



Applied Behavioral Approaches

After Your Child's Autism Diagnosis: A Caregiver's Action Guide



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A Message to Families

Beginning the Autism Journey

Hearing that your child has autism can bring up a wide mix of emotions—worry, sadness, relief, confusion, or even hope. All of these feelings are completely normal. Many parents say they feel unsure or overwhelmed at first, but it’s important to know you don’t have to go through this alone. Support is available for both you and your child.

Understanding Your Feelings

- It’s common to feel stress, sadness, or anxiety after an autism diagnosis. These feelings don’t mean you are failing as a parent—they’re a natural response to a big change.
- Some parents also feel relief at finally having answers, or hope knowing there are new ways to support their child.
- Sharing your feelings with trusted friends, family, or professionals can make a big difference. Support from others—including healthcare providers and parent groups—can help you cope and remind you that you’re not alone.

Your child is still the same wonderful person you’ve always known and loved. An autism diagnosis doesn’t define or limit them—it simply gives you a clearer picture of how they experience and process the world in their own unique way. This new understanding can provide valuable insights for both you and your child, highlighting their strengths and helping them learn more about themselves. It doesn’t change who they are; it gives you words to describe their experiences and tools to advocate for what they need to thrive.

Path to ASD Diagnosis & Services





Understanding Autism

What is Autism?

Autism is a common lifelong neurodevelopmental condition that influences how children communicate, engage socially, and behave. Every child with autism is one-of-a-kind, displaying a wide array of strengths and challenges. While some may require substantial support in specific areas, others may manage daily life with greater independence.

What causes Autism?

After receiving a recent diagnosis, it's completely normal for parents to wonder about the causes of autism. Is it something I did? Was it my parenting style? A vaccine? The answer to these questions is a resounding NO. Research tells us that autism comes from a blend of genetic and environmental factors, and usually, there's no single, clear reason behind it.

Genetic Factors

Autism often appears in families, suggesting that genes play a significant role in its development. Research shows that most of the risk for autism is due to genetic factors, specifically changes in genes that influence brain development. In some cases, rare changes in certain genes can cause autism. However, it is more common for a combination of many small genetic differences to increase the risk. These genetic changes can affect how brain cells grow and connect, especially during pregnancy. Sometimes doctors may recommend genetic testing to look for rare gene changes, but even then, many children with autism do not have a specific genetic cause that can be found.

Environmental Factors

Several influences before or during pregnancy can slightly elevate the risk of autism. These include older parental age, particularly among fathers, and certain maternal health conditions, such as diabetes, obesity, high blood pressure, or infections during pregnancy. Additionally, some medications taken while pregnant, like valproic acid used for seizures, can contribute to this risk. Exposure to elevated levels of air pollution or toxic substances and birth complications, such as oxygen deprivation, are also factors. It's important to note that these factors do not independently cause autism, but they may increase the risk when combined with genetic factors.

Key Points

- Autism is a neurological condition caused by a mix of genetic & environmental factors.
- Most cases do not have a single, clear cause.
- Vaccines and parenting do not cause autism.
- Nothing parents did or did not do caused their child's autism.



Understanding Autism

What does Autism look like?

The typical signs and symptoms of autism spectrum disorder (ASD) in young children who have recently been diagnosed are marked by ongoing deficits in social communication and interaction, alongside restricted and repetitive patterns of behavior, interests, or activities. These characteristics often become noticeable within the first two years of life and can differ in severity and expression.

Toddlers may not engage in simple interactive games, exhibit few gestures, or fail to point out objects of interest. Deficits in imitation and pretend play are also commonly observed. Additionally, language development may be delayed, and some children might experience a regression in previously acquired language or communicative gestures.

Common Social-Communication Symptoms

- Limited eye contact
- Reduced response to their name
- Lack of facial expressions
- Diminished sharing of enjoyment or interests with caregivers or peers

Prefers independent or parallel play rather than group activities

Enjoys structured, predictable play over spontaneous or imaginative play

Not always responsive to name being called

Absence of facial expressions



Signs of Autism ~ Social-Communication Behavior



Understanding Autism

What does Autism look like?

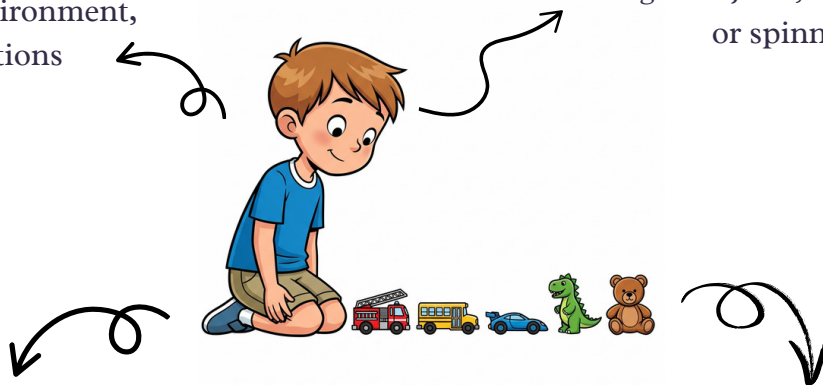
Children may demonstrate excessive interest in specific objects and use repetitive words or phrases. As children grow, behavioral rigidity and a lack of imaginative play often become more pronounced.

Repetitive and Restricted Behaviors Symptoms

- Hand flapping
- Finger flicking
- Body rocking
- Lining up toys
- Insistence on routines and distress when those routines are disrupted

Prefers routines and consistency, struggles with adapting to changes in schedule, environment, or expectations

Engages in repetitive actions, such as staring at objects, hand flapping, or spinning



Has strong, focused interests in particular topics, objects, or activities

Organizes objects in specific ways, like lining up toys or sorting items by detail

Signs of Autism ~ Repetitive & Restrictive Behavior



Understanding Autism

What does Autism look like?

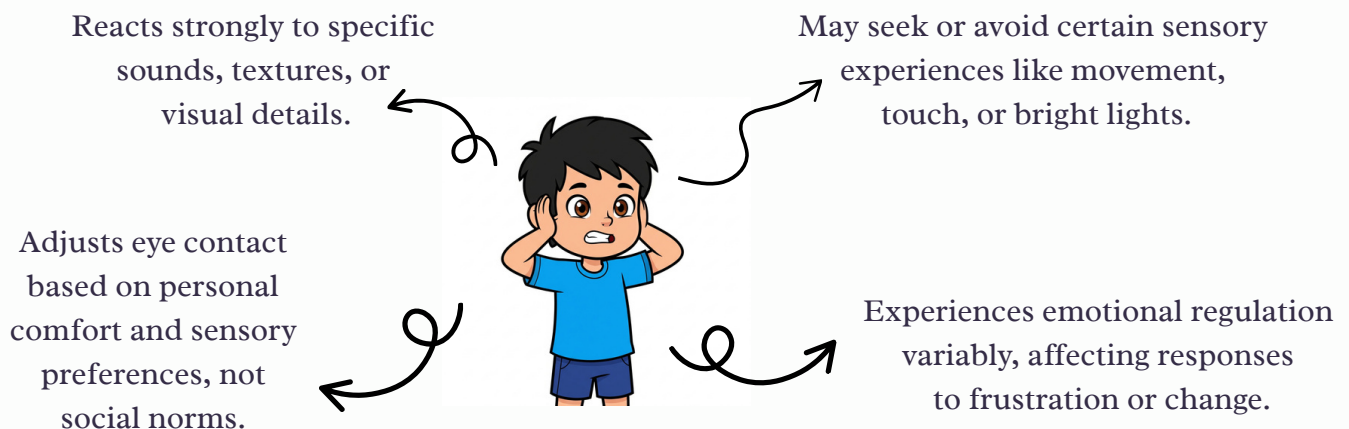
Some children might show a dislike for particular textures or demonstrate a strong interest in, and actively pursue, certain sensory experiences. These sensory symptoms can present as over-responsivity (hypersensitivity) or under-responsivity (hyposensitivity) behaviors.

Hypersensitivity is an increased sensitivity to sensory input, which means that children might have a greater awareness and reaction to sensory stimuli such as sounds, lights, smells, textures, and tastes. This can lead to sensory overload and discomfort, causing them to avoid certain stimuli and potentially impacting their daily lives.

Hyposensitivity means the child may not notice or react to things that most children would, such as loud noises, bright lights, touch, or pain. It often leads to seeking intense sensory experiences to compensate for the lack of response to typical sensory input.

Sensory Symptoms:

- Strong negative reactions to certain sounds, such as covering their ears or showing distress in response to loud or sudden noises
- Discomfort from clothing tags or particular fabric textures
- Avoiding foods with certain textures
- Unusual responses to touch, such as withdrawing from light contact or seeking deep pressure
- Staring at lights
- Rubbing or mouthing objects
- Smelling and licking non-food items



Signs of Autism ~ Sensory Issues



Understanding Autism

What does Autism look like?

Severity Levels

The severity of these symptoms can vary from mild to severe, and the specific combination of features is unique to each individual. They are defined by how much help a child needs in daily life due to challenges in social communication and restricted, repetitive behaviors. There are three levels: Level 1 ("Requiring support"), Level 2 ("Requiring substantial support"), and Level 3 ("Requiring very substantial support"). These levels are assigned separately for social communication and for restricted, repetitive behaviors.

Severity Level	What It Means	How It May Look in Daily Life	Support Your Child May Need
Level 1: Support Needed	Child can communicate and participate in daily life but may struggle in social situations or with flexibility.	May have difficulty making friends, understanding social rules, or handling changes in routine.	Social skills groups, parent coaching, therapy for communication or behavior (ABA or SLP), classroom support.
Level 2: Substantial Support Needed	Child has more noticeable challenges with communication, social interactions, and adapting to change.	May use fewer words or short phrases, have trouble with conversations or group play, show strong need for routines.	Regular therapy (ABA, OT, SLP), structured learning environments, extra support at school, support across settings.
Level 3: Very Substantial Support Needed	Child has significant challenges with communication and daily living skills; may rely on others for most needs.	Limited or no spoken language, frequent distress when routines change, repetitive behaviors, needs help with self-care.	Intensive therapies (ABA, OT, SLP), specialized educational support, ongoing daily assistance, family training.

How common is Autism?

Current estimates indicate that the prevalence of autism in the U.S. is about 3.4% among children and adolescents aged 3–17 as of 2025, reflecting a decade-long upward trend.

- 1 in 31 children nationwide
- 4:1 male-to-female ratio
- Affects all ethnic and socioeconomic groups
- Most children are diagnosed after the age of 4 even though they can be reliably diagnosed by age 2
- Average age of first intervention in the U.S. is 4.7 years



Types of Therapies

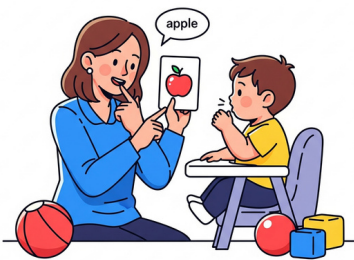
When a child is initially diagnosed with autism, they often receive prescriptions for what can be referred to as the trifecta of services - applied behavior analysis (ABA), occupational (OT), and speech therapies. The American Academy of Family Physicians recommends early ABA to enhance cognitive, language, and behavioral skills. Speech therapy is crucial as up to 30% of children with ASD may not develop verbal speech, needing alternative communication (AAC) support. Occupational therapy is suggested for about two-thirds of preschoolers with ASD to improve motor, strength, and adaptive skills. These therapies are used together due to the diverse presentations of ASD and the need for tailored, multidisciplinary approaches for optimal development.

ABA Therapy

Applied Behavior Analysis (ABA) is a structured methodology that supports children in learning skills through positive reinforcement and sequential teaching. Therapy may be provided in homes, clinics, or community settings, depending on the child's specific needs. ABA promotes communication, daily routines, self-help skills, social interactions, and aims to reduce unsafe behaviors or those that could interfere with learning. Because it is tailored to each child, strategies are designed to meet your child's individual goals.



Speech Therapy



Speech therapy aids children in developing their communication skills, whether through spoken language, sign language, or AAC (Augmentative and Alternative Communication). It may emphasize expressive language (communicating with words), receptive language (the ability to understand others), and social communication skills like engaging in turn-taking during conversations.

Occupational Therapy

Occupational therapy (OT) assists children in developing essential daily skills required for independence, including dressing, eating, handwriting, and self-regulation. OT can also aid in sensory processing, coordination, and fine motor skills, facilitating daily activities and enhancing comfort.





Advocating for Services

A vital role that families play is to be advocates for their children. If you have worries, make sure to speak up. If you have inquiries, don't hesitate to ask. Many professionals—such as pediatricians, therapists, teachers, and support staff—are available to help you navigate the process.

You are the one who knows your child best, and your input is crucial in making sure they get the services and support they require. Trust your instincts, keep yourself informed, and don't be afraid to advocate for what you believe is best for your child.

Getting in touch with services might feel intimidating, but having a script can help ease the process.

Here are some suggestions for what to say when you need evaluations and support:

Talking to Your Pediatrician

Your child's pediatrician can be an excellent resource. They can help by offering guidance, discussing any concerns, and giving referrals for therapies such as speech therapy, occupational therapy, or Applied Behavior Analysis (ABA). Some of them can even conduct the evaluation. In many cases, these therapies can commence prior to the implementation of school-based services.

I'm a bit concerned about my child's development. He seems to be facing challenges with [speech, motor skills, social interactions, sensory sensitivities, etc.]. Can you either perform an evaluation or refer us to a specialist or therapy services that can?

My child has just been diagnosed with Autism, and I want to ensure he receives the appropriate support. Could you please provide referrals for speech therapy, occupational therapy, or ABA?





Advocating for Services

For children younger than 3, reach out to your local Early Intervention agency to ask for an evaluation. For children aged 3 and above, you should request an evaluation from the special education office of your school district—this request should be submitted in writing.

Requesting an Early Intervention Evaluation

I was advised by my child's pediatrician to seek an evaluation for Early Intervention. What is the process to set up an assessment?



Hello. I'm reaching out to request an Early Intervention evaluation for my child. I've seen some delays in [communication, movement, social interaction, etc.], and I want to check if she is eligible for services. How can we initiate this process?

Requesting a School District Evaluation



I'd like to request a special education evaluation for my child. He is turning 3 next week and has been experiencing [specific challenges]. I want to learn about the services that could support his learning and development.

Subject: Request for Special Education Evaluation

To Whom It May Concern,

I am the parent of , who is [Child's Age] and he currently is not yet enrolled. I am reaching out to request a comprehensive special education evaluation to determine his eligibility for services under the Individuals with Disabilities Education Act (IDEA). My child has been experiencing challenges with [communication, social skills, learning, sensory regulation, etc.], and I believe he may need additional support in the school setting once he starts.

Could you please inform me of the next steps to initiate this process? I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your time and assistance.



Early Intervention & School Services

For children younger than 3, reach out to your local Early Intervention agency to ask for an evaluation. For children aged 3 and above, you should request an evaluation from the special education office of your school district—this request should be submitted in writing.

Early Intervention Services (aged birth to 3 years)

The Individuals with Disabilities Education Act (IDEA) mandates that children under the age of 3 years old who have developmental delays are eligible for Early Intervention (EI) services. EI encompasses a variety of supports aimed at assisting children in developing skills during their formative years when growth occurs most rapidly. It may include: speech, occupational, and ABA therapies, as well as psychological evaluations. Families may also have access to counseling and training to learn strategies to support their child's development.



To receive services, your child must first have an Early Intervention evaluation. If they qualify, you will work with a team to develop an Individual Family Service Plan (IFSP), which outlines the services and goals tailored to your child.

School-Based (Special Education) Services (children ages 3 to 22 years)

When your child turns 3, their educational requirements fall under the umbrella of special education services, which are also protected by IDEA. However, an Autism diagnosis alone does not automatically qualify a child for special education. Schools must carry out their own evaluation to determine eligibility.



If your child qualifies, they will be entitled to a Free Appropriate Public Education (FAPE) through an Individualized Education Program (IEP). This plan outlines your child's strengths, challenges, and learning goals, along with the supports they require in school, such as speech therapy, occupational therapy, as well as the type/structure of learning environment they will be placed in.

If your child does not meet the criteria for an IEP but still needs accommodations, they may qualify for a 504 Plan, which offers modifications and supports to facilitate their success in a general education environment.



5 Behavioral Strategies You Can Start Today

Small, mindful alterations included in your everyday life can have a profound impact on your child. Here are 5 strategies you can implement at home today with your toddler who has recently been diagnosed with autism.

1 Follow Your Child's Lead

Following the child's lead means observing their interests and participating in their play. This approach enhances motivation and boosts engagement.



2 Use Positive Affect & Exaggerated Gestures

Utilizing positive affect—through animated facial expressions, an enthusiastic tone, and playful gestures—enhances children's focus while fostering social reciprocity.

3 Provide Contingent Reinforcement

Contingent reinforcement involves quickly providing access to a desired item or activity when your child exhibits a desired behavior, thereby reinforcing and strengthening that behavior and the likelihood it will occur again.



4 Prompting & Reinforcing Communication Attempts

Prompting and reinforcing communication attempts involves encouraging your child to communicate (e.g., by pointing, reaching, vocalizing, or making eye contact) and then immediately responding to those attempts to reinforce communication.



5 Mirrored Pacing

This involves aligning with your child's pace and actions during play, which has been demonstrated to enhance joint engagement and social interaction.



Finding Support

Receiving an Autism diagnosis for your child can evoke a whirlwind of emotions, questions, and an influx of new information. It may feel daunting at times, but remember, you are not alone in this journey. Engaging with other parents, joining support groups, and consulting professionals can assist you in processing this experience, alleviate feelings of isolation, and provide a valuable resource for guidance when needed.

Finding a support system can help you...

- *Gain insights* from those who have faced similar challenges.
- *Receive practical guidance* on navigating services, therapies, and educational options.
- *Share your experiences* and find a sense of understanding.
- *Access resources* that can simplify your daily life.

Recommended Resources

- Parent to Parent of Georgia – <https://www.p2pga.org/support/find-a-support-group-in-your-community/>
- Spectrum Autism Support Group – <https://spectrumautism.org/>
- Your regional Department of Behavioral Health & Developmental Disabilities (DBHDD) office – <https://dbhdd.georgia.gov/locations/regional-field-office>
- Local Facebook groups for parents of children with autism





Parent Check-off List

1. Review, Understand & Secure Documentation

- ☐ Request a dated diagnostic report (required for therapy and insurance)
 - ☐ Meet with diagnosing provider to review diagnosis and recommendations
 - ☐ Ask questions about the diagnosis and recommended services
 - ☐ Request Prescriptions (Rx)/Letters of Medical Necessity (LOM) for:
 - ABA (Applied Behavior Analysis)
 - OT (Occupational Therapy)
 - SLP (Speech-Language Pathology)*(Frequently all three are prescribed, but not always depending on the child's needs)*
-

2. Access Early Intervention

- ☐ Contact Babies Can't Wait (Birth–3)
 - 1-800-229-2038
 - <https://dph.georgia.gov/babies-cant-wait>
 - Request intake and evaluation
 - ☐ If nearing age 3:
 - Request BCW transition meeting
 - Contact local school district for IEP evaluation*(After age 3, request free IEP evaluation through your public school system. Your child does not need to be enrolled in public school to qualify)*
-

3. Connect to Support

- ☐ Join Support Groups:
 - Parent to Parent of Georgia – <https://www.p2pga.org/support/find-a-support-group-in-your-community/>
 - Spectrum Autism Support Group – <https://spectrumautism.org/>
 - Local Facebook groups for parents of children with autism
 - ☐ Contact your regional DBHDD office for services:
 - <https://dbhdd.georgia.gov/locations/regional-field-office>
-

4. Navigate Insurance & Medicaid

- ☐ Call your insurance company to confirm:
 - Therapy coverage
 - Deductibles and copays
- ☐ Apply for Katie Beckett Waiver (*Medicaid based on child's disability*)
 - <https://medicaid.georgia.gov/programs/all-programs/tefrakatie-beckett>



Parent Check-off List

5. Find Therapy Providers

- ☐ Request a referral list from:
 - Diagnosing provider
 - Pediatrician
 - Babies Can't Wait coordinator
 - ☐ Search directories:
 - ABA - <https://goals.sos.ga.gov/GASOSOneStop/s/licensee-search>
 - OT - <https://goals.sos.ga.gov/GASOSOneStop/s/licensee-search>
 - SLP - <https://www.asha.org/profind/>
 - ☐ Confirm provider details:
 - In-network with your insurance
 - Licensed
 - Pediatric/ages of client experience
-

6. Know Your Rights

- ☐ Learn the basics:
 - IDEA = Individuals with Disabilities Education Act, the federal law that governs special education services
 - FAPE = Free Appropriate Public Education, guaranteed under federal law
 - LRE = Least Restrictive Environment, the right to be educated with non-disabled peers when appropriate
 - IEP = Individualized Education Program for eligible children age 3 and up
-

7. Stay Organized

Create a binder or digital folder with:

- ☐ Dated diagnostic report
- ☐ Prescriptions (Rx)/Letters of Medical Necessity (LOM)
- ☐ Insurance approvals & notes
- ☐ Progress notes & evaluations
- ☐ IFSP (under 3)/IEP (age 3+)
- ☐ Log of provider/school contact (dates, outcomes, next steps)



Applied Behavioral Approaches

*From first steps to next steps—
we're here to guide your journey.*



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Applied Behavioral Approaches

*Walking beside your family,
every step after diagnosis*

