

AN IN-DEPTH EXPLORATION OF AUTISM SPECTRUM DISORDER

HOW ASD IS IDENTIFIED AND DIAGNOSED

Autism Spectrum Disorder is a lifelong neurodevelopmental condition characterised by a spectrum of symptoms and functional impairments that primarily affect communication, social interaction, and behaviour. According to Hus and Segal (2021) the diagnostic process for ASD is inherently complex and multi-layered, requiring the synthesis of behavioural observations, developmental history, and standardised criteria. Additionally, as stated by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), individuals must exhibit persistent deficits in social communication and interaction across multiple contexts, in addition to two or more types of restricted or repetitive behaviours (Ma, 2022).

Strengths of the Current Diagnostic Framework

Ma (2022) maintains that the use of DSM-5 criteria offers a standardised approach that improves diagnostic consistency across practitioners and settings.

Limitations and Critiques of Diagnostic Practices

Traditionally ASD has been perceived as a predominantly male condition, resulting in the under recognition of symptoms in females. Allely (2019) persists by arguing that females with ASD often display fewer externalising behaviours and may be more adept at camouflaging or mimicking neurotypical social behaviour, thus evading diagnostic detection.

The diagnostic process can be time-consuming and inaccessible, for instance, in many countries, including the United Kingdom, families face long waiting lists for specialist assessments through public healthcare systems. Therefore, according to Brown, Parikh, and Patel (2020) these delays are exacerbated in rural or under-resourced regions, further limiting access to early intervention.

THE IMPACT OF BARRIERS ON DIAGNOSIS AND SUPPORT

There are a range of systemic, societal, and individual factors act as barriers to timely and effective diagnosis and support for individuals with ASD.

Limitations and Critiques of Diagnostic Practices

ASD is misunderstood or attributed to spiritual causes, parental neglect, or poor upbringing, which therefore discourages families from seeking help. Consequently, Gates (2019) argues that this stigma may lead to social exclusion, shame, and a reluctance to pursue formal assessment or diagnostic services. A study by Chen, *et al.* (2024) found that perceived public stigma was a significant predictor of delayed diagnosis among parents of children with ASD.

Systemic and Structural Challenges

Parr, *et al.* (2024) suggest that healthcare and educational systems often lack the infrastructure, training, and capacity to manage the increasing demand for ASD assessments and support, therefore, In the UK, for instance, reports have shown that over 80% of families wait longer than the government's recommended 13 weeks for an autism diagnosis (National Autistic Society, 2025).

Individual-Level Barriers

In addition, Scandurra, *et al.* (2021) maintain that the diversity within the autism spectrum itself also contributes to diagnostic and support challenges. Moreover, according to Chaudhary (2021) High-functioning individuals or those with subtle symptoms may be overlooked, particularly during early childhood. As a result, late-diagnosed adults often report years of social difficulties, misdiagnosis, and lack of support (Pierce, *et al.*, 2019).

APPROPRIATE SUPPORT STRATEGIES

Individualised Education Programmes represent one of the most impactful tools within the educational domain. Xu and Kuti (2021) argue that IEPs are designed to ensure that students with disabilities receive customised instruction and accommodations to help them meet their educational and developmental goals.

Structure and Purpose of IEPs

Wearmouth (2022) states that effective support for individuals with ASD requires a complex approach that addresses the diverse needs of the specific individual. As suggested by King, Bhroin, and Prunty (2018) one principal strategy used by educational settings across the UK is the implementation of IEPs.

Individualised Education Programs (IEPs)

The development of an IEP involves collaboration among educators, parents, and specialists to tailor interventions to the student's unique strengths and challenges.

Key Components of Effective IEPs for ASD

King, Bhroin, and Prunty (2018) suggest that targets should be tailored to the student's cognitive level, strengths, and challenges. Slade, *et al.* (2018) continue by maintain that common target areas include enhancing communication skills, increasing social engagement, and reducing maladaptive behaviours. Xu and Kuti (2021) insist that specialised instruction strategies, which may involve visual support, structured teaching methods, and technology-assisted learning tools that accommodate different learning styles, enhances the support required for the pupil to reach their individual goals.

Benefits and Outcomes

Research conducted by Xu and Kuti (2021) supports the efficacy of IEPs in promoting positive educational development for students with ASD. Moreover, Slade, *et al.* (2018) states that individualised plans enhance academic achievement, foster greater independence, and improve social functioning.

