

DOI: <https://doi.org/10.56663/rop.v14i1.96>

Adaptive and Social Communication Skills of Children Diagnosed with ASD from the Perspective of Parents and Teachers

Veronica Neguțu¹

Abstract

Improving social communication is a common goal of autism-related services. However, it remains unclear whether existing approaches to social communication align with the perspectives and priorities of parents and teachers. The perspectives of parents and teachers regarding the characteristics and priorities of social communication in children with autism were gathered in our study through questionnaires focusing on the adaptive skills of children aged 6 to 10 diagnosed with ASD, as well as their social communication abilities. Our results illustrated differences in perspective between the two groups regarding the general characteristics relevant to diagnosis (e.g., social skills $p < 0.001$, self-regulation $p < 0.001$, overall adaptive functioning level GAC $p < 0.001$). A possible explanation for these results is that parents of children with ASD tend to overprotect them, which prevents children from experiencing many things. Consequently, these children tend to develop a preference for solitary play, limited interaction with peers, and reduced eye contact. Therefore, a mentoring program for parents and teachers should be implemented, aimed at establishing an objective perspective on the symptomatology and social competence development of children with ASD. This highlights the practical value of our study.

Keywords: ASD, early school age, adaptive skills, social communication skills

Introduction

Socio-emotional development includes the ability to express and manage positive and negative emotions, to build interpersonal relationships, and to explore the environment to learn about the surrounding world (Pontoppidan et al., 2017).

Previous research suggests that atypicalities in socio-emotional development appear in community samples of children as early as age two and predict later mental health (Alink et al., 2006; Briggs-Gowan et al., 2006; Briggs-Gowan & Carter, 2008; Stanciu et al., 2021; Van Zeijl et al., 2006). For instance, socio-emotional atypicalities in children aged 12–36 months, measured by the Brief Infant-Toddler Social and Emotional Assessment (BITSEA), predicted which children would later meet diagnostic criteria for mental health disorders upon entering primary school (Briggs-Gowan & Carter, 2008; Budisteanu et al., 2022; Rad et al., 2022).

Socio-emotional development is difficult to measure in children under two. Early and middle childhood are marked by rapid changes across all developmental domains, including socio-emotional aspects. However, it can be hard to distinguish typical (e.g., tantrums, separation anxiety) from atypical socio-emotional development, as such behaviors can exist along a continuum depending on contextual factors (Lasch et al., 2020).

There is growing awareness of the need to monitor socio-emotional development in young children, as early difficulties are associated with lower social competence in preschoolers (Schmidt

¹ PhD candidate Doctoral School, Educational Sciences, Ion Creanga State Pedagogical University, Chișinău,
Corresponding Author:
Email: veronica.negutu@gmail.com

et al., 2002), poor school performance (Campbell et al., 2006), and later mental health challenges (Campbell et al., 2000; Fox, 2004; Linca et al., 2022; D.S. Shaw et al., 1994; P. Shaw et al., 2014). Early interventions for preschoolers with socio-emotional problems have proven effective in improving later socialization and academic performance (Gross, 2002; Kelleher et al., 2006; Reid et al., 2004; Thomas & Zimmer-Gembeck, 2007).

The BITSEA (Briggs-Gowan et al., 2006) is a 42-item parent-report questionnaire for children aged 11–48 months, assessing behavior and social competence. Studies using BITSEA demonstrated its usefulness in predicting later mental health challenges and parental and teacher evaluations of psychopathology in children under four (Briggs-Gowan et al., 2006; 2013; Giserman Kiss et al., 2017).

The BITSEA developers later added ASD-specific scales to support its use as an early screening tool (Briggs-Gowan & Carter, 2008; Gardner et al., 2013; Giserman Kiss et al., 2017b), showing acceptable sensitivity (>0.70) in distinguishing children with and without ASD before age 4 (Giserman Kiss et al., 2017b; Kruizinga et al., 2014).

Although ASD's hallmark features include deficits in social communication and restricted, repetitive behaviors (Messent, 2013), socio-emotional difficulties have also been noted by parents of children with ASD (De Giacomo & Fombonne, 1998) and prospectively observed in younger siblings of children later diagnosed with ASD (Sacrey et al., 2015).

Understanding early socio-emotional development and its link to ASD symptoms is important because socio-emotional atypicalities often co-occur with ASD. However, most research compared already-diagnosed children to typically developing peers, and little is known about younger siblings of ASD children, who are at higher risk themselves (16% in simplex families to 36% in multiplex families; McDonald et al., 2020).

Moreover, siblings of children with ASD are at increased risk for ADHD, conduct problems, anxiety, and other neurodevelopmental and mental health conditions (Jokiranta-Olkonieni et al., 2016).

Given all of this, our study aimed to highlight the adaptive and social communication development profiles of children with ASD from both parental and teacher perspectives.

Method

Objective

O1. To investigate the differences in perspective between parents and teachers of children with ASD regarding their adaptive and social communication skills.

Hypothesis

H1. There are differences in perspective between parents and teachers concerning the severity of symptoms and the level of adaptive and social communication skill development in children with ASD.

Description of participants

The study included 100 children with ASD (22 girls, 78 boys) aged 6–10 years ($M=7.68$, $SD=1.37$) from inclusive centers and special schools in Constanța. The chronological age criterion was used.

Table 1 Descriptive statistics - age

N Valid	100
Missing values	0
M	7,68
SD	1,370
Minimum	6
Maximum	10

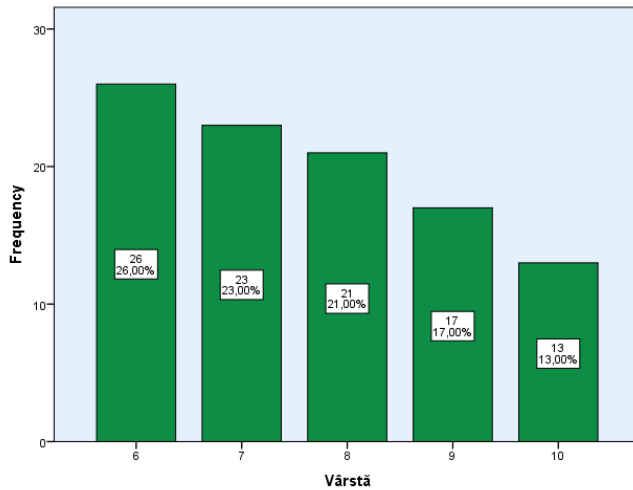


Figure 1 Distribution of values of the age variable

Table 2 Distribution of values of the gender variable

	Frequency	Percent	Valid Percent	Cumulative Percent
ValidM	78	78,0	78,0	78,0
F	22	22,0	22,0	100,0
Total	100	100,0	100,0	

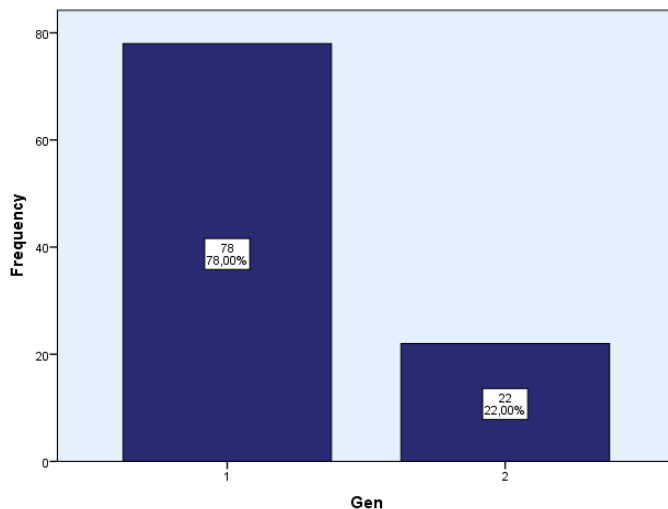


Figure 2 Distribution of values of the gender variable

The selected participants, who gave their consent to take part in the research, were allocated based on the scores recorded from parents' responses at the initial assessment using the Socialization–Communication scale of the Autism Spectrum Rating Scales (ASRS). Students with a very high score on this subtest were included.

In addition, chronological age was used as a stratification criterion because early primary school is the optimal period for acquiring and processing new information. Thus, the group consisted of 100 children, as follows: 26 students aged 6; 23 students aged 7; 21 students aged 8; 17 students aged 9; and 13 students aged 10 (Table 3).

Table 3 Distribution of values of the age variable

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid6	26	26,0	26,0	26,0

7	23	23,0	23,0	49,0
8	21	21,0	21,0	70,0
9	17	17,0	17,0	87,0
10	13	13,0	13,0	100,0
Total	100	100,0	100,0	

Table 4 Distribution of values of the variable type of schooling

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	50	50,0	50,0	50,0
Center inclusive	50	50,0	50,0	100,0
Total	100	100,0	100,0	

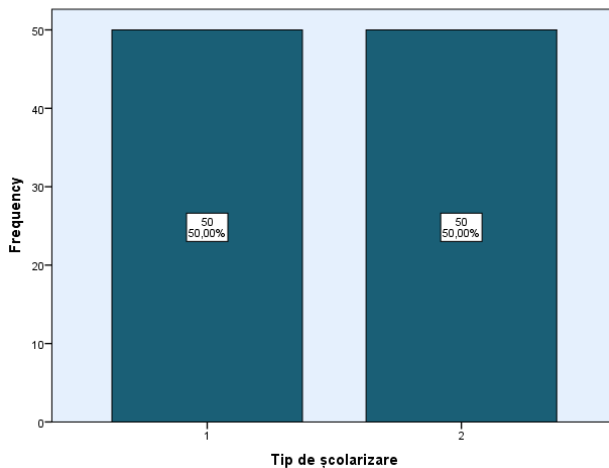


Figure 3 Distribution of values of the type of schooling variable

At the initial assessment, all children were classified in the “Very High” severity category, according to both parents’ and teachers’ evaluations on the Socialization–Communication scale of the ASRS.

Regarding the type of schooling, the sample included children from both special education schools and inclusive centers. Their distribution was as follows: 50 students from special schools and 50 students from inclusive centers (Table 4, Figure 3).

Description of Instruments

The instruments used in the study are:

- Autism Spectrum Rating Scales (ASRS) – a multi-perspective psychological assessment tool designed to establish and plan interventions for individuals with ASD. It was developed by Sam Goldstein and Jack Naglieri in 2013 and standardized for the Romanian population by Nicoleta Burlacu, Camelia Ionescu, and Dragoș Iliescu.
- BASC-2 – Behavior Assessment System for Children, Second Edition – a multidimensional and multimethod psychological assessment system for evaluating students’ behaviors. It was developed by Cecil Reynolds and Randy Kamphaus in 2011 and adapted for use in Romania by Nicolae Mitrofan, Andrei Ion, and Dragoș Iliescu.
- ABAS-II – Adaptive Behavior Assessment System™ – Second Edition (Oakland & Harrison, adapted for Romania in 2012 by Dragoș Iliescu) – a behavioral assessment system focused on a broad measurement of adaptability. Internationally, it is considered a standard tool for complex evaluations used in determining disability levels.

Compatible with DSM-IV-TR and AAIDD, the ABAS-II provides a General Adaptive Composite (GAC) score, three domain scores (Practical, Conceptual, and Social), and ten specific skill areas, making it suitable for diagnostic, treatment planning, and monitoring purposes. ABAS-II items indicate the ability or inability of individuals aged 0–89 years to perform typical

daily living behaviors for their age. The ABAS-II includes four distinct forms depending on the age range and the evaluator type.

The child assessment forms are exclusively hetero-evaluative, while for adults, the questionnaire can also be self-reported.

The ABAS-II forms are as follows:

- Parent/Caregiver (0–5 years) – 241 items
- Parent (5–21 years) – 232 items
- Teacher/Educator (2–5 years) – 216 items
- Teacher/Educator (5–21 years) – 193 items
- Adult – 239 items

Findings and Discussion

The inferential analysis of our data began with testing the normality of the variable distributions. Since the study focused on a special population—children with ASD—and the sample size was relatively small, we chose to test normality using the Kolmogorov–Smirnov test.

According to the table below, only the following variables showed a normal distribution: Child Socialization (teachers), Atypical Language (teachers), Behavioral Rigidity (teachers), and Sensory Sensitivity (parents), with $p > 0.05$.

Therefore, only nonparametric tests were applied in the subsequent analysis.

Table 5 Normality Test

	Kolmogorov-Smirnov			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Unusual_behavior_parents	.183	100	.000	.910	100	.000
Unusual_behavior_of_teachers	.096	100	.024	.970	100	.024
Self-regulation_parents	.205	100	.000	.886	100	.000
Self-regulation_teachers	.116	100	.002	.971	100	.026
Socialization_of_children_parents	.117	100	.002	.973	100	.037
Socialization_of_children_teachers	.085	100	.074	.964	100	.008
Socialization_adults_parents	.213	100	.000	.904	100	.000
Socialization_adults_teachers	.090	100	.043	.984	100	.263
Social_reciprocity_parents	.112	100	.004	.922	100	.000
Social_reciprocity_teachers	.145	100	.000	.929	100	.000
Atypical_language_parents	.093	100	.033	.967	100	.014
Atypical_language_teachers	.088	100	.055	.973	100	.035
Parental_stereotypes	.131	100	.000	.955	100	.002
Stereotypes_teachers	.113	100	.003	.971	100	.028
Parental_behavioral_rigidity	.097	100	.020	.969	100	.020
Behavioral_rigidity_of_teachers	.077	100	.146	.984	100	.259
Sensory_sensitivity_parents	.082	100	.093	.961	100	.005
Sensory_sensitivity_teachers	.122	100	.001	.967	100	.012
Anxiety_parents	.164	100	.000	.930	100	.000
Anxiety_teachers	.128	100	.000	.960	100	.004
Functional_communication_parents	.078	100	.142	.986	100	.398
Functional_communication_teachers	.116	100	.002	.964	100	.008
Social_skills_parents	.116	100	.002	.947	100	.001
Social_skills_teachers	.181	100	.000	.933	100	.000
Withdrawal_parents	.162	100	.000	.882	100	.000
Withdrawal_teachers	.125	100	.001	.961	100	.005
Socialization_parent	.170	100	.000	.895	100	.000
Socialization_teachers	.211	100	.000	.900	100	.000
GAC_parent	.200	100	.000	.786	100	.000
GAC_teacher	.319	100	.000	.686	100	.000

Thus, to test the research hypothesis, we applied the Mann–Whitney U test. Hypothesis H1, which assumed that there are differences in perspective between parents and teachers of students with ASD regarding the severity of symptoms and the level of development of adaptive and social communication skills, is partially supported by the collected data, as shown in Tables 6 and 7.

Table 6 Ranks

	Research group	N	Average Ranks	Sum of ranks
Socialization_Communication	1	100	98,10	9809,50
	2	100	102,91	10290,50
	Total	200		
Unusual_behavior	1	100	104,14	10414,00
	2	100	96,86	9686,00
	Total	200		
Self-regulation	1	100	126,09	12609,00
	2	100	74,91	7491,00
	Total	200		
Socialization_of_children	1	100	84,85	8484,50
	2	100	116,16	11615,50
	Total	200		
Socializing_adults	1	100	88,33	8832,50
	2	100	112,68	11267,50
	Total	200		
Social_reciprocity	1	100	93,72	9371,50
	2	100	107,29	10728,50
	Total	200		
Atypical language	1	100	89,74	8974,00
	2	100	111,26	11126,00
	Total	200		
Stereotypes	1	100	92,96	9295,50
	2	100	108,05	10804,50
	Total	200		
Behavioral_rigidity	1	100	96,78	9678,00
	2	100	104,22	10422,00
	Total	200		
Sensory_sensitivity	1	100	96,87	9686,50
	2	100	104,14	10413,50
	Total	200		
Anxiety	1	100	121,91	12191,00
	2	100	79,09	7909,00
	Total	200		
Functional_communication	1	100	94,11	9410,50
	2	100	106,90	10689,50
	Total	200		
Social_skills	1	100	91,49	9148,50
	2	100	109,52	10951,50
	Total	200		
Withdrawal	1	100	116,25	11625,00
	2	100	84,75	8475,00
	Total	200		
Socialization	1	100	117,84	11784,00
	2	100	83,16	8316,00
	Total	200		
GAC	1	100	75,07	7506,50
	2	100	125,94	12593,50
	Total	200		

Table 7 Mann-Whitney U test

	W	df p
Socialization_Communication	4759.500	0.557

Table 7 Mann-Whitney U test

	W	df p
Unusual_behavior	5364.000	0.374
Self-regulation	7559.000	< .001
Socialization_of_children	3434.500	< .001
Socializing_adults	3782.500	< .001
Social_reciprocity	4321.500	0.047
Atypical_language	3924.000	< .001
Stereotypes	4245.500	0.044
Behavioral_rigidity	4628.000	0.363
Sensory_sensitivity	4636.500	0.374
Anxiety	7141.000	< .001
Functional_communication	4360.500	0.118
Social_skills	4098.500	0.027
Withdrawal	6575.000	< .001
Socialization	6734.000	< .001
GAC	2456.500	< .001

A possible explanation for these results may be that, in general, parents of children with ASD tend to overprotect them, and as a result, the children do not have the opportunity to experience many things. Consequently, they are encouraged—often unintentionally—to develop preferences for playing alone, avoiding interaction with other children, and not maintaining eye contact. For this reason, it is essential to develop a mentorship program for both parents and teachers, particularly to help establish a more objective perspective on the symptomatology of children with ASD and on the level of development of their social skills.

These results are supported by specialized literature.

In a study by Walton et al. (2024) involving teachers, parents of children with ASD, and expert clinicians, both parents and teachers agreed that the following features are generally characteristic of children with ASD: deficits in socio-emotional reciprocity, verbal and nonverbal communication difficulties, and challenges in developing and maintaining relationships. Moreover, the authors highlighted the importance of using communication skills both for initiating and responding in the functional domains of behavioral requests, joint attention, and social interaction in children diagnosed with ASD.

However, the Walton et al. (2024) study also revealed new insights that deepen our understanding of how social communication challenges lead to functional impairments in children with autism. Several themes that parents and teachers considered highly important were less acknowledged by expert clinicians, suggesting that specialists might overlook certain significant areas of social communication needs.

Firstly, parents and teachers described how social communication difficulties and emotional regulation challenges interact, producing particularly severe functional impairments. These observations align with existing research on emotional regulation in autism. Children with autism use fewer and less effective emotional regulation strategies than their typically developing peers (Cibralic et al., 2019), and more effective regulation is associated with less severe social deficits (Goldsmith & Kelley, 2018).

Furthermore, emotional outbursts and the use of inefficient regulation strategies among children with autism are linked to a lower family quality of life (Nuske et al., 2018). Surprisingly, only a few studies have examined the relationship between communication skills and emotional regulation in children with autism, and none have included children under age 3 (Cibralic et al., 2019).

Stakeholders' accounts suggest that emotional regulation and communication are strongly interconnected in children with autism. This is especially important for children with limited communication skills, who often experience frustration when unable to express their wants and needs. Considering the potential impact of these intertwined difficulties, further research is needed

to better characterize these relationships and to determine how specialists, teachers, and parents can best support children facing such challenges.

Interventions focusing on communication—such as functional communication training (Heath et al., 2015)—and those addressing emotional regulation directly (Factor et al., 2019; Rispoli et al., 2019) should be considered.

Parents in the aforementioned study also highlighted how features of the social environment influence children’s social communication. They reported that age, familiarity, and the willingness of social partners to adapt to the child’s needs affected communicative success. Consequently, children’s use of social communication skills varied greatly depending on the setting and specific context. Moreover, some communication strategies (e.g., delayed echolalia) were described as more successful in certain environments than others.

These findings align with existing literature documenting difficulties in generalizing skills (Brown & Bebko, 2012) and the presence of unconventional communicative and social behaviors (Luyster et al., 2022) among children with autism.

However, instead of viewing these challenges purely as deficits, parents and teachers described social-communication barriers as interactions between the child’s unique ways of expressing social or communicative intent and the knowledge, understanding, or training of their communication partners.

When the communication partner was familiar with the child’s communication style, interactions were often successful and meaningful.

This perspective aligns with the social model of disability, which posits that disability exists at the intersection of a person’s impairments and society’s response to them; thus, the lack of willingness to understand and adapt to different ways of being is a major factor that makes these differences truly disabling (den Houting, 2019).

In summary, the literature reflects differing opinions on general characteristics primarily because of the relationship between environmental factors and the severity of ASD symptoms. Parents may not observe certain behaviors because they do not create contexts that challenge the child to adapt, while teachers, unfortunately, cannot control all the variables in a classroom environment with multiple students, each having unique educational and emotional needs (Walton et al., 2024; Heath et al., 2015; Factor et al., 2019; Rispoli et al., 2019; den Houting, 2019).

Conclusion

Difficulties in social communication and interaction behaviors are pathognomonic of individuals with Autism Spectrum Disorder (ASD) and represent an essential part of the diagnostic criteria. Such difficulties may stem from the interaction between personal factors—such as individual traits of the child with ASD—and the environment, which often fails to understand or accommodate these traits.

The purpose of this study was to illustrate the differences in perspective between parents and teachers regarding the clinical characteristics of children with ASD. This aspect forms the foundation for implementing specific intervention programs tailored to the challenges faced by these children.

In practice, there is often a need to align the two perspectives to truly address children’s needs. Our findings show that, to a large extent, parents and teachers shared similar views regarding certain characteristics of children with ASD; however, differences emerged, particularly regarding traits that manifest more prominently in the school context, where children must make greater efforts to adapt to social and contextual demands.

The originality of this study lies primarily in its holistic approach to children with ASD—through complex assessment procedures and by highlighting predictive factors for a critical developmental issue among young schoolchildren diagnosed with ASD.

A limitation of this study is the relatively small sample size. Given the vulnerability of the population, parents of children with ASD are often reluctant to participate in research. Therefore,

future studies should include information campaigns targeting both parents and school staff, focusing on evidence-based interventions, and especially, should emphasize psychoeducation for all actors involved in working with children with ASD.

Reference

- Alink, L. R. A., Mesman, J., van Zeijl, J., Stolk, M. N., Juffer, F., Koot, H. M., Bakermans-Kranenburg, M. J., & van Ijzendoorn, M. H. (2006). The early childhood aggression curve: Development of physical aggression in 10- to 50-month-old children. *Child Development, 77*(4), 954–966. <https://doi.org/10.1111/j.1467-8624.2006.00912.x>
- Briggs-Gowan, M. J., & Carter, A. S. (2008). Social-emotional screening status in early childhood predicts elementary school outcomes. *Pediatrics, 121*(5), 957–962. <https://doi.org/10.1542/peds.2007-1948>
- Briggs-gowan, M. J., Carter, A. S., Bosson-heenan, J., Guyer, A. E., & Horwitz, S. M. (2006). Are Infant-Toddler Social-Emotional and Behavioral Problems Transient? *Journal of the American Academy of Child & Adolescent Psychiatry, 45*(7), 849–858. <https://doi.org/10.1097/01.chi.0000220849.48650.59>
- Briggs-Gowan, M. J., Carter, A. S., McCarthy, K., Augustyn, M., Caronna, E., & Clark, R. (2013). Clinical Validity of a Brief Measure of Early Childhood Social-Emotional/Behavioral Problems. *Journal of Pediatric Psychology, 38*(5), 577–587. <https://doi.org/10.1093/jpepsy/jst014>
- Brown, S. M., & Bebkco, J. M. (2012). Generalization, overselectivity, and discrimination in the autism phenotype: A review. *Research in Autism Spectrum Disorders, 6*(2), 733–740. <https://doi.org/10.1016/j.rasd.2011.10.012>
- Budisteanu, M., Linca, F., Andrei, L. E., Mateescu, L., Glangher, A., Ioana, D., Severin, E., Riga, S., & Rad, F. (2022). Recognition of early warning signs and symptoms by caregivers, general practitioners and paediatricians – the first steps on the road to Autism Spectrum Disorder diagnosis. *Annali Dell'Istituto Superiore Di Sanità, 58*(3), 183–191.
- Campbell, S. B., Shaw, D. S., & Gilliom, M. (2000). Early externalizing behavior problems: Toddlers and preschoolers at risk for later maladjustment. *Development and Psychopathology, 12*(3), 467–488. <https://doi.org/10.1017/S0954579400003114>
- Campbell, S. B., Spieker, S., Burchinal, M., Poe, M. D., & NICHD Early Child Care Research Network. (2006). Trajectories of aggression from toddlerhood to age 9 predict academic and social functioning through age 12. *Journal of Child Psychology and Psychiatry, and Allied Disciplines, 47*(8), 791–800. <https://doi.org/10.1111/j.1469-7610.2006.01636.x>
- Cibralic, S., Kohlhoff, J., Wallace, N., McMahon, C., & Eapen, V. (2019). A systematic review of emotion regulation in children with Autism Spectrum Disorder. *Research in Autism Spectrum Disorders, 68*, 101422. <https://doi.org/10.1016/j.rasd.2019.101422>
- De Giacomo, A., & Fombonne, E. (1998). Parental recognition of developmental abnormalities in autism. *European Child & Adolescent Psychiatry, 7*(3), 131–136. <https://doi.org/10.1007/s007870050058>
- den Houting, J. (2019). Neurodiversity: An insider's perspective. *Autism: The International Journal of Research and Practice, 23*(2), 271–273. <https://doi.org/10.1177/1362361318820762>
- Factor, R. S., Swain, D. M., Antezana, L., Muskett, A., Gatto, A. J., Radtke, S. R., & Scarpa, A. (2019). Teaching emotion regulation to children with autism spectrum disorder: Outcomes of the Stress and Anger Management Program (STAMP). *Bulletin of the Menninger Clinic, 83*(3), 235–258. <https://doi.org/10.1521/bumc.2019.83.3.235>
- Fox, N. A. (2004). Temperament and Early Experience Form Social Behavior. *Annals of the New York Academy of Sciences, 1038*(1), 171–178. <https://doi.org/10.1196/annals.1315.025>
- Gardner, L. M., Murphy, L., Campbell, J. M., Tylavsky, F., Palmer, F. B., & Graff, J. C. (2013). Screening accuracy for risk of autism spectrum disorder using the Brief Infant-Toddler Social and Emotional Assessment (BITSEA). *Research in Autism Spectrum Disorders, 7*(5), 591–600. <https://doi.org/10.1016/j.rasd.2013.01.004>
- Giserman Kiss, I., Feldman, M. S., Sheldrick, R. C., & Carter, A. S. (2017a). Developing Autism Screening Criteria for the Brief Infant Toddler Social Emotional Assessment (BITSEA). *Journal of Autism and Developmental Disorders, 47*(5), 1269–1277. <https://doi.org/10.1007/s10803-017-3044-1>
- Giserman Kiss, I., Feldman, M. S., Sheldrick, R. C., & Carter, A. S. (2017b). Developing Autism Screening Criteria for the Brief Infant Toddler Social Emotional Assessment (BITSEA). *Journal of Autism and Developmental Disorders, 47*(5), 1269–1277. <https://doi.org/10.1007/s10803-017-3044-1>
- Goldsmith, S. F., & Kelley, E. (2018). Associations Between Emotion Regulation and Social Impairment in Children and Adolescents with Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders, 48*(6), 2164–2173. <https://doi.org/10.1007/s10803-018-3483-3>
- Gross, J. J. (2002). Emotion regulation: Affective, cognitive, and social consequences. *Psychophysiology, 39*(3), 281–291. <https://doi.org/10.1017/s0048577201393198>

- Heath, A. K., Ganz, J. B., Parker, R., Burke, M., & Ninci, J. (2015). A Meta-analytic Review of Functional Communication Training Across Mode of Communication, Age, and Disability. *Review Journal of Autism and Developmental Disorders*, 2(2), 155–166. <https://doi.org/10.1007/s40489-014-0044-3>
- Jokiranta-Olkonemi, E., Cheslack-Postava, K., Sucksdorff, D., Suominen, A., Gyllenberg, D., Chudal, R., Leivonen, S., Gissler, M., Brown, A. S., & Sourander, A. (2016). Risk of Psychiatric and Neurodevelopmental Disorders Among Siblings of Proband With Autism Spectrum Disorders. *JAMA Psychiatry*, 73(6), 622–629. <https://doi.org/10.1001/jamapsychiatry.2016.0495>
- Kelleher, K. J., Campo, J. V., & Gardner, W. P. (2006). Management of pediatric mental disorders in primary care: Where are we now and where are we going? *Current Opinion in Pediatrics*, 18(6), 649–653. <https://doi.org/10.1097/MOP.0b013e3280106a76>
- Kruizinga, I., Visser, J. C., van Batenburg-Eddes, T., Carter, A. S., Jansen, W., & Raat, H. (2014). Screening for autism spectrum disorders with the brief infant-toddler social and emotional assessment. *PloS One*, 9(5), e97630. <https://doi.org/10.1371/journal.pone.0097630>
- Lasch, C., Wolff, J. J., & Elison, J. T. (2020). Examining criterion-oriented validity of the Repetitive Behavior Scales for Early Childhood (RBS-EC) and the Video-Referenced Rating of Reciprocal Social Behavior (vrRSB). *Development and Psychopathology*, 32(3), 779–789. <https://doi.org/10.1017/S0954579419001159>
- Linca, F. I., Budisteanu, M., Popovici, D. V., & Cucu, N. (2022). The Moderating Role of Emotional Regulation on the Relationship between School Results and Personal Characteristics of Pupils with Attention Deficit/Hyperactivity Disorder. *Children*, 9(11), Article 11. <https://doi.org/10.3390/children9111637>
- Luyster, R. J., Zane, E., & Wisman Weil, L. (2022). Conventions for unconventional language: Revisiting a framework for spoken language features in autism. *Autism & Developmental Language Impairments*, 7, 23969415221105472. <https://doi.org/10.1177/23969415221105472>
- McDonald, N. M., Senturk, D., Scheffler, A., Brian, J. A., Carver, L. J., Charman, T., Chawarska, K., Curtin, S., Hertz-Piccioto, I., Jones, E. J. H., Klin, A., Landa, R., Messinger, D. S., Ozonoff, S., Stone, W. L., Tager-Flusberg, H., Webb, S. J., Young, G., Zwaigenbaum, L., & Jeste, S. S. (2020). Developmental Trajectories of Infants With Multiplex Family Risk for Autism: A Baby Siblings Research Consortium Study. *JAMA Neurology*, 77(1), 73–81. <https://doi.org/10.1001/jamaneurol.2019.3341>
- Messent, P. (2013). DSM-5. *Clinical Child Psychology and Psychiatry*, 18(4), 479–482. <https://doi.org/10.1177/1359104513502138>
- Nuske, H. J., Hedley, D., Tseng, C. H., Begeer, S., & Dissanayake, C. (2018). Emotion Regulation Strategies in Preschoolers with Autism: Associations with Parent Quality of Life and Family Functioning. *Journal of Autism and Developmental Disorders*, 48(4), 1287–1300. <https://doi.org/10.1007/s10803-017-3391-y>
- Pontoppidan, M., Niss, N. K., Pejtersen, J. H., Julian, M. M., & Væver, M. S. (2017). Parent report measures of infant and toddler social-emotional development: A systematic review. *Family Practice*, 34(2), 127–137. <https://doi.org/10.1093/fampra/cmz003>
- Rad, F., Stancu, M., Andrei, L.-E., Linca, F.-I., Mariana Buică, A., Leti, M.-M., Dobrescu, I., Mihailescu, I., & Efrim-Budisteanu, M. (2022). Diagnosis stability and outcome of psychotic episodes in a Romanian group of children and adolescents. *Medicine*, 101(34), e30288. <https://doi.org/10.1097/MD.00000000000030288>
- Reid, M. J., Webster-Stratton, C., & Baydar, N. (2004). Halting the development of conduct problems in head start children: The effects of parent training. *Journal of Clinical Child and Adolescent Psychology: The Official Journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division 53*, 33(2), 279–291. https://doi.org/10.1207/s15374424jccp3302_10
- Rispoli, K. M., Malcolm, A. L., Nathanson, E. W., & Mathes, N. E. (2019). Feasibility of an emotion regulation intervention for young children with autism spectrum disorder: A brief report. *Research in Autism Spectrum Disorders*, 67, 101420. <https://doi.org/10.1016/j.rasd.2019.101420>
- Sacrey, L.-A. R., Zwaigenbaum, L., Bryson, S., Brian, J., Smith, I. M., Roberts, W., Szatmari, P., Roncadin, C., Garon, N., Novak, C., Vaillancourt, T., McCormick, T., MacKinnon, B., Jilderda, S., & Armstrong, V. (2015). Can parents' concerns predict autism spectrum disorder? A prospective study of high-risk siblings from 6 to 36 months of age. *Journal of the American Academy of Child and Adolescent Psychiatry*, 54(6), 470–478. <https://doi.org/10.1016/j.jaac.2015.03.014>
- Schmidt, M., Demulder, E., & Denham, S. (2002). Kindergarten Social-Emotional Competence: Developmental Predictors and Psychosocial Implications. *Early Child Development and Care*, 172(5), 451–462. <https://doi.org/10.1080/03004430214550>
- Shaw, D. S., Keenan, K., & Vondra, J. I. (1994). Developmental precursors of externalizing behavior: Ages 1 to 3. *Developmental Psychology*, 30(3), 355–364. <https://doi.org/10.1037/0012-1649.30.3.355>
- Shaw, P., Stringaris, A., Nigg, J., & Leibenluft, E. (2014). Emotional dysregulation and Attention-Deficit/Hyperactivity Disorder. *The American Journal of Psychiatry*, 171(3), Article 3. <https://doi.org/10.1176/appi.ajp.2013.13070966>
- Stanciu, A. C., Rad, F., Mihailescu, I., Mateescu, L., Grozavescu, R., Andrei, E., Budisteanu, B., Linca, F., Ioana, D., Iliescu, C., Papuc, S., Arghir, A., Dobrescu, I., & Budisteanu, M. (2021). Multidisciplinary approach in

- children with autism spectrum disorder. *European Psychiatry*, 64(S1), S86–S86.
<https://doi.org/10.1192/j.eurpsy.2021.256>
- Thomas, R., & Zimmer-Gembeck, M. J. (2007). Behavioral outcomes of Parent-Child Interaction Therapy and Triple P-Positive Parenting Program: A review and meta-analysis. *Journal of Abnormal Child Psychology*, 35(3), 475–495. <https://doi.org/10.1007/s10802-007-9104-9>
- Van Zeijl, J., Mesman, J., Stolk, M. N., Alink, L. R. A., Van IJzendoorn, M. H., Bakermans-Kranenburg, M. J., Juffer, F., & Koot, H. M. (2006). Terrible ones? Assessment of externalizing behaviors in infancy with the Child Behavior Checklist. *Journal of Child Psychology and Psychiatry*, 47(8), 801–810.
<https://doi.org/10.1111/j.1469-7610.2006.01616.x>
- Walton, K. M., Borowy, A. R., & Taylor, C. A. (2024). “It just depends”: Parent, teacher, and expert conceptualization of social communication in young autistic children. *Autism : The International Journal of Research and Practice*, 28(4), 920–931. <https://doi.org/10.1177/13623613231185401>