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## **Preventing Adverse Outcomes for Children with Autism Spectrum Disorder in Rural Areas**

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**Social Change Portfolio**

**Preventing Adverse Outcomes for Children with**

**Autism Spectrum Disorder in Rural Areas**

COUN 6785: Social Change in Action:

Prevention, Consultation, and Advocacy

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## OVERVIEW

**Keywords:** Autism Spectrum Disorder, ASD, Asperger's, neurodiversity, Coos Bay, Oregon, rural, parent training, neurodevelopment, JASPER, parent-mediated interventions, developmental delay

### Preventing Adverse Outcomes for Children with Autism Spectrum Disorder in Rural Areas

**Goal Statement:** The goal of this Social Change Portfolio is to prevent adverse outcomes for children at risk of Autism Spectrum Disorder (ASD) in rural communities who are unable to obtain a diagnosis or have limited access to services through parent coaching programs that connect caregivers with skills training, psychoeducation, and resources.

**Significant Findings:** ASD impacts 4% of children nationwide (Data Resource Center for Child & Adolescent Health, n.d.). In rural areas, these children often face long waitlists to receive a diagnosis and limited access to services, making it difficult for them to receive the recommended amount of interventions (Boydston et al., 2023). Therefore, caregivers should provide additional interventions for these children to help them develop the skills they need to overcome developmental delays (Gulsrud et al., 2024). In addition to learning skills to intervene with their child, an effective prevention program must also help families understand the prevalence of ASD, the importance of early intervention, and the key role of caregivers in advocating for and supporting their child.

**Objectives/Strategies/Interventions/Next Steps:** This project recommends a prevention plan to be implemented in the rural coastal community of Coos Bay, Oregon that includes 1) offering the JASPER parent training program to teach caregivers skills for early intervention through the local school district; 2) psychoeducation for caregivers about the scope of ASD and the importance of diagnosis and intervention; 3) training for local organizations to develop staff competence and develop an inclusive environment; 4) advocating for families to receive the supports they need under the IDEA; and 5) spreading awareness within the community to reduce false beliefs about ASD and increase support for this population.

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## INTRODUCTION

### Preventing Adverse Outcomes for Children with Autism Spectrum Disorder in Rural Areas

Coos Bay, Oregon, is a small coastal town situated far from metropolitan areas. It acts as a hub for a large and diverse area but has limited resources to meet the community's medical and behavioral health needs. As the mother of a child with ASD, the author has directly encountered the lack of services available for children with ASD in the community. Services that are offered are curtailed to accommodate more children in need. Diagnostic services, occupational therapy (OT), and applied behavioral analysis (ABA) have a long wait list of several years. This problem is common in rural areas nationwide (Boydston et al., 2023). Lack of services can lead to adverse outcomes for children with ASD, as early intervention is critical to their development and can lead to improved outcomes (Kanne & Bishop, 2021; Fuller & Kaiser, 2019). This project seeks to determine how to mitigate adverse outcomes for children with ASD in rural areas who have limited resources. It aims to identify tools that will help families recognize signs of ASD, obtain

a diagnosis, access services, and work with their children independently when services are not available.

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## PART 1: SCOPE AND CONSEQUENCES

### Preventing Adverse Outcomes for Children with Autism Spectrum Disorder in Rural Areas

ASD is a developmental disorder that affects social development and is characterized by repetitive behaviors and restricted interests (Fuller & Kaiser, 2019; Ozonoff et al., 2019; APA, 2022). According to a 2022-2023 national survey on children's health, 3.9% of children nationwide, and 4.2% of children in Oregon have an ASD diagnosis (Data Resource Center for Child & Adolescent Health, n.d.). The prevalence of ASD diagnosis is nearly two times what it was in 2014 (CDC, 2025), a 104% increase (Saral et al., 2022), which may be related to the updated diagnostic criteria in the DSM-5-TR (Kanne & Bishop, 2021). This indicates that with increased awareness and improved diagnostic criteria, more children are being diagnosed with ASD than in prior decades.

Receiving an ASD diagnosis is critical in unlocking resources, such as access to speech therapy (ST), ABA, and OT, which are essential in helping children obtain the care they need (Ozonoff et al., 2015). Special training is required to provide a diagnosis of ASD, as the updated definition of Autism brings children with diverse concerns under one diagnostic category (Kanne & Bishop, 2021). The lack of specialists able to diagnose has led to waitlists for children to be evaluated. This is particularly true for areas with limited access to medical care.

33% of Oregon's population lives in rural areas, and 2% live in frontier areas, meaning they are more than 60 minutes from an urban area (OHSU, n.d.). Many families in rural areas have difficulty accessing services for their child and may spend time on a long waiting list to see

a specialist and obtain a diagnosis (Kanne & Bishop, 2021; Ault et al., 2021). This creates challenges for these families in accessing care.

Services are often locked behind a diagnosis, though children exhibiting delays may qualify for Early Intervention independent of a diagnosis. Beginning services at a young age is critical in improving social communication outcomes for children with ASD, and current guidelines recommend 25 hours per week in interventions (Fuller & Kaiser, 2019). Children in the Coos Bay area who qualify for Early Intervention receive 3 hours of weekly service when school is in session. An ASD diagnosis unlocks an additional 30 minutes of ST weekly, ABA has a wait list of two or more years, and OT has a wait of at least six months. This means that many children with ASD in the Coos County area only receive 14% of the recommended therapy time.

While ASD impacts each person differently, in many cases the disorder comes with lifelong challenges such as deficits in social communication, inability to adapt to change, and sensitivities to food, sounds, or stimulation (APA, 2022). These difficulties can be mediated with treatment such as OT, ST, ABA, social skills groups, medication, educational support, individual therapy, and sensory integration therapy (Ozonoff et al., 2015). Rural communities often do not have these resources available. However, there is an additional area of concern.

The primary mediating factor for children with developmental delays is their caregiver. While pediatricians can express concerns about developmental delays during wellness checks, the caregiver must report symptoms, consent to referrals for treatment, and allow an evaluation for diagnosis. Many caregivers believe their child will grow out of delays, and many do not understand the importance of diagnosis and treatment (Pal, 2025). Therefore, an effective prevention program will focus on psychoeducation and training for caregivers.

## PART 2: SOCIAL-ECOLOGICAL MODEL

### Preventing Adverse Outcomes for Children with Autism Spectrum Disorder in Rural Areas

Autism is on a spectrum, and it can vary widely in how it presents in children (Bent et al., 2024). Some may need support their entire lives, whereas others can go on to live typical lives with minimal or no support. For a child with ASD, an adverse outcome could mean never developing communication skills, being incapable of independent living, being unable to adapt to change, and being unable to obtain an education (Mysore & Kaku, 2025). A positive outcome might be reduced symptoms, increased social skills, increased adaptive behaviors, and reduced maladaptive behaviors (Ridout & Eldevik, 2023).

#### **Individual**

##### **Risk Factors**

Risk factors for an adverse outcome include the severity of deficits that a child has (speech, behavior, sensory processing), having comorbid conditions such as ADHD or insomnia (Mysore & Kaku, 2025), and their level of cognitive rigidity (Pal, 2025). Children with internalized ableism are at risk because they may not be able to reach their full potential, may try too hard to fit in, and may form false beliefs about their own ability (Nachman, 2023). Another risk factor is the age of diagnosis. Children who receive their diagnosis and begin services after age four or five are more likely to struggle with a mainstream education (Mysore & Kaku, 2025). Children exposed to adverse childhood experiences (ACEs) are more likely to receive a diagnosis at a later age (Stein Egler et al., 2025). This means that children with ACEs with multiple deficits who do not receive treatment and diagnosis until after age five are the least likely population to live an adult life with minimal support.

## **Protective Factors**

Children with ASD with some communication skills in place by age four are more likely to present with more effective social skills as they enter their teenage years (Mysore & Kaku, 2025). Other protective factors include a high IQ, social responsiveness, and adaptive behavior (Mysore & Kaku, 2025). Children without ACEs are more likely to receive early treatment for ASD (Stein Egler et al., 2024). Therefore, on the individual level, the presentation of ASD and reduced exposure to ACEs are the most effective protective factors.

## **Relationships**

### **Risk Factors**

Families are the advocates and primary source of support for children with ASD. Caregivers who take a long time to process that their child has ASD may not seek appropriate care (Mysore & Kaku, 2025). Some may refuse the diagnosis and not consent to services (Pal, 2025). Beginning therapy immediately and following through with therapy schedules is an integral part of mediating adverse outcomes (Mysore & Kaku, 2025), and children with ASD are dependent on their caregivers for scheduling and attending therapy. Additional relationship risk factors include having a single parent, a family with high conflict, or having a family culture where a mental health diagnosis is considered shameful or is denied (Mysore & Kaku). ACEs further increase risk of adverse outcomes, with exposure to drug use, maltreatment, neglect, and child abuse making it more likely that children with ASD will develop additional externalizing and internalizing concerns (SAMHSA, n.d.).

Children with these risk factors are less likely to have a stable and supportive family environment in which to master skills. Perzoli et al. (2025) reported that children with ASD whose caregivers remain uninvolved in their child's treatment are less likely to make progress

towards mediating skill gaps. This can also be true if the caregivers do not receive appropriate training in how to respond to and understand their child. Caregivers are the main supporters for children with ASD, and must be willing to advocate for their children to receive services and accommodations based on their level of need. If they are unwilling or uninterested, their child may struggle to build the skills needed for success.

### **Protective Factors**

Early diagnosis and services are critical to positive outcomes for children with ASD. When caregivers can recognize the signs of ASD in their children and seek help early, children are more likely to receive a diagnosis and receive early intervention at a young age (Pal, 2025). This ensures they have the best chance at beginning services during the toddler years, when their brains have more plasticity (NIH, 2021) and absorb information quickly, making learning social and behavioral skills easier.

Once children begin treatment, caregiver involvement in interventions for ASD can improve outcomes in social development, communication, symptom reduction, and overall skill levels (Perzolli et al., 2025). When children are not in therapy, their caregivers may continue to provide interventions (Pal, 2025). A caregiver who can recognize and capitalize on their children's strengths and interests can help them develop specialized skills that will help them be successful as adults (Ozonoff et al., 2015). Therefore, providing education to caregivers on how to recognize the symptoms of ASD and how to support their child is vital to maximizing these protective factors.

## **Community**

### **Risk Factors**

In many rural communities, children with ASD face barriers due to a lack of access to care and a lack of accommodations to help them be successful in an inclusive environment. Long waitlists for diagnosis (Kanne & Bishop, 2021), lack of access to medical care, and lack of available or adequate services are substantial risk factors (Boydston et al., 2022). Once children with ASD enter the education system, school professionals may lack training in how to accommodate them in the general classroom and may shy away from an inclusive environment (Yazici, 2023). In short, rural communities often do not have the resources or training to achieve protocols for the best possible care for children with ASD.

### **Protective Factors**

Protective factors in the community include pediatricians and other specialists trained in recognizing the signs of ASD and knowing when to make appropriate referrals, which can help children access early intervention at a younger age (Pal, 2025). Early access to services such as ABA (Bent et al., 2024), speech therapy, developmental psychology, and early intervention are critical (Mysore & Kaku, 2025). Early intervention programs are by far the most effective intervention for preventing adverse outcomes for children with ASD (Mysore & Kaku, 2025) and are often available at the county level. These programs can help improve the quality of life for children with ASD and their families (Bent et al., 2024). Studies have shown that the younger the child begins therapy, the more likely they are to respond well to services (Bent et al., 2024). When services are unavailable in the community, caregivers can deliver them with adequate training and support (Mysore & Kaku, 2025). Community agencies can provide this type of training to families.

## **Societal**

### **Risk Factors**

Children with ASD may struggle throughout their lives to find inclusive environments and to receive the accommodations they need to be successful. Ableism is the overall attitude that people with disabilities are inferior to those who are able (Nachman, 2023). Botha and Cage (2022) outlined how the culture of ableism puts pressure on children with Autism to conform to their environment, behaving as society dictates. The majority of funding for Autism research focuses on reducing the symptoms of Autism in children, rather than accommodating individuals with Autism in society. Therefore, current research is focused on making individuals with Autism conform rather than assisting them to be successful in school and the workforce. This invalidates the experience of people with Autism, who may feel they are being asked to change core aspects of themselves.

Another barrier children with ASD face is that the medical diagnosis and access to early intervention do not guarantee continued support in the school system. To receive special education services, children must have an individualized education plan (IEP), which is often obtained through an educational diagnosis, separate from the medical diagnosis. The assessment of the Autism severity must show that the child has an educational impediment because of their developmental disability (Stein Elger et al., 2024). Children with ASD who have fewer overall skill deficits may have adequate or superior academic performance, which can lead to their inability to obtain an IEP (Ozonoff et al., 2015). However, they may struggle without social and behavioral support, leading to discipline issues and impacting their education.

## **Protective Factors**

Children with ASD are considered to have a disability and are protected by the Americans with Disabilities Act (Ozonoff et al., 2015). This gives them rights and protections in their education and the workforce. In addition, it legally requires reasonable accommodation for children with ASD so they can have their best chance at success.

Another protective factor is public awareness and the overall movement toward inclusion. Organizations like the Autism Society of America can provide many resources to children with ASD and their families. This author has found that once the child is diagnosed, many local, state, and national resources become available. Connecting families with these resources is critical.

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## **PART 3: THEORIES OF PREVENTION**

### **Preventing Adverse Outcomes for Children with Autism Spectrum Disorder in Rural Areas**

When implementing prevention programs, understanding health behaviors is critical to driving success. A program based on health behavior theories incorporates a solid theoretical understanding of how people change and is more likely to succeed (National Cancer Institute, 2005). This section will detail two health behavior theories relevant to this social change project, the Social Cognitive Theory (SCT) and the Health Belief Model (HBM), and how to apply them to a successful evidence-based program.

#### **Health Behavior Theory**

##### **Social Cognitive Theory (SCT)**

SCT is a health theory based on the idea that people can change their behavior if they have self-efficacy, defined goals, and realistic expectations (National Cancer Institute, 2005). Caregivers of children who are at high risk of ASD due to identified delays and behaviors can be

taught ways to interact with their child to mediate some of the risk factors. Through prevention programs, caregivers can receive psychoeducation about ASD to help them understand how it may impact their child's development, which will provide them with realistic expectations. As they learn about interventions they can provide at home, they will have increased self-efficacy. An effective prevention program will also provide caregivers with clearly defined goals based on their child's unique development. These elements are critical to motivate caregivers to provide interventions to their child, seek support for their child's developmental delays, and actively advocate for them. Therefore, SCT informs program development, showing the importance of having a clear, focused structure involving parent training to build self-efficacy, psychoeducation to set realistic expectations, and interventions tailored to each unique family to set appropriate goals.

### **Health Belief Model (HBM)**

Many caregivers fear having their child diagnosed (Pal, 2025) and hope they will grow out of any developmental delays (Gulsrud et al., 2024). Children learn at their own pace, and it is difficult to gauge when a delay is cause for concern. According to the National Institute of Cancer (2005), the HBM helps people change by building awareness around the susceptibility of a condition, its severity (the impact it can have), and the benefits of taking action. HBM can help caregivers understand the prevalence of ASD (susceptibility), the importance of early intervention (severity of condition and benefits of treatment), and how to overcome barriers to receiving a diagnosis. Further, developing caregivers' skills to recognize the signs of ASD and how they can implement interventions that will help overcome developmental delays will give them self-efficacy and confidence in their parenting instincts. Therefore, an effective prevention program will include psychoeducation about ASD, how to recognize warning signs, and the

importance of early diagnosis and intervention. This will increase the likelihood that reluctant caregivers will seek help for their child's delays.

### **Evidence-Based Program: JASPER**

While rural communities often lack the resources to provide early intervention before age two, as is the case in this author's community of Coos Bay, intervention before age two can be critical in improving outcomes for children at risk of ASD due to developmental delays (Gulsrud et al., 2024). An effective prevention program will provide education and tools to caregivers, enabling them to identify signs of ASD, understand the importance of diagnosis, and develop their parenting skills so they can effectively provide intervention at home at the first sign of delays. Joint Attention, Symbolic Play, Engagement, and Regulation (JASPER) is an evidence-based parent training program that meets these goals.

JASPER trains caregivers through direct instruction and provider modeling (Gulsrud et al., 2024). The program trains caregivers to interact with their infant or young child in ways that increase joint attention and engagement (Shire et al., 2022). Joint attention is the shared focus of two people on an interaction or object. Shih et al. (2021) reported that joint attention is often absent in children with ASD and is a key indicator of social development delays. Studies show that JASPER increases joint attention in children with developmental delays (Gulsrud et al., 2024; Shih et al., 2021; Shih et al., 2025; Waddington et al., 2021). Waddington et al. (2021) reported that children with ASD are often engaged with an object, but ignore social interactions. JASPER has been shown to increase engagement, in which the child interacts with the toy and a social partner, by 50% or more. This indicates that JASPER effectively develops social skills in children with developmental delays by increasing joint attention and engagement. However, according to the SCT, the caregiver must develop competence in delivering JASPER

independently and clearly understand their child's development so they have realistic expectations and can set appropriate goals. Further, they must understand the importance of understanding their child's unique skills and communication style, so that the interventions they deliver at home have the best chance of success. Therefore, it is recommended that JASPER be tailored to each family to help them develop their skills based on their unique background and situation, rather than being delivered to a group of caregivers universally.

The importance of caregiver motivation cannot be overstated. In a systematic review, Waddingtons et al. (2021) reported that several studies found that caregiver fidelity to the program was a key indicator of positive outcomes. Caregivers who did not attend sessions regularly and did not buy into the program were less likely to master parenting skills and implement them in the home. Shih et al. (2023) also found that caregivers who could sustain the method after the intervention ended had better social outcomes for their children. This aligns with the HBM, which indicates that caregivers must understand the impact of ASD on their child and the ramifications of not seeking intervention. Therefore, it is recommended that the JASPER program be offered to children with identified developmental delays as early as possible, and that the program include elements of psychoeducation about risk factors for ASD and the benefits of intervention for children with social skills delays. Caregiver fidelity may also be increased by adapting the program to families facing barriers, such as work conflicts that keep them from attending.

Additional psychoeducation topics may be considered for increasing caregivers' success in implementing and sticking with the program. Possible subjects include caregiver burnout, stress reduction, building resilience, collaborative problem solving, and navigating the process of achieving a diagnosis and accessing resources available in the community. These topics would

be helpful to families and provide them with the tools they need to support their child, access resources, and care for themselves.

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## PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

### Preventing Adverse Outcomes for Children with Autism Spectrum Disorder in Rural Areas

Studies show that there is an existing bias in the diagnosis and assessment of ASD, which results in the misdiagnosis of disadvantaged groups. Females (Zack et al., 2025), racial minorities (Diemer et al, 2022), adopted children, foster children (Cawthorne & Woolgar, 2025), and children with a comorbid condition such as ADHD (Al Ghamdi & AlMusailhi, 2024) are less likely to receive an accurate diagnosis. They are often diagnosed several years after their peers. From the beginning of its conceptualization, ASD diagnosis has followed a male model, and females and minorities have been excluded from research literature (Zack et al., 2025), with subgroups like black females essentially forgotten and unstudied (Diemer et al., 2022). Therefore, counselors working with female children, especially those with intersecting minority or disadvantaged identities, must build awareness about how ASD may present differently in these populations, and how existing assessments and research may be biased against them.

#### **Cultural Interventions for this Prevention Program**

A culturally responsive prevention program considers the context in which it is delivered and is adapted to suit the culture and community of the participants (Reese & Vera, 2007). When working with youth at risk of ASD, one also works with their caregivers and the broader community of professionals, such as school officials, doctors, and specialists. This community of individuals forms the framework upon which any intervention will be delivered. For this

prevention program, the JASPER intervention must be adapted to fit the unique rural community and tailored to each family it serves.

Along with providing the JASPER caregiver training intervention, special consideration must be made to educate families about how ASD may present differently in female children. Female children are at higher risk of late diagnosis, misdiagnosis, and missed diagnosis (Zack et al, 2025). Studies show that many females with ASD go undiagnosed because they may be more social, better at masking, have gender typical restricted interests, and present with less severity of symptoms than their male peers (Zack et al., 2025). Therefore, an essential element of a prevention program is providing psychoeducation to families about how ASD may present differently among females.

This is especially true for females with intersecting identities, such as those who are a racial minority, an immigrant (Diemer et al., 2022), adopted, in the foster system (Cawthorne & Woolgar, 2025), or presenting with a comorbid condition (Al Ghamdi & AlMusailhi, 2024). An effective prevention program must consider the ableist and discriminatory context of society, and the medical model, which focuses on curing Autism while simultaneously failing to investigate how to provide accommodations in schools and other public spaces (Diemer et al, 2022). One way to accomplish this is to ask for regular feedback during and after the intervention, to determine if the intervention has been successful for diverse families and where roadblocks have been encountered. Another way is to investigate and acknowledge the systemic barriers that are in place for participants, including the lack of training, awareness, and resources often encountered in rural communities. Inviting community partners to identify and problem-solve these barriers is a meaningful way to secure community buy-in and ensure the program's longevity (SAMHSA, n.d.). Making the prevention program a work in progress, and welcoming

feedback from many sources, can help ensure it continues to improve and meet the needs of participants within the context of their unique cultures.

Addressing systemic barriers is critical. Ableism often depicts Autism as a disease and a disability, but Autism can also come with extraordinary gifts. While it is important not to minimize these families' struggles, helping caregivers learn to recognize unique strengths and capitalize on them can set children up for success (Ozonoff et al., 2015). Caregivers can be taught skills to recognize their child's strengths and weaknesses and advocate for them to receive appropriate accommodations. This can create a shift toward a more inclusive environment, where the child is recognized as a whole person.

### **Additional Ethical Considerations**

The American Counseling Association (2014) stresses the importance of ethical assessment and diagnosis. E.5.c. directly addresses that counselors must recognize bias, which may lead to misdiagnosis. Therefore, caregivers must understand the importance of a diagnosis and ensure it is accurate and culturally relevant to their child. In the case of females (Zack et al., 2025), foster children (Cawthorne & Woolgar, 2025), and racial minorities (Diemer et al., 2022), this is particularly true, as there is a history of misdiagnosis and late diagnosis. Counselors are advocates for their clients (ACA, 2014) and must be aware of these biases and do their best to address potential barriers to diagnosis for all clients, but especially disadvantaged groups like female children at risk of ASD.

Another ethical concern is that the JASPER intervention is delivered in a group setting. According to the ACA Code of Ethics (2014), counselors are ethically bound to maintain client confidentiality (section B) and to explain the limits of confidentiality (F.1.c). However, more than one family and child will be present in group settings. When working with groups,

especially when minors are involved, counselors cannot guarantee that confidentiality will be maintained, and this should be communicated to the participants in the prevention program (Corey et al., 2018). This is especially true when information must be reported outside the group. Counselors must make it clear that they are mandated reporters and will have to make a report should harm or neglect of a child be disclosed during the group. If a group member requests that the counselor consult with community partners, the counselor must obtain a signed release of information.

Finally, under the ACA Code of Ethics e.5.b, counselors must consider clients' presenting problems within the context of their culture (ACA, 2014). This includes different parenting styles, as varied cultures have diverse ideas of appropriate behavior. Therefore, when working with families, the counselor must be cognizant of their culture and adapt JASPER interventions to suit each family. JASPER may not work for every family because of their values, beliefs, schedules, or structural barriers. Counseling professionals must ensure culturally appropriate and effective client interventions under standards A.1.c and E.5.b. (ACA, 2014). They may offer other resources to those caregivers who cannot access the JASPER program. Online programs like [Online Parent Training in Early Intervention \(OPT-In-Early\)](#) and [Caregiver skills training for families of children with developmental delays or disabilities \(CST\)](#) through WHO and [Caregiver Skills Training Program](#) through Autism Speaks are excellent programs that caregivers can access to develop skills in a manner that fits with their schedule.

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## PART 5: ADVOCACY

### Preventing Adverse Outcomes for Children with Autism Spectrum Disorder in Rural Areas

Client advocacy is a collaborative process involving working with clients to create change and acting as change agents and advocates (Murray & Crowe, 2016). It is vital that counselors are aware of how systemic barriers impact clients, and from that awareness move into advocacy (Toporek et al., 2009). This advocacy should be multi-layered at the individual, broader community, and societal levels (Ratts et al., 2015). The following section will discuss potential barriers at the institutional, community, and public policy levels, and how counselors can advocate for families with children at risk of ASD.

#### **Institutional**

##### **Barriers**

Institutional barriers impact organizations like schools or hospitals (Ratts et al., 2023). The primary institutional barrier in Coos Bay, Oregon, is the lack of services and qualified staff. The Early Intervention program and the Starfish Youth Therapy Center lack the staffing to provide the recommended services. This is compounded by high staff turnover, leading to long waitlists and curtailed services to accommodate more children. Often, families must travel a long distance to have their child assessed for developmental disabilities, which may not be within their means, as 22% of the children in the county are living below the poverty line, and 45% of households have less than \$50K in annual income (Census Reporter, 2023).

##### **Advocacy**

Additional funding could help these organizations to hire and train more care providers. A counselor could apply for a grant, such as the Local Impact Grant Program through Autism Speaks, which can provide funds to local organizations working with people with ASD (Autism

Speaks, n.d.). Funding can also be obtained by lobbying state representatives to highlight the importance of early intervention for children with developmental delays and the gaps in services in rural areas. This may direct more state education funds toward staffing and expanding the early intervention program. Counselors can also seek training in working with clients with Autism and developmental disabilities, and share their knowledge with colleagues within their institution and at institutions they partner with. Finally, the counselor can raise awareness in the community and seek donations, which can be used to train, attract, and retain staff to provide early intervention services.

## **Community**

### **Barriers**

At the community level, barriers may include the local population's values and beliefs (Ratts et al., 2023). In American culture, bias is rampant about what ASD is, how it presents, and how it is caused. People in isolated communities may have little education about or exposure to ASD and make incorrect assumptions about how the disorder presents. This is particularly true in rural communities like Coos Bay, where 11% of the population never received their GED, and only 21% received a higher education degree (Census Reporter, 2023). Well-meaning people often minimize the experience of individuals with ASD, stating “we are all on the spectrum” or “everyone is a little Autistic.” Many believe that only those who are severely impacted by ASD should receive accommodations, and that those who are higher functioning are faking or using their disability as an excuse.

Caregivers often struggle to find support and may be forced to distance themselves from friends and family who lack understanding or blame them for their child's diagnosis. False beliefs are amplified by media messages, such as President Trump's recent statement that taking

Tylenol during pregnancy causes ASD, or the widely held belief that vaccinations cause ASD. This creates a stigma that the caregiver is at fault for ASD, rather than hereditary and environmental risk factors. This can make families of children at risk of ASD feel isolated and cut off from social support.

### **Advocacy**

At the community level, counselors can work with families in the JASPER program to explore how their child's developmental delay has impacted their relationships with friends, family, and co-workers. The counselor can collect data to determine what false and harmful beliefs are held within the community. They can then create a public education program to address community bias, provide psychoeducation about ASD and other developmental disabilities, and explain what community members can do to address these challenges. Presenting this information to local organizations can help increase public awareness and create community partners who can join the movement toward advocacy (Toporek et al., 2009). Counselors can also work to raise awareness among their colleagues, families, and friends. This can help foster inclusion and support for families of children with disabilities.

### **Public Policy**

#### **Barriers**

One barrier for children at risk of ASD is limitations in the Individuals with Disabilities Education Act (IDEA). Under the IDEA, children with identified developmental delays are eligible for early intervention services until age three (Dragoo, 2024). This means that those children who are not identified as having a disability before age three may face barriers to receiving services.

## **Advocacy**

Counselors must acknowledge public policy barriers and educate families about their rights under IDEA. Services are available for children with a developmental delay after age three. According to the Oregon Department of Education (n.d.), children over age three with developmental delays may have an evaluation to qualify them for Early Childhood Special Education. Further, online screening tools such as the Oregon Screening Project are available to help caregivers assess their child's development. Counselors must educate families about these options and help them process any stigma they may have about their child being placed in a special education program.

Counselors must also help caregivers assess if their child is receiving appropriate accommodations. If children are struggling with adapting to the classroom, the state of Oregon has resources available. According to the Oregon Department of Early Learning and Care (n.d.), Every Child Belongs is a state program that supports early childhood educators to help them design and implement adaptations for children with challenging behaviors. This program is designed to promote inclusive learning environments. It should be offered as a resource to educators as an alternative to children being removed from preschool programs or offered shortened school days. If counselors become aware of discriminatory treatment of children with developmental delays, they must provide information on this service and advocate for the child to continue to receive an appropriate and inclusive education. Children with disabilities are legally entitled to services and must not be excluded from preschool programs because of their behaviors.

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## REFERENCES

- Al Ghamdi, K., & AlMusailhi, J. (2024). Attention-deficit Hyperactivity Disorder and Autism Spectrum Disorder: Towards better diagnosis and management. *Medical Archives* (Sarajevo, Bosnia and Herzegovina), 78(2), 159–163.  
<https://doi.org/10.5455/medarh.2024.78.159-163>
- American Counseling Association (2014). 2014 ACA Code of Ethics.  
<https://www.counseling.org/docs/default-source/default-document-library/ethics/2014-aca-code-of-ethics.pdf>
- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.).
- Ault, S., Breitenstein, S. M., Tucker, S., Havercamp, S. M., & Ford, J. L. (2021). Caregivers of children with Autism Spectrum Disorder in rural areas: A literature review of mental health and social support. *Journal of Pediatric Nursing*, 61, 229–239.  
<https://doi.org/10.1016/j.pedn.2021.06.009>
- Autism Speaks. (n.d.). *Autism Speaks Grants*.  
<https://www.autismspeaks.org/autism-speaks-grants>
- Bent, C., Glencross, S., McKinnon, K., Hudry, K., Dissanayake, C., The Victorian ASELCC Team, & Vivanti, G. (2024). Predictors of developmental and adaptive behavior outcomes in response to early intensive behavioral intervention and the Early Start Denver Model. *Journal of Autism and Developmental Disorders*, 54(7), 2668–2681.  
<https://doi.org/10.1007/s10803-023-05993-w>

- Botha, M., & Cage, E. (2022). "Autism research is in crisis": A mixed method study of researcher's constructions of autistic people and autism research. *Frontiers in Psychology*, 13. <https://doi.org/10.3389/fpsyg.2022.1050897>
- Boydston, P., Redner, R., & Wold, K. (2023). Examination of a telehealth-based parent training program in rural or underserved areas for families impacted by autism. *Behavior Analysis in Practice*, 16(3), 795–811. <https://doi.org/10.1007/s40617-022-00763-z>
- Cawthorne, T., & Woolgar, M. (2025). The need for improved recognition of neurodevelopmental conditions in adopted and fostered young people. *Adoption & Fostering*, 49(2), 256–264. <https://doi.org/10.1177/03085759251338324>
- Census Reporter. (2023). *Coos Bay, OR*. [https://censusreporter.org/profiles/16000US4115250-coos-bay-or/#:~:text=Children%20\(Under%2018\),Non%2Dpoverty](https://censusreporter.org/profiles/16000US4115250-coos-bay-or/#:~:text=Children%20(Under%2018),Non%2Dpoverty)
- Centers for Disease Control and Prevention. (2025). *Community report on autism 2025: Autism and developmental disabilities monitoring (ADDM) network*. <https://www.cdc.gov/autism/media/pdfs/2025/04/ADDM-Community-Report-SY2022.pdf>
- Corey, M. S., Corey, G., & Corey, C. (2018). *Groups: Process and practice* (10th ed.). Cengage.
- Data Resource Center for Child & Adolescent Health. (n.d.). *2022-2023 National Survey of Children's Health (NSCH) data query*. [NSCH 2022 23: Prevalence of current autism or autism spectrum disorder, Oregon](#).

Diemer, M. C., Gerstein, E. D., & Regester, A. (2022). Autism presentation in female and black populations: Examining the roles of identity, theory, and systemic inequalities. *Autism: The International Journal of Research and Practice*, 26(8), 1931–1946.

<https://doi.org/10.1177/13623613221113501>

Dragoo, K. E. (2024). The Individuals with Disabilities Education Act (IDEA), Part C: Early Intervention for infants and toddlers with disabilities. CRS Report R43631, Version 13. Updated. In *Congressional Research Service*.

Fuller, E. A., & Kaiser, A. P. (2020). The effects of early intervention on social communication outcomes for children with autism spectrum disorder: A meta-analysis. *Journal of Autism and Developmental Disorders*, 50(5), 1683–1700. <https://doi.org/10.1007/s10803-019-03927-z>

Gulsrud, A. C., Shih, W., Paparella, T., & Kasari, C. (2024). Comparative efficacy of an early intervention “Parent and Me” program for infants showing signs of autism: The Baby JASPER model. *Infant Behavior and Development*, 76.

<https://doi.org/10.1016/j.infbeh.2024.101952>

Kanne, S. M., & Bishop, S. L. (2021). Editorial Perspective: The autism waitlist crisis and remembering what families need. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, 62(2), 140–142. <https://doi.org/10.1111/jcpp.13254>

Kunze, M., Wei, Q., Bacon-Yates, A., Pompan, E., Lockwood, H., & Witthuhn, N. (2025). Promoting reciprocal relationships with flexibility, coaching, and teaching (PRRFCT Match): A virtual parent-mediated intervention package for young children with developmental disabilities. *Journal of Autism & Developmental Disorders*, 55(9), 2971–2988. <https://doi.org/10.1007/s10803-024-06386-3>

- Murray, C. E., & Crowe, A. (2016). Counseling advocacy competencies in action: Lessons learned through the See the Triumph Campaign. *Journal for Social Action in Counseling and Psychology*, 8(1), 53–69.
- Mysore, A., & Kaku, S. M. (2025). Predictors of outcome in Autism Spectrum Disorders: A perspective for clinicians and therapists. *Indian Journal of Psychological Medicine*, 47(3), 290–294. <https://doi.org/10.1177/02537176231210063>
- Nachman, B. R. (2023). “The beacon on campus”: How an Autism-specific community college support program addresses ableism and Autism acceptance. *College Student Affairs Journal*, 41(1), 31–45. <https://doi.org/10.1353/csaj.2023.0002>
- National Cancer Institute. (2005). *Theory at a glance: A guide for health promotion practice*. Washington, DC: U.S. Department of Health and Human Services: National Institutes of Health. [https://cancercontrol.cancer.gov/brp/research/theories\\_project/theory.pdf](https://cancercontrol.cancer.gov/brp/research/theories_project/theory.pdf)
- National Institute of Health. (2021, Apr. 19). *Early Intervention for Autism*. <https://www.nichd.nih.gov/health/topics/autism/conditioninfo/treatments/early-intervention#:~:text=Research%20shows%20that%20early%20diagnosis%20of%20and,p ositive%20effects%20on%20symptoms%20and%20later%20skills>.
- OHSU. (n.d.). *Oregon Office of Rural Health*. <https://www.ohsu.edu/oregon-office-of-rural-health/about-rural-and-frontier-data>
- Oregon Department of Early Learning and Care. (n.d.). *Every Child Belongs*. <https://everychildbelongs.org/>

Oregon Department of Education. (n.d.). *Early Intervention/Early Childhood Special Education*.

<https://www.oregon.gov/ode/students-and-family/specialeducation/earlyintervention/pages/default.aspx#:~:text=Early%20Intervention%20and%20Early%20Childhood,a%20child%20and%20their%20development?>

Ozonoff, S., Dawson, G., & McPartland, J. C. (2015). A parent's guide to high-functioning autism spectrum disorder: How to meet the challenges and help your child thrive (2<sup>nd</sup> ed.). The Guildford Press.

Pal, M. (2025). All hands on deck: Family involvement in the treatment of Autism. *Journal of Infant, Child, and Adolescent Psychotherapy*.

<https://doi.org/10.1080/15289168.2025.2513237>

Perzolli, S., Bertamini, G., Venuti, P., & Bentenuto, A. (2025). Emotional availability in Autism intervention: A mother–father comparative analysis. *Brain Sciences*, 15(2), 1-15.

<https://doi.org/10.3390/brainsci15020133>

Ratts, M. J., Singh, A. A., Nassar-McMillian, S., Butler, S. K., & Rafferty-McCullough, J. (2015). *Multicultural and Social Justice Counseling Competencies*.

<http://www.counseling.org/docs/default-source/competencies/multicultural-and-social-justice-counseling-competencies.pdf?sfvrsn=20>

Ridout, S. & Eldevik, S. (2024). Measures used to assess treatment outcomes in children with Autism receiving early and intensive behavioral interventions: A Review. *Review Journal of Autism and Developmental Disorders*, 11(3), 607–619.

<https://doi.org/10.1007/s40489-023-00355-9>

- Reese, L. E., & Vera E. M. (2007). Culturally relevant prevention: The scientific and practical considerations of community-based programs. *The Counseling Psychologist*, 35(6), 763–778.
- SAMHSA. (n.d.). *Modifying evidence-based practices to increase cultural competence: An overview*.
- Saral, D., Olcay, S., & Ozturk, H. (2023). Autism Spectrum Disorder: When there is no cure, there are countless of treatments. *Journal of Autism and Developmental Disorders*, 53(12), 4901–4916. <https://doi.org/10.1007/s10803-022-05745-2>
- Shih, W., Gulsrud, A., & Kasari, C. (2025). Caregiver strategies before intervention moderate caregiver fidelity and maintenance in RCT of JASPER intervention with autistic toddlers. *JCPP Advances*, 5(1). <https://doi.org/10.1002/jcv2.12247>
- Shih, W., Shire, S., Chang, Y., & Kasari, C. (2021). Joint engagement is a potential mechanism leading to increased initiations of joint attention and downstream effects on language: JASPER early intervention for children with ASD. *Journal of Child Psychology & Psychiatry*, 62(10), 1228–1235. <https://doi.org/10.1111/jcpp.13405>
- Shire, S. Y., Shih, W., Barriault, T., & Kasari, C. (2022). Exploring coaching and follow-up supports in community-implemented caregiver-mediated JASPER intervention. *Autism: The International Journal of Research and Practice*, 26(3), 654–665. <https://doi.org/10.1177/13623613211066132>

Stein Elger, R., Chowdhury, S. K., Pacheco Garrillo, M., Sauls, R., Sundaramurugan, S., Rozen, E., Puri, H., Brice, D. J., Liu, J., Bakour, C., & Kirby, R. S. (2025). The role of adverse childhood experience in the relationship between Autism severity and early intervention and special education plan. *Journal of Autism & Developmental Disorders*, 55(9), 3193–3202. <https://doi.org/10.1007/s10803-024-06444-w>

Substance Abuse and Mental Health Services Administration (SAMHSA). (n.d.). *Risk and protective factors*. <https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf>

Toporek, R. L., Lewis, J. A., & Crethar, H. C. (2009). Promoting systemic change through ACA advocacy competencies. *Journal of Counseling & Development*, 87, 260–268.

Waddington, H., Reynolds, J. E., Macaskill, E., Curtis, S., Taylor, L. J., & Whitehouse, A. J. (2021). The effects of JASPER intervention for children with Autism Spectrum Disorder: A systematic review. *Autism: The International Journal of Research and Practice*, 25(8), 2370–2385. <https://doi.org/10.1177/13623613211019162>

Yazici, M. S. (2023). Examining the views of teachers and parents about Autism awareness in a rural inclusive elementary school. *Advances in Neurodevelopmental Disorders*. <https://doi.org/10.1007/s41252-023-00376-9>

Zack, D. S., Carroll, B., Magallanes, A., & Bordes Edgar, V. (2025). Take a closer look: Considerations for Autism Spectrum Disorder assessment in female children and adolescents. *Journal of Pediatric Health Care*, 39(1), 107–111. <https://doi.org/10.1016/j.pedhc.2024.07.008>

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