

Chapter 8: Conclusion

Previous chapters have described how machine learning can be transformative to some of the most long-standing problems in ASD research and clinical practice. This work, spanning from the fundamental principles of data science to detailed approaches for predictive modeling using behavioral, neuroimaging, and genetic data, has highlighted a paradigm shift within the field. The traditional diagnostic and therapeutic paradigm, in which interventions are primarily based on subjective evaluation without an objective metric to guide them, is being replaced by a data-driven, personalized approach.

The purpose of this book is to systematically present the process that led to the creation of predictive models for the early and reliable detection of ASD. Such state-of-the-art methods surpass the limitations of traditional instruments, which are only capable of analyzing complex data patterns that are often invisible to the human eye. We have demonstrated how these models can effectively handle multimodal data streams that range from the genetic sequencing of millions to the fine-grained temporal dynamics present in behavior, and as such, are conducive to a more systemic or wide-ranging understanding of the condition. In addition, the increasing use of these models for personalized interventions has been reviewed, revealing how adaptive algorithms can efficiently customize therapeutic interventions to meet the specific needs of each individual, thereby maximizing effectiveness and long-term well-being. The future of care for ASD is therefore envisioned as being led by these intelligent, adaptive systems that will enable more informed decision-making by clinicians.

Moreover, as we find ourselves on the brink of this new age, it is important to remember that progress towards a more inclusive society will not come easy. Research and development are obligated to take great care in preserving data privacy, controlling algorithmic bias, and providing transparent model interpretability. The “black box” nature of many higher-end models remains a significant impediment to clinical trust and adoption; thus, further development of approaches to explainability (or lack thereof) in AI is essential. Furthermore, the eventual success of this technological revolution is inherently dependent on the generation of massive, heterogeneous, and personalized data sources that genuinely represent the entire range of human neurodiversity.

The use of predictive models in ASD is more than a technical innovation--it is an opportunity for radically revising our understanding of and interventions with autism. It requires extremely interdisciplinary and cross-cutting efforts from data scientists, geneticists, neuroscientists, and clinicians, as well as collaboration with the autistic community and their families. "Going forward, it will need on-going investment in research with ethical oversight and a shared determination to build the system of care from one that is largely not self-sufficient or not effective enough to one that meets the needs and rights of patients." Working under the light of predictive models, we will be able to accelerate the flow of discovery in science and redefine individuals' roles in the neurodiverse landscape. Are We Born This Way?

References:

- 1) American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing.
- 2) Consultant360. (2014, October 15). *Autism costs US up to \$262 billion a year*. Consultant360. Retrieved September 25, 2025, from
- 3) Dicuonzo, G., Galeone, G., Shini, M., & Massari, A. (2022). Towards the use of Big Data in healthcare: A literature review. *Healthcare*, 10(7), 1269. <https://doi.org/10.3390/healthcare10071269>
- 4) Banerjee, A., Bera, S., Chattopadhyay, S., & Bhattacharjee, S. (2024). Leveraging big data and analytics for enhanced public health decision-making: A global review. *GSC Advanced Research and Reviews*, 18(2), 450–456. <https://gsconlinepress.com/journals/gscarr/sites/default/files/GSCARR-2024-0078.pdf>
- 5) Dicuonzo, G., Galeone, G., Shini, M., & Massari, A. (2022). Towards the use of Big Data in healthcare: A literature review. *Healthcare*, 10(7), 1269. <https://doi.org/10.3390/healthcare10071269>
- 6) Gharaibeh, M., Elayan, H., & Al-Qutaish, S. A. (2022). Machine Learning in Healthcare Sector: Algorithms, Applications, Challenges and Prospects. *International Journal of Computer and Information Technology*, 11(1), 1-10. https://www.researchgate.net/publication/388105870_Machine_Learning_in_Healthcare_Sector_Algorithms_Applications_Challenges_and_Prospects
- 7) Patil, A. B., Kadam, S. D., & More, S. P. (2024). Aggregated K Means Clustering and Decision Tree Algorithm for Spirometry Data. *International Journal of Science and Technology*, 3(1), 1-5.
- 8) GeeksforGeeks. (2025, August 30). *Feature Selection Techniques in Machine Learning*. Retrieved September 25, 2025, from <https://www.geeksforgeeks.org/machine-learning/feature-selection-techniques-in-machine-learning/>
- 9) Solek, S., Choi, H., Arnaout, M., & Eickholt, J. (2024). The Role of Artificial Intelligence for Early Diagnostic Tools of Autism Spectrum Disorder: A Systematic Review. *Turkish Archives of Pediatrics*. [https://www.turkarchpediatr.org/Content/files/sayilar/140/TAP_20240183_nlm_new_indd\(1\).pdf](https://www.turkarchpediatr.org/Content/files/sayilar/140/TAP_20240183_nlm_new_indd(1).pdf)
- 10) *Clinical data in data mining*. PMC. Retrieved September 25, 2025, from <https://pmc.ncbi.nlm.nih.gov/articles/PMC1839316/>
- 11) Neptune.ai. (2024, October 24). *F1 Score vs ROC AUC vs Accuracy vs PR AUC: Which Evaluation Metric Should You Choose?*. Retrieved September 25, 2025, from <https://neptune.ai/blog/f1-score-accuracy-roc-auc-pr-auc>
- 12) Keylabs. (2024, October 25). *Understanding the F1 Score and AUC-ROC Curve*. Retrieved September 25, 2025, from <https://keylabs.ai/blog/understanding-the-f1-score-and-auc-roc-curve/>
- 13) Scikit-learn. (2025). *scikit-learn: machine learning in Python*. Retrieved September 25, 2025, from <https://scikit-learn.org/>

- 14) NYU Data Catalog. (2017). *Autism Brain Imaging Data Exchange I & II*. NYU Langone Health. Retrieved September 25, 2025, from <https://datacatalog.med.nyu.edu/dataset/10452>
- 15) Dawson, G., Jones, E. J. H., Merkle, K., et al. (2010). Early behavioral intervention is associated with normalized brain activity in young children with autism. *Journal of the American Academy of Child & Adolescent Psychiatry*, 49(12), 1184–1194. <https://www.google.com/search?q=https://doi.org/10.1016/j.jaac.2010.09.018>
- 16) Wiggins, L. D., Baio, J., & Rice, C. (2015). The role of race and ethnicity in the diagnosis of autism spectrum disorders. *Pediatrics*, 136(2), 273-281. <https://www.google.com/search?q=https://doi.org/10.1542/peds.2014-3079>
- 17) Thabtah, F., & Peebles, D. (2020). A review of machine learning applications for autism spectrum disorder diagnosis. *Neural Computing and Applications*, 32(4), 1187-1200. <https://www.google.com/search?q=https://doi.org/10.1007/s00521-019-04140-5>
- 18) Thabtah, F., Cowling, P., & Peng, Y. (2020). A machine learning model for autism spectrum disorder diagnosis. *Applied Computing and Informatics*, 16(1-2), 133-145. <https://doi.org/10.1016/j.aci.2018.11.002>
- 19) Tariq, A., Ahmed, I., & Khan, H. A. (2023). A deep learning-based ensemble for autism spectrum disorder diagnosis using facial images. *Journal of Medical Systems*, 47(1), 14. <https://www.google.com/search?q=https://doi.org/10.1007/s10916-022-01890-w>
- 20) Heinsfeld, A. S., Franco, A. R., Craddock, G. C., et al. (2018). Identifying autism spectrum disorder using deep learning and fMRI. *Scientific Reports*, 8(1), 4983. <https://www.google.com/search?q=https://doi.org/10.1038/s41598-018-23366-y>
- 21) Giving Compass. (2023, September 6). *Using AI to match neurodivergent jobseekers with jobs that suit their talents*. Retrieved September 25, 2025, from <https://givingcompass.org/article/using-ai-to-match-neurodivergent-jobseekers-with-jobs-that-suit-their-talents>