

CareCertify LLC

CareCertify Caregiver Training · Autism Spectrum Caregiving

AUT-01

Understanding Autism

Participant Guide

Professional Caregivers & Direct Support Professionals · A Caregiver's Guide to Autism

Updated July 2026 — CDC data (2025); DSM-5-TR

Before you can support an autistic person well, you have to understand what autism really is — and unlearn the myths.

Learning Objectives — by the end of this module you will be able to:

- Define autism spectrum disorder in plain terms
- State how common autism is today
- Explain what 'a spectrum' really means
- Describe neurodiversity and presuming competence
- Separate common myths from facts
- Use respectful language and name autistic strengths

Section 1: What autism is

A different way of experiencing and interacting with the world.

- **Neurodevelopmental.** Autism spectrum disorder (ASD) is a lifelong neurodevelopmental difference in how a person's brain is wired — present from early childhood.
- **Four broad areas.** It affects social communication and interaction, and often brings sensory differences and focused, repetitive interests or behaviors.
- **Lifelong, not an illness.** Autism isn't a disease to cure; it's part of who a person is. People grow and learn, but they remain autistic across their life.
- **A spectrum of people.** Every autistic person is different — with their own strengths, challenges, personality, and support needs.

Section 2: Autism is more common than many think

You will support autistic people in almost any care setting.

- **About 1 in 31.** The CDC estimates about 1 in 31 eight-year-old children in the U.S. is identified with autism (2022 data, released 2025).
- **All communities.** Autism occurs in every race, ethnicity, and income group; recent data shows rising identification across all groups.
- **Boys diagnosed more.** Boys are diagnosed about 3.4 times as often as girls — and girls are more often missed or diagnosed later.

- **Rising identification.** Numbers have risen largely due to better awareness, screening, and broader criteria — not a single simple cause.

Section 3: What 'a spectrum' really means

Not a line from 'a little' to 'a lot.'

- **A wide range.** Autistic people vary enormously — in communication, sensory needs, independence, and interests.
- **Strengths and challenges.** Each person has a unique mix of strengths and challenges; the same person may excel in one area and need support in another.
- **One person at a time.** As the saying goes: if you've met one autistic person, you've met one autistic person.

Avoid ranking people as 'high' or 'low' functioning — those labels hide real strengths and real needs.

Section 4: Neurodiversity and presuming competence

A respectful lens for your whole caregiving practice.

- **Natural variation.** Neurodiversity means human brains naturally differ; autism is one of those natural variations, not a defect.
- **Support, not 'fix'.** The goal of good care is understanding, acceptance, and support — helping the person thrive as themselves, not making them 'normal.'
- **Presume competence.** Assume the person understands and has something to say, even if they can't speak or respond the way you expect.
- **Dignity always.** Treat every autistic person — child or adult — with the same dignity and respect you'd want for yourself.

Section 5: Myths vs. facts, part 1

Old myths still cause real harm — replace them with facts.

- **Not caused by vaccines.** Myth: vaccines cause autism. Fact: extensive research has thoroughly debunked this; vaccines do not cause autism.
- **Not caused by parenting.** Myth: 'bad' or 'cold' parenting causes autism. Fact: it does not; autism is neurodevelopmental, not a result of upbringing.
- **Not just 'behavior'.** Myth: autistic behavior is misbehavior. Fact: behaviors usually communicate a need, a feeling, or a response to the environment.
- **Feelings are real.** Myth: autistic people don't feel or care. Fact: they have deep feelings and empathy — they may express them differently.

Section 6: Myths vs. facts, part 2

Keep separating fiction from reality.

- **Not the same as ID.** Myth: autism means intellectual disability. Fact: they can co-occur, but many autistic people have average or above-average intelligence.

- **Can connect.** Myth: autistic people don't want relationships. Fact: many want friendship and connection, on their own terms.
- **Not 'outgrown'.** Myth: children 'grow out of' autism. Fact: autistic children become autistic adults; they grow and learn, and stay autistic.
- **Every person differs.** Myth: 'they're all the same.' Fact: autistic people are as different from each other as anyone else.

Section 7: Conditions that often come along

Autism frequently occurs with other conditions — know them so you support the whole person.

- **Intellectual disability.** Some — but not all — autistic people also have an intellectual disability.
- **ADHD & anxiety.** Attention differences (ADHD) and anxiety are common and very much worth supporting.
- **Epilepsy.** Seizure disorders occur more often in autistic people than in the general population.
- **GI issues.** Gastrointestinal (GI) discomfort is common and can drive behavior — we cover this in the food module.
- **Sleep differences.** Many autistic people have trouble falling or staying asleep, affecting mood and behavior.
- **Sensory differences.** Sensory sensitivities are nearly universal and shape daily comfort — a whole module covers them.

Section 8: Respectful language

Words shape how people are seen and treated.

- **Person-first.** 'A person with autism' puts the person before the diagnosis — preferred by some individuals and families.
- **Identity-first.** 'An autistic person' treats autism as part of identity — preferred by many autistic adults and self-advocates.
- **Ask the person.** When you can, use the language the person and family prefer — and always speak about them with respect.

Avoid outdated or hurtful terms and never talk about a person as if they aren't in the room.

Section 9: Your role as a caregiver

Six commitments that guide everything ahead.

- Learn — understand autism and this person specifically
- Respect — dignity, privacy, and their preferences
- Presume competence — assume ability and understanding
- Individualize — support the person in front of you, not a stereotype
- Support — reduce barriers and build on strengths
- Connect — build trust and genuine relationship

The rest of this course turns these commitments into concrete skills.

Section 10: Autistic strengths

Support isn't only about challenges — see the whole person.

- **Attention to detail.** Many autistic people notice details and patterns others miss.
- **Honesty & directness.** Straightforwardness and sincerity are common and valuable strengths.
- **Deep focus & passion.** Focused interests can bring deep knowledge, skill, and joy.
- **Fresh perspectives.** Different ways of thinking bring creativity and problem-solving others don't.

Section 11: What autism is NOT

Let go of these once and for all.

- **Not caused by vaccines or parenting.** Neither vaccines nor upbringing cause autism — full stop.
- **Not contagious or an illness.** You cannot 'catch' autism; it is not a disease and does not need a cure.
- **Not a tragedy.** An autism diagnosis is not the end of a good life; with understanding and support, autistic people live full, meaningful lives.

How you frame autism shapes how families feel — lead with respect and hope.

Apply It — Scenarios

'He was fine until his shots'

A grandparent tells you their grandson 'was fine until his vaccines' and blames themselves for missing signs.

The right response: → Respond with warmth and facts: vaccines do not cause autism, and nothing they did caused it. → Reassure them that autism begins in early brain development — it isn't anyone's fault. → Redirect to what helps now: understanding, support, and celebrating the grandson. → Avoid arguing; offer trustworthy resources and your steady, respectful presence.

Choosing your words

You're writing about a client and unsure whether to say 'autistic person' or 'person with autism.'

The right response: → Use the language the person and family prefer when you know it. → If you don't know, either respectful form is acceptable — many autistic adults prefer identity-first. → Never use outdated or demeaning labels, and never rank people as 'high' or 'low' functioning. → Above all, write and speak about the person the way you'd want said about you.

Key Terms

Term	What it means
Autism spectrum disorder (ASD)	A lifelong neurodevelopmental difference in social communication, sensory processing, and behavior.
Spectrum	The wide range of ways autism shows up; every autistic person is unique.
Neurodiversity	The idea that brains naturally vary; autism is a natural variation, not a defect.
Presume competence	Assuming the person understands and has something to contribute.
Person-first language	'Person with autism' — names the person before

	the diagnosis.
Identity-first language	'Autistic person' — treats autism as part of identity.
Co-occurring condition	Another condition that often appears with autism (e.g., anxiety, epilepsy, GI issues).
Stigma	Negative, unfair beliefs about a group — which accurate facts help undo.

Check Your Understanding

1. Autism spectrum disorder is best described as:

- A. A lifelong neurodevelopmental difference
- B. A temporary childhood illness
- C. A contagious disease
- D. A result of bad parenting

Answer: A — ASD is a lifelong neurodevelopmental difference.

2. Autism occurs in:

- A. Only wealthy families
- B. Only one ethnicity
- C. Only certain regions
- D. Every race, ethnicity, and income group

Answer: D — Autism occurs across all communities.

3. Neurodiversity is the idea that:

- A. Autism is a defect to fix
- B. Everyone thinks alike
- C. Autism is an illness
- D. Brains naturally vary; autism is a natural variation

Answer: D — Neurodiversity = natural variation.

4. Autistic behavior usually:

- A. Is deliberate misbehavior
- B. Means nothing
- C. Should be punished
- D. Communicates a need, feeling, or response to the environment

Answer: D — Behavior communicates.

5. Seizure disorders (epilepsy) in autistic people:

- A. Occur more often than in the general population
- B. Never occur
- C. Are contagious
- D. Cause autism

Answer: A — Epilepsy is more common in autism.

6. A core caregiver commitment is to:

- A. Treat all autistic people the same

- B. Lower expectations
- C. Individualize support to the person, not a stereotype
- D. Speak only to families

Answer: C — Individualize your support.

7. When unsure which language to use for a client, you should:

- A. Use a functioning label
- B. Use an outdated term
- C. Avoid naming the person
- D. Use either respectful form; ask their preference when possible

Answer: D — Either respectful form; ask preference.

What You Learned

- Autism is a lifelong neurodevelopmental difference in communication, senses, and behavior
- It's common — about 1 in 31 children — and occurs in every community
- 'Spectrum' means a wide range; every autistic person is an individual
- Neurodiversity: support and accept the person; presume competence
- Vaccines and parenting do NOT cause autism; behaviors usually communicate a need
- Use respectful, preferred language and see autistic strengths, not only challenges
- Your role: learn, respect, presume competence, individualize, support, and connect

Next: AUT-02 — the spectrum and the three DSM-5-TR support levels.

Legal & Training Basis

This course is caregiver education about autism spectrum disorder, developed from current, authoritative sources including the U.S. Centers for Disease Control and Prevention (CDC), the DSM-5-TR diagnostic framework, and peer-reviewed research. It is general education for caregivers — not medical advice, a diagnosis, or a treatment protocol. Every autistic person is an individual; caregivers should follow each person's own support plan and consult qualified professionals for medical, behavioral, and dietary decisions. Current as of July 2026.

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