

# Autism Spectrum Disorder: An Integrative Review of Contemporary Evidence of Challenges, Interventions, and Global Perspectives.

Dr. Pranav R. Kurup<sup>1</sup>, Dr. Suraja R<sup>2</sup>, Dr. Ritu Randad Shah<sup>3</sup>, Dr. Navaneetha Unni<sup>4</sup>, Dr. Husna SR<sup>5</sup>

<sup>1</sup>Senior Lecturer, Department Of Public Health Dentistry, K.M. Shah Dental College and Hospital, Sumandeep Vidyapeeth, Deemed to be University, Vadodara, Gujarat, India.

Orcid Id: 0000-0001-8372-3922

<sup>2</sup>Senior Lecturer, Department of Orthodontics and Dentofacial Orthopaedics, K.M. Shah Dental College and Hospital, Sumandeep Vidyapeeth, Deemed to be University, Vadodara, Gujarat, India.

Orcid Id: 0009-0006-5502-8061

<sup>3</sup>Senior Lecturer, Department of Public Health Dentistry, Narsinhbhai Patel Dental College and Hospital, Sankalchand Patel University, Visnagar, Gujarat, India.

Orcid Id: 0009-0000-6146-8722

<sup>4</sup>Junior Resident, Department of Psychiatry, JNMC, Wardha, Maharashtra, India.

Orcid Id: 0009-0000-3604-5866

<sup>5</sup>Senior Lecturer, Department of Orthodontics and Dentofacial Orthopaedics, Azeezia College of Dental Science, Kollam, Kerala, India.

Orcid Id: 0009-0002-4953-5746

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## ABSTRACT

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition that usually manifests within the first three years of life and affects communication, social interaction, and behaviour. It represents a heterogeneous spectrum of challenges and abilities, varying significantly across individuals. This updated narrative review synthesises global literature of 25 years from 2000 to 2025 to explore the multifaceted challenges experienced by persons affected by ASD, such as social and communication difficulties, sensory processing issues, and the necessity for structured routines. Findings indicate that caregiving stress is exacerbated by financial strain and a lack of rural diagnostic services. Special emphasis is placed on Structured routines, educational strategies, and Palliative care that can be applied to improve the lives of individuals with Autism. The paper aims to serve as a resource for clinicians, educators, and policymakers, fostering early identification, inclusive education, and supportive interventions..

**Keywords:** Autism spectrum disorder, Early intervention, Neurodevelopmental disorders, Perception..

**How to cite this article:** Kurup PR, R S, Shah RR, Unni N, SR H, Autism Spectrum Disorder: An Integrative Review of Contemporary Evidence of Challenges, Interventions, and Global Perspectives. .Int J Drug Deliv Technol. 2026;16(2s): 212-218; DOI: 10.25258/ijddt.16. 212-218

**Source of support:** Nil.

**Conflict of interest:** None

## INTRODUCTION

Autism Spectrum Disorder (ASD) is a systemic developmental illness that impacts behaviour and communication, often manifesting its symptoms within the initial three years of age. The condition was first recognised as a unique disorder by Kanner in 1943, who described it as affecting young children's social and emotional interactions. ASD is characterised by difficulties in interpersonal interactions, challenges in exchanging ideas, restricted interests, and repetitive behaviours, all of which can lead to significant social, behavioural, and communication issues<sup>1</sup>.

Most children with ASD face substantial learning disabilities and may also have co-occurring disorders, further complicating their developmental progress. According to the Centres for Disease Control and Prevention (CDC), one in 44 American children was diagnosed with ASD in 2021, highlighting the growing need for medical and societal attention to this condition. The increasing prevalence of ASD also underscores the

importance of understanding its impact on not just the affected individuals but also their families<sup>2</sup>.

In particular, siblings of children with autism often receive limited attention, despite research indicating that they face a higher likelihood of behavioural and emotional challenges. These difficulties may influence their academic performance, social relationships, and overall well-being. Addressing the needs of both individuals with ASD and their families is crucial in fostering a supportive environment that enhances their quality of life<sup>3</sup>.

Early diagnosis and appropriate management are widely recognised as essential for improving practical outcomes for children with ASD. However, despite similar prevalence rates in rural (0.9%) and urban (1.0%) settings, individuals in rural communities report significant barriers to accessing timely and adequate diagnostic and support services. These disparities can lead to delays in intervention, exacerbating developmental challenges and limiting opportunities for children with ASD to reach their full potential<sup>4</sup>.

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\*Author for Correspondence: pranavkurup628@gmail.com

Existing systematic reviews predominantly focus on narrowly defined intervention outcomes (e.g., applied behaviour analysis or early screening tools) or specific age groups. Few reviews adopt a longitudinal, integrative perspective that synthesises clinical, educational, psychosocial, and palliative dimensions of ASD across both high-income and resource-limited settings. Unlike prior systematic reviews, the present integrative review spans a 25-year timeline and explicitly frames ASD as a systemic developmental illness, examining not only behavioural interventions but also family burden, rural–urban disparities, and the emerging role of palliative care principles. This broader lens allows synthesis of heterogeneous evidence that is often excluded from meta-analyses yet remains highly relevant to real-world practice.

By integrating findings across disciplines and cultures, this review aims to inform holistic, context-sensitive strategies that improve quality of life for individuals with ASD and their families<sup>5</sup>.

**Methods:**

**Design and Reporting Standards**

An integrative review methodology was adopted, allowing inclusion of diverse study designs to generate a comprehensive understanding of ASD across clinical, educational, and social domains. Reporting followed PRISMA 2020 guidelines for transparency in identification, screening, eligibility, and inclusion of studies (Fig 1).

**Search Strategy**

Searches were conducted in PubMed, Scopus-indexed journals (via Wiley Online Library and SAGE), and Google Scholar for literature published between January 2000 and January 2025. To maximise sensitivity, both lay and clinical terminology were used, including: “Autism Spectrum Disorder,” “ASD,” “Pediatric Autism,” “Children and Adolescents with ASD,” “Individuals with Autism,” “Parent-mediated Intervention,” “Caregiver Burden,” and “Global Autism.”

**Eligibility Criteria**

- Peer-reviewed original research or high-quality reviews indexed in PubMed or Scopus
- English-language publications
- Participants aged 0–21 years
- Studies addressing behavioural, educational, medical, psychosocial, or policy aspects of ASD
- Representation from both high-income and low or middle-income countries

Authoritative organisational reports were consulted sparingly and are provided as supplementary material to preserve a high level of evidence.

**Data Synthesis**

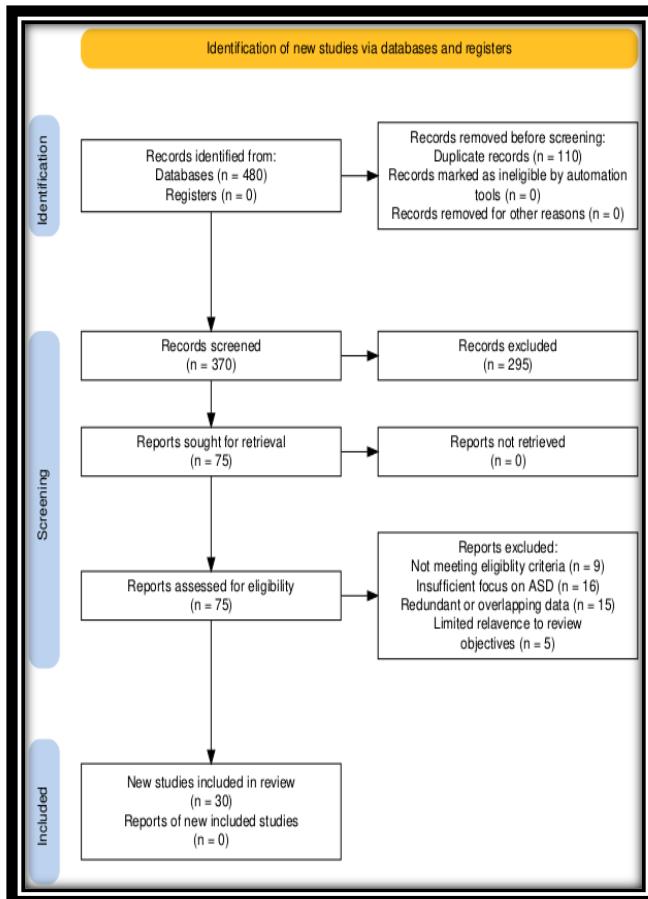
Data were synthesised using thematic analysis, with findings grouped into domains: early indicators, later manifestations, family impact, educational strategies, and palliative care approaches. Thirty-five studies met the inclusion criteria and formed the evidentiary base for analysis.

Early Indicators and Later Manifestations of ASD are mentioned below in the following table (Table 1).

**Table 1: Early Indicators and Later Manifestations of ASD**

Domain	Early Indicators (≤ 2 Years)	Later Manifestation (> 2 Years)
Social Interaction	Reduced eye contact, limited social smiling, poor joint attention	Social withdrawal, difficulty forming peer relationships
Communication	Delayed babbling, lack of response to name	Delayed or atypical speech, pragmatic language deficits
Behaviour	Atypical object exploration, sensory aversion	Repetitive behaviours, insistence on sameness
Regulation	Poor emotional regulation, sleep difficulties	Anxiety, behavioural dysregulation

Further analysis of these selected studies aimed to highlight existing gaps in research, explore potential solutions, and contribute to the ongoing discourse surrounding autism spectrum disorder. By synthesising this information, this study seeks to enhance awareness, inform evidence-based practices, and advocate for improved support systems for individuals with ASD and their caregivers.



**Fig 1: PRISMA 2020 flow diagram depicting the study selection process<sup>6</sup>**

**Challenges Faced by Individuals with ASD:**

Caregivers of children with ASD commonly report atypical behaviours and developmental delays such as reduced social engagement, delayed speech and communication, and limited responsiveness to social stimuli. These early signs often concern parents and educators, as they may impair social interaction and skill development. Repetitive behaviours, avoidance patterns, and comorbid conditions—including epilepsy, sleep disturbances, metabolic, cardiovascular, and gastrointestinal disorders—are also frequently reported. The presence of these coexisting conditions complicates diagnosis and management, highlighting the need for a multidisciplinary approach to care<sup>7</sup>.

Among the most frequently mentioned early concerns are language development delays, atypical social-emotional reactions (such as failing to respond to their name), repetitive interests and behaviours, difficulty with basic daily tasks like eating and sleeping, and strong emotional or behavioural responses. These signs can manifest in varying degrees across the autism spectrum, with some children showing mild symptoms while others experience profound developmental delays<sup>8</sup>.

Numerous studies, including analyses of home video recordings, have demonstrated that children with ASD differ significantly from their neurotypical peers in social behaviours and sensory-focused activities as early as

12 months old. Differences can be observed in eye contact, facial expressions, responsiveness to caregivers and engagement in joint attention activities. Before noticeable challenges in social interaction and repetitive behaviours become apparent, assessments conducted during early infancy often reveal subtle indicators of ASD, including reduced motor coordination, attention deficits, and difficulties with emotional regulation<sup>9</sup>.

By the second year of life, children later diagnosed with Autism Spectrum Disorder (ASD) often demonstrate reduced response to name, impairments in joint attention, and diminished shared positive affect. Longitudinal studies also report regression in previously acquired skills and a plateau in language and non-verbal cognitive development, highlighting the importance of early surveillance and intervention. Atypical object-related behaviours, such as spinning, lining up objects, and excessive visual exploration, may emerge in infancy and reflect sensory-processing differences. Temperament studies of high-risk infants further associate increased surgency, reduced effortful control, and heightened negative emotionality with later ASD diagnosis. Despite these advances, behavioural research has largely relied on group-level analyses, underscoring the need to examine individual variability to refine early diagnostic tools, personalise interventions, and improve long-term outcomes through continued research, early screening, and accessible support services<sup>10</sup>.

**Communication & Sensory processing issues faced by Autistic patients:**

Individuals with autism often display atypical motor and sensory behaviours, such as rocking, repetitive object manipulation, finger posturing, jumping, or pausing during transitions. These behaviours are frequently misinterpreted as voluntary, purposeless, or reflective of social withdrawal. Subtle sensory and motor differences can complicate diagnosis and are sometimes incorrectly linked to reduced cognitive ability, leading to their under recognition. The literature commonly describes these traits using terms such as sensory processing and motor planning difficulties, coordination disorders, inertia, sensory overload, repetitive speech, non-verbal communication differences, behavioural disturbances, and catatonia<sup>11</sup>.

Autism Spectrum Disorder (ASD) involves persistent deficits in social communication and restricted, repetitive behaviours. These include impairments in social-emotional reciprocity, nonverbal communicative behaviours, and the ability to develop and maintain relationships, as well as stereotyped movements, repetitive speech, and fixated interests, as defined in the DSM-5<sup>12</sup>.

Individuals with Autism Spectrum Disorder (ASD) may exhibit restricted and repetitive behaviours, a strong preference for sameness, and atypical sensory interests or responses. These features can interfere with daily functioning, often emerging in early childhood and becoming more pronounced over time. Although not universal, cognitive difficulties are also commonly reported. Sensory processing differences—affecting up to

80% of individuals with ASD—include both hyper- and hypo-responsiveness, leading to heightened sensitivity or avoidance of specific stimuli. Despite their prevalence, sensory issues remain poorly understood across the lifespan. Their late inclusion in diagnostic criteria (DSM-5) and the historical lack of conceptual frameworks have hindered accurate identification and effective intervention<sup>13</sup>.

### **Family and Societal Impact:**

Families of children with ASD often face profound emotional, financial, and social burdens. The process of diagnosis and therapy initiation can be lengthy and stressful, leading to increased anxiety, depression, and marital strain among caregivers. Many parents must reduce working hours or leave employment altogether to manage caregiving responsibilities, significantly affecting household income.

Parental mental health is significantly affected in families of children with Autism Spectrum Disorder (ASD). Caregivers report higher levels of psychological distress than those caring for children with other developmental disabilities, with stress amplified by social stigma, limited respite services, and inadequate support networks. Mothers are particularly vulnerable, frequently reporting elevated symptoms of depression and anxiety<sup>14</sup>.

Siblings of children with ASD may experience emotional neglect, social isolation, and increased responsibilities at a young age. While some develop resilience and empathy, others struggle with identity, peer relationships, and academic performance due to the family's focus on the child with special needs.

Social stigma remains a pervasive issue, especially in regions where autism is misunderstood or attributed to spiritual or behavioural causes. Public misconceptions lead to discrimination, reduced social inclusion, and reluctance to seek formal diagnosis or intervention. This contributes to underreporting and delays in support, particularly in rural or conservative communities<sup>15</sup>.

At a societal level, Autism Spectrum Disorder (ASD) poses significant challenges to inclusive education, employment, and community participation. Adults with ASD are underrepresented in the workforce due to limited vocational training, inadequate workplace accommodations, and low employer awareness. Many countries lack comprehensive autism policies, and existing frameworks often face implementation barriers such as insufficient funding and shortages of trained professionals. While NGOs provide valuable educational, therapeutic, and advocacy services, reliance on them alone is unsustainable. Addressing these challenges requires inclusive education systems, family-centred mental health support, financial assistance, and coordinated national autism action plans<sup>16</sup>.

### **Educational strategies and structured routines to support individuals with autism.**

Predictable routines support positive development in children with autism. Structured and consistent daily

schedules provide stability and help children anticipate upcoming events. Visual tools such as schedules or calendars effectively represent routines, activities, and transitions, and their prominent display at home allows children to refer to them independently, fostering autonomy. Given their reliance on visual cues, children with autism benefit substantially from visual supports, including labelled storage bins, task reminders, and behavioural expectation cues. The consistent use of images, symbols, or text enhances comprehension, promotes adherence to routines, and reduces anxiety<sup>17</sup>.

Children with autism may benefit from a designated quiet and calming space to support sensory regulation and self-soothing. A dedicated area within the home can provide a refuge during periods of stress or sensory overload, minimizing exposure to noise, bright lights, and other stimuli, and may include comforting items such as cushions, weighted blankets, or sensory toys. As transitions can be particularly challenging due to difficulties with changes in routine, visual supports such as timers, countdown clocks, or visual cues indicating the next activity or location can facilitate smoother transitions by helping children anticipate and prepare for change.

Visual behaviour management tools, such as charts and token systems, reinforce positive behaviours and help children track goal attainment. Recognising achievements & promptly reinforcing positive behaviours can help encourage ongoing progress. Organising the living space with clearly labelled storage solutions like bins, shelves, or drawers can enhance independence & aid children in locating & returning items. By using labelled containers or picture labels, children can effectively manage their belongings, fostering a sense of order & predictability<sup>18</sup>.

A consistent home environment supports children with autism. Strive to uphold consistent routines, expectations, & rules across various caregivers & environments whenever feasible. This steady approach offers stability & clarity, reducing confusion for the child<sup>19</sup>.

Fostering the development, independence, & general happiness of individuals with autism requires very well-organised family conditions. Parents & carers can establish a supportive, low-stress environment for children with autism by establishing clear schedules, using an Audio-visual system, creating calm areas, implementing change in visual prospects, using visual assistance for behaviour guidance, organising & labelling belongings, & maintaining consistency<sup>20</sup>.

### **Palliative Care Strategies for Individuals with Autism:**

Autism Spectrum Disorder (ASD) involves impairments in social communication, repetitive behaviours, and sensory processing, often accompanied by comorbidities such as sleep disturbances, gastrointestinal disorders, and epilepsy, contributing to a substantial family burden. Although paediatric palliative care is traditionally associated with life-limiting conditions, its family-centred principles can be adapted in ASD to address chronic stressors and enhance quality of life across the lifespan<sup>21</sup>.

A core challenge in applying palliative principles to children with ASD involves accurately recognising discomfort, pain, and distress—especially when expressive capacity is limited. Recent scoping reviews have highlighted that children with ASD demonstrate both verbal and non-verbal pain cues that diverge from neurotypical patterns, necessitating holistic assessment tools, visual aids, and stakeholder-informed evaluation strategies<sup>22</sup>.

Sensory and behavioural sensitivities in ASD often intensify distress in clinical environments due to bright lights, noise, crowding, and routine disruptions. Sensory-informed planning, staff training, structured settings, and individualised communication can improve procedural tolerance. Common comorbidities such as constipation and insomnia further reduce quality of life and increase caregiver burden. Family-centred care pathways have demonstrated benefits, with one initiative reporting improvement in 75% of families within six weeks<sup>23</sup>.

The impact of caregiving stress must not be overlooked. ASD caregiving consistently correlates with chronic emotional strain, sleep disruption, and reduced family well-being—factors that underscore the necessity of psychosocial and respite support embedded within palliative paradigms.

Despite this potential, palliative care for children with ASD remains an emerging, underutilised frontier. Barriers include limited clinician awareness, insufficient training in autism-specific care adaptations, and healthcare models that prioritise cure over quality-of-life enhancement<sup>24</sup>.

Moving forward, we promote interdisciplinary frameworks that combine developmental paediatrics, neurology, psychiatry, and palliative care expertise; policy initiatives that enhance service access and provide caregiver respite; and research to assess tailored palliative interventions in ASD communities.

## **DISCUSSION:**

This integrative review synthesised evidence from 30 studies to characterise ASD as a systemic developmental illness with far-reaching implications. Across the included literature, early behavioural markers were consistently identifiable within the first two years of life, underscoring the importance of early surveillance<sup>25</sup>.

Of the 35 studies reviewed, approximately 60% reported superior functional and caregiver outcomes with parent-mediated interventions compared with clinic-based programmes alone, particularly in rural or resource-limited settings. Educational and behavioural strategies were most effective when embedded within predictable routines and supported by caregiver training.

Information and training are necessary for parents of autistic children to become competent and successful caregivers. To assist families in dealing with emotions of loss and powerlessness, it is also crucial to provide suitable therapy to families who have children with autism. It is essential to offer support services to assist parents in creating practical plans for handling caregiving challenges with autism<sup>26</sup>.

Marked disparities were observed between high-income and low-income countries. In Scandinavia and parts of the United States, government-funded early intervention and inclusive education models reduced caregiver burden and improved continuity of care. In contrast, studies from India and other low-resource settings highlighted heavy reliance on non-governmental organisations, resulting in fragmented access and financial strain.

When educational and behavioural interventions reached a functional plateau, palliative care-informed approaches played a complementary role by addressing chronic distress, sensory discomfort, sleep disorders, and caregiver exhaustion. This transition reflects a shift from outcome-driven therapy to quality-of-life optimisation.

Delays in screening and diagnosis may arise from the fact that many individuals, including parents and educators, are unfamiliar with the indicators and characteristics of ASD. When Autism Spectrum Disorder (ASD) is detected, parents are sometimes discouraged from getting help for their children due to the problems associated with emotional issues. Many parents may be reluctant to disclose their child's illness for fear of social marginalisation or prejudice. People with autism and their families have more difficulties as a result of this stigma and poor understanding of ASD. They need a supportive society and should be acknowledged as special persons<sup>27</sup>.

As autism awareness continues to grow in India, where autism services remain limited, establishing effective support systems is vital for addressing the needs of autistic individuals, their families, & society. Up until now, NGOs—often parent-led—have been mostly responsible for the advancements in autism support, with little assistance from the government. Even while the government has put policies in place to help people with disabilities get an education and find work, there is still a lack of knowledge and access for those who need it. Additionally, there are very few government programs that are especially targeted towards autism. Therefore, cooperation between the government and NGOs, as well as the creation and execution of effective policies, is essential<sup>28</sup>.

## **CONCLUSION:**

Many claims suggest a 'cure' for autism; however, none of these are substantiated. While certain interventions can address core features of autism, as well as common behaviours & challenges associated with the condition, they can also offer support to families & caregivers. There is evidence supporting treatment approaches aimed at reducing challenging behaviours. This guideline aims to outline how healthcare & social care professionals can help, treat, & guide kids & adolescents with Autism, as well as their households & caretakers, from their early life to the transition into adulthood<sup>29</sup>.

Healthcare professionals, people with autism, and their families and carers need to establish contact with the children effectively. Written literature based on complete proof and the customised requirements of the individual should rather support this communication. People needing

extra requirements, especially those who are unable to speak or read English and those who show physical, sensory, or learning challenges, should have access to culturally sensitive support services and information<sup>30</sup>. Since every child is different, it's critical to acknowledge that establishing the best teaching methods for them may take some time & research. Contacting a trained behaviour analyst or therapist can give individualised assistance and provide direction based on each child's unique requirements<sup>31</sup>.

#### Relevance of the Study

This review underscores the multifaceted challenges associated with Autism Spectrum Disorder affecting individuals and their families. By synthesising global literature, the article underscores the value of early diagnosis, structured routines, and individualised interventions. It explores behavioural, communication, and sensory difficulties while stressing the critical need for family and societal support. Additionally, it identifies systemic gaps in services, especially in developing regions, and calls for government-NGO collaboration. This work is a valuable resource for healthcare professionals, educators, and policymakers striving to enhance Quality of life and care outcomes in ASD.

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