

BEYOND DIAGNOSTIC LEVELS: A PSYCHOSOCIAL AND FUNCTIONAL FRAMEWORK FOR UNDERSTANDING SUPPORT NEEDS IN AUTISTIC CHILDREN

NANDHINI NANDAKUMAR

RESEARCH SCHOLAR, LINCOLN UNIVERSITY COLLEGE, MALAYSIA (PSYCHOTHERAPIST AND SPECIAL NEEDS PRACTITIONER)

DR. BILAL AHMAD LONE

RESEARCH SCHOLAR, LINCOLN UNIVERSITY COLLEGE, MALAYSIA

Abstract

Autism is a heterogeneous neurodevelopmental condition in which support requirements vary substantially across individuals and contexts. Diagnostic classification provides an essential clinical framework, but diagnostic levels may not fully represent the functional and psychosocial complexity experienced by autistic children. This integrative literature review examines autism through a psychosocial and functional lens, with particular attention to social communication, restricted and repetitive behaviours, sensory processing, emotional regulation, adaptive functioning, family systems, and school environments. The review argues that support planning should move beyond a diagnosis- or level-centred model toward an individualised framework that integrates symptom characteristics with functional performance, environmental demands, strengths, communication needs, and participation. A conceptual framework is proposed in which diagnostic characteristics interact with child-level and environmental factors to shape real-world support needs. The framework has implications for psychological assessment, psychotherapy, education, behavioural intervention, family support, and multidisciplinary practice. Future research should examine multidimensional methods for assessing support needs and their relationship to quality of life and participation.

KEYWORDS: autism; support needs; psychosocial functioning; adaptive functioning; emotional regulation

1. INTRODUCTION

Autism spectrum disorder (ASD), referred to increasingly in research and clinical practice as autism, is a neurodevelopmental condition characterised by persistent differences in social communication and social interaction and restricted or repetitive patterns of behaviour, interests, or activities. Autism is highly heterogeneous. Children who share the same diagnostic classification may differ considerably in language, cognitive functioning, sensory experiences, emotional regulation, adaptive behaviour, social participation, and independence. This heterogeneity creates a challenge for clinicians and educators because diagnostic similarity does not necessarily imply similar intervention requirements.

Contemporary diagnostic systems provide useful descriptions of core characteristics and associated support requirements. However, the practical needs of a child are determined not only by diagnostic characteristics but also by the interaction between individual capacities and environmental demands. A child with relatively fluent language may nevertheless require substantial support for anxiety, sensory overload, executive functioning, or adaptive skills. Conversely, a child with limited spoken language may demonstrate strong visual learning, predictable routines, and effective alternative communication that allow meaningful participation when the environment is appropriately adapted.

The present review therefore examines whether diagnostic levels should be treated as a starting point rather than a complete description of support needs. The central proposition is that autism support should be conceptualised through a multidimensional psychosocial and functional framework incorporating core characteristics, emotional regulation, sensory processing, adaptive functioning, family and school environments, communication, strengths, and participation.

This perspective is consistent with the broader mission of applied psychology, in which assessment and intervention are expected to produce practically meaningful information rather than merely categorical descriptions. For a journal concerned with psychological methods and professional applications, the distinction between diagnostic classification and functional assessment is particularly important.

2. Conceptualising Autism as a Heterogeneous Condition

The diagnostic concept of autism has evolved from a relatively narrow categorical disorder toward a spectrum characterised by substantial individual variability. The DSM-5-TR specifies two principal diagnostic domains: persistent difficulties in social communication and social interaction, and restricted, repetitive patterns of behaviour, interests, or activities (American Psychiatric Association, 2022). Symptoms must be present during the developmental period and must produce clinically significant impairment in important areas of functioning.

This diagnostic architecture is clinically valuable, but it does not imply that children with the same diagnosis have equivalent needs. Functional outcomes are shaped by language, intellectual functioning, adaptive behaviour, co-occurring conditions, family resources, educational opportunities, sensory characteristics, and the degree to which environments are accessible. Consequently, the diagnosis provides a necessary framework for identification but is insufficient as a stand-alone intervention plan.

The heterogeneity of autism is also evident in the diversity of developmental trajectories. Some children acquire functional spoken language and increasing independence, whereas others continue to require substantial assistance with communication and daily living. Developmental progress may occur unevenly, with strengths in one domain coexisting with substantial difficulty in another. A multidimensional formulation is therefore more clinically informative than a global severity label.

3. Beyond Diagnostic Levels

The DSM-5-TR uses three levels of severity to indicate the degree of support required: Level 1, requiring support; Level 2, requiring substantial support; and Level 3, requiring very substantial support. These descriptors are intended to communicate support needs in the domains of social communication and restricted, repetitive behaviours. They should not be interpreted as fixed statements about intelligence, potential, personality, or future development.

A major limitation of level-based classification is that support needs are multidimensional. A child may require substantial support for communication but relatively little support for academic learning. Another child may communicate fluently but experience significant difficulties with sensory regulation, emotional regulation, peer relationships, or independent functioning. A single global level can therefore conceal clinically meaningful variation. Support needs are also context dependent. A child who functions successfully in a predictable one-to-one setting may experience marked difficulties in a noisy classroom or unfamiliar community environment. Thus, functional assessment should examine the interaction between person and context rather than assuming that impairment is located exclusively within the child.

A psychosocial and functional approach does not reject diagnostic classification. Instead, it proposes that diagnosis and support planning serve different purposes. Diagnosis identifies a neurodevelopmental condition; functional assessment identifies what the individual can do, what barriers are encountered, what support is required, and which environmental modifications may improve participation.

4. Social Communication and Interaction

Social communication differences are central to autism, but their expression varies substantially. Children may demonstrate differences in social reciprocity, nonverbal communication, conversational exchange, joint attention, or relationship development. Some children have limited spoken language, whereas others possess extensive vocabulary but experience difficulty using language flexibly in social contexts.

Psychological assessment should therefore examine communication function rather than relying on speech quantity. Clinically relevant questions include whether the child can request assistance, reject an activity, share attention, express emotion, understand social information, and repair communication breakdowns. Augmentative and alternative communication may be appropriate when speech does not adequately meet communication needs.

Social participation should likewise be understood functionally. The objective is not simply to increase observable social behaviours but to support meaningful interaction, autonomy, and reciprocal relationships. Interventions should respect individual communication styles while teaching skills that increase access to social, educational, and community opportunities.

5. Restricted and Repetitive Behaviours

Restricted interests, repetitive movements, insistence on sameness, and repetitive use of objects are common features of autism. These behaviours can have different functions and should not automatically be regarded as problematic. Repetitive behaviour may provide sensory input, predictability, enjoyment, self-regulation, or a means of coping with uncertainty.

Clinical intervention should therefore distinguish between behaviours that create genuine safety or participation concerns and behaviours that are harmless expressions of autistic experience. When intervention is necessary, functional assessment can identify antecedents, consequences, environmental demands, and replacement skills.

A functional approach also recognises that distress may occur when routines change or demands exceed the child's current coping capacity. Visual schedules, transition supports, predictable routines, choice opportunities, and explicit teaching can reduce uncertainty and increase independence.

6. Sensory Processing and Regulation

Sensory differences are frequently reported by autistic children and their families. Individuals may show hyper- or hyporeactivity to sensory input or unusual sensory interests. Auditory, tactile, visual, olfactory, gustatory, and movement-related experiences can influence participation in school, therapy, family routines, and community activities.

Sensory characteristics should be assessed in relation to functional outcomes. The relevant question is not simply whether a child is sensory seeking or sensory sensitive, but how sensory experiences affect attention, emotional regulation, communication, sleep, eating, learning, and participation.

Environmental adaptation may be more effective than expecting the child to tolerate every stimulus. Examples include reducing unnecessary noise, providing predictable transitions, offering appropriate movement opportunities, modifying lighting, and teaching the child to request breaks. Such adaptations should be individualised and monitored for their functional benefit.

7. Emotional Regulation and Psychological Well-Being

Emotional regulation represents an important but sometimes underemphasised component of autism support. Autistic children may experience difficulty identifying emotions, interpreting internal bodily signals, communicating distress, shifting attention, or using coping strategies. Anxiety and other emotional difficulties may further complicate participation.

Emotional dysregulation can be misinterpreted as oppositionality or intentional non-compliance. A child who cries, withdraws, screams, or refuses an activity may be responding to sensory overload, communication failure, anxiety, fatigue, unexpected change, or excessive cognitive demands. Psychological formulation should therefore consider the context and function of distress.

Intervention can include emotion identification, coping skills, functional communication, graded exposure where clinically appropriate, predictable routines, relaxation strategies, cognitive-behavioural approaches adapted to developmental level, play-based methods, and caregiver coaching. The appropriate method should be selected according to developmental ability and individual formulation rather than applied uniformly.

8. Adaptive Functioning and Independence

Adaptive functioning is critical to understanding support needs because diagnostic characteristics do not fully predict everyday independence. Adaptive skills include communication, self-care, home living, safety, social functioning, and community participation. A child may perform well on academic tasks while requiring substantial assistance with dressing, toileting, eating, transitions, or safety.

Functional assessment should therefore examine what the child can do independently, what can be completed with prompts, and which skills require direct teaching. Task analysis, visual supports, prompting and fading, modelling, reinforcement, and naturalistic practice may be used to develop independence.

An important clinical implication is that intervention goals should be meaningful. Increasing independence in dressing, communicating needs, managing transitions, participating in classroom routines, or accessing community activities may have greater practical value than focusing exclusively on reducing visible autistic behaviours.

9. Family and School as Psychosocial Contexts

Support needs are influenced by the environments in which children live and learn. Families may experience considerable demands related to appointments, communication difficulties, school coordination, behavioural crises, financial pressures, and uncertainty about the future. Family-centred practice should therefore include parent education, collaborative goal setting, practical strategies, and attention to caregiver capacity.

Schools also shape functional outcomes. Classroom noise, transitions, teaching style, peer expectations, communication demands, and flexibility of routines can either increase or reduce disability-related barriers. Collaboration among parents, teachers, therapists, and healthcare professionals is therefore essential.

A psychosocial formulation should consider the fit between the child's abilities and environmental expectations. When a setting is modified appropriately, apparent impairment may decrease even though the underlying neurodevelopmental characteristics remain. This observation supports a functional rather than purely deficit-based understanding of disability.

10. Proposed Psychosocial and Functional Framework

Based on the literature reviewed, a multidimensional framework is proposed. The framework conceptualises support needs as the product of interactions among five components: (1) core autistic characteristics; (2) individual psychological and developmental characteristics; (3) functional abilities; (4) environmental demands and supports; and (5) participation and quality-of-life outcomes.

Core autistic characteristics include social-communication differences and restricted or repetitive behaviours. Individual characteristics include language, cognition, emotional regulation, sensory processing, attention, motivation, and co-occurring psychological or developmental difficulties. Functional abilities include adaptive behaviour, communication, self-care, learning, and independence. Environmental variables include family support, classroom structure, peer relationships, accessibility, and expectations. The final component is participation: the child's ability to engage meaningfully in family, educational, social, and community life.

The framework proposes that assessment should move through the following sequence: diagnostic identification; multidimensional functional assessment; identification of environmental barriers; formulation of support priorities; individualised intervention; and monitoring of participation and quality-of-life outcomes.

This framework may be represented as follows:

Diagnostic characteristics → Individual psychological/developmental profile → Functional abilities → Environmental demands and supports → Participation and quality of life → Ongoing reassessment.

The model is intentionally dynamic. Support needs may change as the child develops, learns new skills, encounters new environments, or experiences changes in family and educational circumstances. Accordingly, assessment should be repeated rather than treated as a one-time determination.

11. Implications for Psychological Assessment and Intervention

The proposed framework has several implications for applied psychological practice. First, psychological assessment should integrate diagnostic information with functional and adaptive measures. Second, assessment should identify strengths as well as limitations. Third, emotional and sensory factors should be considered when interpreting behaviour. Fourth, clinicians should examine contextual variables rather than attributing all difficulties to autism.

For intervention, goals should be observable, meaningful, developmentally appropriate, and connected to participation. Progress monitoring should include functional outcomes rather than relying solely on symptom reduction. Where standardised instruments are used, their psychometric properties, cultural appropriateness, and relevance to the individual population should be considered.

The framework also supports multidisciplinary communication. A common functional formulation can help psychologists, psychotherapists, educators, speech-language therapists, occupational therapists, and families work toward compatible goals. This is particularly important when a child receives multiple services.

12. Research Gaps and Future Directions

Current literature demonstrates substantial interest in autism diagnosis, intervention, sensory characteristics, adaptive functioning, and psychological well-being. However, further research is needed to establish multidimensional approaches for quantifying support needs across developmental and environmental contexts.

Future studies should examine whether support needs can be more accurately predicted by combining diagnostic characteristics with adaptive functioning, emotional regulation, sensory processing, communication, family context, and school participation. Longitudinal studies could examine how these domains change over development. Psychometric research could investigate whether multidimensional support-needs profiles demonstrate stronger predictive validity for participation and quality of life than diagnostic level alone.

Research should also consider cultural and contextual differences. Measures developed in one country may not fully capture family expectations, educational structures, communication practices, or community participation in another. Cross-cultural validation and culturally responsive assessment are therefore important priorities.

Finally, future intervention research should examine outcomes that matter to autistic children and their families, including autonomy, communication, emotional well-being, participation, relationships, and quality of life. Such outcomes can complement traditional measures of symptom change.

13. CONCLUSION

Diagnostic classification remains essential for identifying autism and communicating clinical information, but diagnostic levels should not be treated as complete representations of individual support needs. Autism is heterogeneous, and functional requirements emerge from interactions among neurodevelopmental characteristics, psychological processes, adaptive abilities, environmental demands, and available supports.

A psychosocial and functional framework provides a more comprehensive basis for assessment and intervention. It encourages clinicians to ask not only which diagnostic characteristics are present, but also how those characteristics

affect communication, emotional regulation, adaptive functioning, participation, and quality of life. It further individualizes that environments can either amplify or reduce disability-related barriers.

For applied psychology, the practical implication is clear: support planning should be individualized, multidimensional, context-sensitive, and responsive to change. Moving beyond diagnostic levels does not mean abandoning diagnostic classification; it means placing diagnosis within a broader framework that better captures the lived and functional realities of autistic children.

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Table 1. Proposed Psychosocial and Functional Framework

Domain	Examples of indicators	Potential functional impact	Assessment/support focus
Core autistic characteristics	Social communication; restricted/repetitive patterns	Interaction, flexibility, participation	Diagnostic and behavioural assessment
Psychological/developmental	Emotion regulation; anxiety; attention; cognition; language	Coping, learning, communication	Psychological/developmental formulation
Functional abilities	Adaptive behaviour; self-care; communication; independence	Daily living and autonomy	Functional/adaptive assessment
Environmental context	Family; school; sensory environment; expectations	Access and participation	Environmental modification

Participation/quality of life	School, family, peers, community	Meaningful engagement and well- being	Goal-based outcome monitoring
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