developing areas of ASD research and clinical application (Cano et al., 2024). Assessment should also consider common co-occurring conditions and concerns, including anxiety, attention-deficit/hyperactivity disorder (ADHD), sensory differences, gastrointestinal symptoms, and sleep disturbances, because these factors may affect functioning and intervention needs (Hyman et al., 2020). Identifying and addressing co-occurring concerns can support more comprehensive and individualized intervention planning.

Goal Development and Modality Selection

Once needs are identified, intervention goals may be developed using SMART criteria (specific, measurable, achievable, relevant, and time-bound), with intervention approaches selected according to the individual's developmental profile, strengths, support needs, and family priorities (Hyman et al., 2020). Rather than relying on a single framework, clinicians may integrate complementary approaches when clinically appropriate. Behavioral approaches, such as applied behavior analysis (ABA) and pivotal response treatment (PRT), may be integrated with developmental approaches, including the Early Start Denver Model (ESDM) and Developmental, Individual Differences, Relationship-Based (DIR/Floortime) model, as well as structured frameworks such as Treatment and Education of Autistic and Related Communication-Handicapped Children (TEACCH) and Social Communication, Emotional Regulation, and Transactional Support (SCERTS) (Dawson et al., 2010; Divya et al., 2023; Hyman et al., 2020; Yi et al., 2022). Intervention selection should remain individualized and responsive to developmental needs, functional goals, and family preferences (Hyman et al., 2020).

Implementation, Generalization, and Fidelity

Generalization and ongoing assessment of progress are important components of effective intervention. Intervention planning should consider how skills and supports function across people, environments, and daily routines, with family involvement and collaboration across home, school, and community settings when appropriate (Hyman et al., 2020). Ongoing data collection and review of treatment progress can inform modifications to intervention goals and strategies and support evaluation of outcomes. Treatment fidelity should also be monitored to ensure that evidence-based interventions are implemented as intended. Interdisciplinary collaboration among professionals, including occupational therapists, speech-language pathologists, educators, psychologists, counselors, and physicians, can support coordinated goals and comprehensive care across settings (Hyman et al., 2020).

Ethical and Cultural Framework

The protocol operates within a neurodiversity-affirming model. The focus is on autonomy, self-advocacy, and meaningful participation rather than normalization or masking. Goals emphasize quality of life, functional independence, and authentic communication. Cultural competence is also essential. Clinicians adapt recommendations to family values, cultural norms, and resource access. A cultural-humility approach avoids one-size-fits-all therapy and promotes collaborative decision-making.

Behavioral Approaches

Behavioral interventions are grounded in learning principles and use systematic strategies to support the development of functional skills. Applied behavior analysis (ABA) and related naturalistic behavioral approaches, including pivotal response treatment, use strategies such as reinforcement, prompting, and systematic skill development to support communication, adaptive functioning, and social participation (Hyman et al., 2020). Contemporary approaches increasingly incorporate naturalistic and developmentally appropriate strategies within everyday activities and routines to promote engagement and generalization of skills across settings (Hyman et al., 2020). Ongoing data collection and assessment of progress are used to guide intervention decisions and modify treatment according to individual needs. When individualized and implemented collaboratively with individuals and families, behavioral interventions can support functional skills, independence, and meaningful participation (Hyman et al., 2020).

Developmental Approaches

Developmental approaches emphasize relationship-based learning, social-emotional development, and developmentally appropriate intervention goals. The Early Start Denver Model (ESDM) integrates developmental and behavioral principles within naturalistic, relationship-based interactions and has demonstrated positive effects on developmental and adaptive outcomes in young children with ASD (Dawson et al., 2010). Developmental, Individual Differences, Relationship-Based (DIR/Floortime) approaches emphasize child-led interaction, relationships, and individual developmental differences, with emerging evidence supporting improvements in areas such as social-emotional functioning, communication, and parent-child interaction (Divya et al., 2023). The Social Communication, Emotional Regulation, and Transactional Support (SCERTS) model focuses on social communication, emotional regulation, and environmental and interpersonal supports, with emerging evidence particularly supporting social-communication outcomes (Yi et al., 2022). Across these approaches, intervention is individualized according to developmental needs, strengths, interests, and family priorities.

Neurotechnological Approaches

Virtual and augmented reality (VR/AR) environments may provide structured opportunities for practicing social communication, emotion recognition, and daily living skills, although the strength of evidence varies across applications and populations (Mittal et al., 2024; Yang et al., 2025). Wearable technologies that collect physiological data are also being investigated as tools for monitoring stress and emotional states in autistic individuals, but their clinical application remains emerging (Cano et al., 2024). Artificial intelligence (AI)-assisted technologies similarly show potential for identifying behavioral patterns and supporting assessment and monitoring; however, these technologies should be considered adjuncts to, rather than replacements for, professional clinical judgment (Jia et al., 2025).

Hybrid and Integrative Approaches

Contemporary practice increasingly combines behavioral, developmental, and technological strategies into hybrid intervention models. Integrative approaches allow clinicians to use structured teaching foundational skills while simultaneously supporting emotional engagement, autonomy, and real-world participation. For example, naturalistic behavioral teaching may be embedded within relationship-based interaction, while digital tools provide additional practice and monitoring across environments. Interdisciplinary collaboration among counselors, educators, therapists, and medical providers further strengthens outcomes by aligning goals across settings. Individualized intervention planning allows clinicians to select and adapt intervention approaches, intensity, and goals according to the individual's developmental profile, strengths, support needs, and family priorities rather than applying a single uniform model (Hyman et al., 2020).

Technology-Enhanced Delivery

Technology-enhanced interventions are increasingly being explored as supplements to traditional ASD services. Telehealth and remote parent coaching can expand access to intervention, including for families in rural or underserved areas, and research supports their feasibility for delivering parent-mediated interventions (Pan et al., 2023). Virtual and augmented reality technologies may provide structured environments for practicing social, cognitive, and emotional skills, with emerging evidence supporting their use with autistic children and adolescents (Mittal et al., 2024). Other technologies, including social robots, wearable devices, neurofeedback, and brain-computer interfaces, are also being investigated; however, their evidence base and clinical applicability vary, and they should be considered emerging rather than established interventions. Technology use should include appropriate informed consent, privacy and confidentiality protections, secure data practices, professional competence, and attention to potential bias (American Counseling Association [ACA], 2014).

Adjunctive Medical Supports

Some individuals benefit from complementary medical supports. Under physician supervision, interventions may include nutraceuticals, folinic acid supplementation, microbiome-targeted approaches, or pharmacogenomic guidance. These supports are not primary treatments but may enhance responsiveness to behavioral and developmental therapy when medically appropriate.

Cultural and Ethical Considerations

Increased societal awareness has led to earlier identification for some children and a growing number of adolescents and adults seeking evaluation later in life. Greater visibility and increased attention to differences in autism presentation have contributed to improved recognition of populations historically at risk for underidentification, including girls and women (Eldeeb et al., 2023). At the same time, widespread public attention has contributed to confusion and the spread of misinformation. Persistent myths—such as beliefs that autism is caused by vaccines or parenting practices, that autistic individuals lack empathy, or that strong verbal or academic skills preclude an autism diagnosis—continue to delay appropriate assessment and increase stigma.

Counselors play a critical role in providing accurate, evidence-based information and countering misinformation. As trusted professionals, counselors help individuals and families understand autism within a developmental and cultural context, distinguish autism-related traits from co-occurring conditions such as anxiety, ADHD, or trauma, and navigate the emotional impact of diagnosis. Counseling support often includes addressing identity development, validating lived experiences, and assisting with self-advocacy, accommodations, and strength-based goal setting.

Counselors are also essential in recognizing and addressing masking or camouflaging behaviors, particularly among adolescents and adults. These learned strategies, while often adaptive in the short term, are associated with increased risk for anxiety, depression, and burnout when unrecognized. Ethical assessment practice emphasizes careful interpretation of assessment findings, collaboration with clients and relevant supports, and consideration of the client's personal and cultural context (American Counseling Association [ACA], 2014).

Conclusion

Transition or discharge planning should be individualized and based on the person's progress, current goals, functional needs, preferences, and available supports. Rather than relying solely on predetermined developmental benchmarks, clinicians should collaboratively evaluate progress across relevant settings and determine whether continued intervention, modification of services, maintenance supports, or transition to other services is appropriate (American Counseling Association [ACA], 2014; Hyman et al., 2020). Transition planning should emphasize continuity of care, autonomy, and the individual's and family's priorities.

Practitioners should distinguish evidence-based interventions from unsupported or experimental approaches. Facilitated communication (FC) is considered a discredited technique and should not be used, and the rapid prompting method (RPM) is not recommended because of insufficient scientific validity and concerns regarding prompt dependency and authorship of communication (American Speech-Language-Hearing Association [ASHA], 2018a, 2018b). Other interventions, including auditory integration training and experimental biomedical approaches, should be evaluated according to the quality and strength of available evidence, potential risks and benefits, and appropriate professional and medical oversight (Hyman et al., 2020). Ethical practice requires clinicians to provide accurate information about the evidence supporting interventions and to protect clients from potentially ineffective or harmful practices (ACA, 2014).

Emerging technologies are also expanding areas of ASD research and service delivery. Artificial intelligence (AI)-assisted screening and monitoring technologies show potential to supplement clinical

assessment and developmental monitoring, although they should not replace comprehensive evaluation or professional judgment (Jia et al., 2025). Virtual and augmented reality (VR/AR) technologies are being investigated as structured environments for practicing social, cognitive, and emotional skills (Mittal et al., 2024). Wearable technologies may provide additional opportunities for collecting physiological and behavioral information in everyday environments, although their clinical applications remain developing (Cano et al., 2024). Other emerging approaches, including neurofeedback, social robotics, brain-computer interfaces, biomarkers, and genetically informed interventions, require continued research before their roles in routine ASD care can be established.

Overall, ASD assessment and intervention increasingly emphasize individualized, developmentally informed, interdisciplinary, and person-centered approaches. Counselors should remain informed about evolving research, ethical standards, cultural considerations, and emerging technologies while critically evaluating the strength of evidence supporting new approaches (ACA, 2014; Hyman et al., 2020). A neurodiversity-affirming perspective further encourages attention to autonomy, strengths, authentic communication, meaningful participation, and quality of life. Through comprehensive assessment, evidence-informed intervention, collaborative planning, and ethical practice, counselors can support autistic individuals and their families across developmental stages and life contexts.

Resources

Assessment Resources

- [**Social Responsiveness Scale, 2nd ed. \(SRS-2\)**](#), Western Psychological Services
- [**Vineland Adaptive Behavior Scales, 3rd ed. \(Vineland-3\)**](#), Pearson Assessments
- [**Modified Checklist for Autism in Toddlers, Revised with Follow-Up \(M-CHAT-R/F\)**](#)
- [**Clinical descriptions and diagnostic requirements for ICD-11 mental, behavioural and neurodevelopmental disorders \(CDDR\)**](#), ICD-11 Diagnostic Coding Reference, World Health Organization

General Resources

- [**Tool Kits**](#), Autism Speaks
- [**Autism Focused Intervention Resources & Modules \(AFIRM\)**](#), National Professional Development Center on Autism: Evidence-based intervention modules for professionals
- [**Autism Navigator**](#), Florida State University: Early identification and parent-coaching resources
- [**Organization for Autism Research \(OAR\)**](#): Evidence-based guides for educators and clinicians
- [**Interagency Autism Coordinating Committee \(IACC\)**](#): Federal research and policy updates
- [**Learn the Signs. Act Early**](#), U.S. Centers for Disease Control and Prevention: Developmental milestone tracking and early screening resources
- [**Autistic Self Advocacy Network \(ASAN\)**](#): Neurodiversity-affirming resources and self-advocacy materials
- [**Autism Society**](#): National helpline, local affiliates, and community resources
- [**Understood.org**](#): Practical strategies for school, executive functioning, and daily living
- National Autism Center – Evidence-Based Practice Review [**https://www.nationalautismcenter.org**](https://www.nationalautismcenter.org)
- [**Simons Foundation Autism Research Initiative \(SFARI\)**](#): Current research findings and scientific updates
- [**Autism Internet Modules \(AIM\)**](#): Training modules for educators and clinicians
- [**Think College**](#): Postsecondary transition resources
- [**Job Accommodation Network \(JAN\)**](#): Workplace accommodations for neurodivergent adults

References

- American Counseling Association. (2014). *ACA code of ethics*. American Counseling Association.
- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425787>
- American Speech-Language-Hearing Association. (2018a). *Facilitated communication* [Position statement]. <https://www.asha.org/policy/ps2018-00352/>
- American Speech-Language-Hearing Association. (2018b). *Rapid prompting method* [Position statement]. <https://www.asha.org/policy/ps2018-00351/>
- Cano, S., Cubillos, C., Alfaro, R., Romo, A., García, M., & Moreira, F. (2024). Wearable solutions using physiological signals for stress monitoring on individuals with autism spectrum disorder (ASD): A systematic literature review. *Sensors*, 24(24), 8137. <https://doi.org/10.3390/s24248137>
- Committee on Psychological Tests and Assessment. (2026). *Responsible use of AI in assessment*. American Psychological Association.
- Dawson, G., Rogers, S., Munson, J., Smith, M., Winter, J., Greenson, J., Donaldson, A., & Varley, J. (2010). Randomized, controlled trial of an intervention for toddlers with autism: The Early Start Denver Model. *Pediatrics*, 125(1), e17–e23. <https://doi.org/10.1542/peds.2009-0958>
- Divya, K. Y., Begum, F., John, S. E., & Francis, F. (2023). DIR/Floor Time in engaging autism: A systematic review. *Iranian Journal of Nursing and Midwifery Research*, 28(2), 132–138. https://doi.org/10.4103/ijnmr.ijnmr_272_21
- Eldeeb, S. Y., Ludwig, N. N., Wieckowski, A. T., Dieckhaus, M. F., Algur, Y., Ryan, V., Dufek, S., Stahmer, A., & Robins, D. L. (2023). Sex differences in early autism screening using the Modified Checklist for Autism in Toddlers, Revised, with Follow-Up (M-CHAT-R/F). *Autism*, 27(7), 2112–2123. <https://doi.org/10.1177/13623613231154728>
- Havdahl, A., Niarchou, M., Starnawska, A., Uddin, M., van der Merwe, C., & Warrier, V. (2021). Genetic contributions to autism spectrum disorder. *Psychological Medicine*, 51(13), 2260–2273. <https://www.doi.org/10.1017/S0033291721000192>
- Hyman, S. L., Levy, S. E., Myers, S. M., Council on Children with Disabilities, S., Kuo, D. Z., Apkon, S., Davidson, L. F., Ellerbeck, K. A., Foster, J. E. A., Noritz, G. H., O'Connor Leppert, M., Saunders, B. S., Stille, C., Yin, L., Weitzman, C. C., Childers, D. O., Levine, J. M., Peralta-Carcelen, A. M., Poon, J. K., ... Bridgemohan, C. (2020). Identification, evaluation, and management of children with autism spectrum disorder. *Pediatrics*, 145(1), <https://doi.org/10.1542/peds.2019-3447>
- Jia, S.-J., Jing, J.-Q., & Yang, C.-J. (2025). A review on autism spectrum disorder screening by artificial intelligence methods. *Journal of Autism and Developmental Disorders*, 55, 3011–3027. <https://doi.org/10.1007/s10803-024-06429-9>
- Mittal, P., Bhadania, M., Tondak, N., Ajmera, P., Yadav, S., Kukreti, A., Kalra, S., & Ajmera, P. (2024). Effect of immersive virtual reality-based training on cognitive, social, and emotional skills in children and adolescents with autism spectrum disorder: A meta-analysis of randomized controlled trials. *Research in Developmental Disabilities*, 151, Article 104771. <https://doi.org/10.1016/j.ridd.2024.104771>
- Pan, C.-Y., Kuo, T.-Y., & Kuo, F.-L. (2023). Meta-analysis of effectiveness of parent-mediated telehealth interventions in children with autism spectrum disorder. *Research in Autism Spectrum Disorders*, 107, 102209. <https://doi.org/10.1016/j.rasd.2023.102209>

- Robins, D. L., Fein, D., & Barton, M. (2025). *Modified checklist for autism in toddlers, revised, with follow-up (M-CHAT-R/F)*. M-CHAT. (Original work published 2009)
- Sun, B., Xu, Y., Kat, S., Sun, A., Yin, T., Zhao, L., Su, X., Chen, J., Wang, H., Gong, X., Liu, Q., Han, G., Peng, S., Li, X., & Liu, J. (2024). Exploring the most discriminative brain structural abnormalities in ASD with a multi-stage progressive feature refinement approach. *Frontiers in Psychiatry*, 15, Article 1463654. <https://doi.org/10.3389/fpsyt.2024.1463654>
- U.S. Centers for Disease Control and Prevention. (2025). *Data and statistics on autism spectrum disorder*. <https://www.cdc.gov/autism/data-research/index.html>
- World Health Organization. (2023). *International classification of diseases* (11th rev.). <https://icd.who.int/>
- World Health Organization. (2025). *Autism*. <https://www.who.int/news-room/fact-sheets/detail/autism-spectrum-disorders>
- Yang, X., Wu, J., Ma, Y., Yu, J., Cao, H., Zeng, A., Fu, R., Tang, Y., & Ren, Z. (2025). Effectiveness of virtual reality technology interventions in improving the social skills of children and adolescents with autism: Systematic review. *Journal of Medical Internet Research*. <https://www.doi.org/10.2196/60845>
- Yi, J., Kim, W., & Lee, J. (2022). Effectiveness of the SCERTS Model-based interventions for autistic children: A systematic review. *Journal of Speech, Language, and Hearing Research*, 65(7), 2662–2676. https://doi.org/10.1044/2022_JSLHR-21-00518

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