CareCertify LLC

CareCertify Caregiver Training · Autism Spectrum Caregiving

AUT-02

The Spectrum & the Three Support Levels

Participant Guide

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

Updated July 2026 — DSM-5-TR (APA)

The DSM-5-TR describes autism in two areas and three support levels. Used well, they guide support; used poorly, they box people in.

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

- Name the two core domains used to diagnose autism
- Describe DSM-5-TR Levels 1, 2, and 3
- Explain what the levels do and do not measure
- Recognize that levels are a snapshot, not a ceiling
- Use support-level language respectfully
- Individualize support beyond the level

Section 1: How autism is diagnosed

The DSM-5-TR looks at two areas and rates support needs in each.

- **Two core domains.** A diagnosis rests on differences in (1) social communication and interaction, and (2) restricted, repetitive behaviors and interests.
- **Present early.** Signs are present in early development, even if they become clearer later as social demands grow.
- **Real-life impact.** The differences noticeably affect everyday functioning across settings — not just in one place.
- **Support levels.** For each of the two domains, clinicians rate how much support the person needs: Level 1, 2, or 3.

Section 2: The two core domains

Autism shows up across both — differently in each person.

- **Social communication.** Differences in back-and-forth conversation, sharing interests, reading and using nonverbal cues, and building relationships.
- **Restricted & repetitive.** Repetitive movements or speech, strong routines and resistance to change, intense focused interests, and sensory differences.

- **A person can differ by domain.** Someone may need substantial support with social communication but less with routines — or the reverse. Rate each domain on its own.

Section 3: The three support levels

Each level is defined by how much support the person needs.

- **Requiring support.** Noticeable differences that cause challenges without supports in place, but the person is often fairly independent.
- **Requiring substantial support.** More marked differences that are obvious even with supports, needing consistent, structured help.
- **Requiring very substantial support.** Significant differences that greatly affect daily functioning and call for intensive, ongoing support.

The words to remember: support, substantial support, very substantial support.

Section 4: Level 1 — requiring support

Independent in many areas, with support that smooths the hard parts.

- **Communication.** Can usually communicate wants and needs, but may struggle with back-and-forth conversation and reading social cues.
- **Flexibility.** May find unexpected changes and unstructured situations stressful, benefiting from a heads-up and routine.
- **Independence.** Often independent in daily living with some coaching, organization support, or social guidance.
- **What helps.** Clear expectations, predictable routines, social coaching, and patience with transitions.

Section 5: Level 2 — requiring substantial support

Differences are clear even with support in place.

- **Communication.** Limited or inconsistent spoken communication; may use fewer words, scripts, or a communication device.
- **Change is hard.** Significant distress with transitions or changes; strong need for structure and predictability.
- **Daily support.** Needs consistent, structured support across settings for social interaction and daily activities.
- **What helps.** Visual supports, consistent routines, clear and simple communication, and proactive planning for change.

Section 6: Level 3 — requiring very substantial support

Intensive, ongoing support — and always presume competence.

- **Communication.** Very limited spoken language; may communicate through behavior, gestures, or augmentative and alternative communication (AAC).
- **Routines.** Great difficulty coping with change; repetitive behaviors may significantly affect daily functioning.

- **Support.** Needs intensive, individualized support for most daily activities and safety.
- **What helps.** AAC and other communication tools, highly consistent routines, sensory supports, and skilled, patient caregivers.

Section 7: What the levels do NOT tell you

Levels guide support — they never define a person.

- **Not intelligence.** A level does not measure intelligence; a person at any level may be highly intelligent.
- **Not potential.** Levels don't predict what a person can learn, achieve, or become.
- **Not worth.** A level says nothing about a person's value, dignity, or the richness of their inner life.
- **Can differ by domain.** A person can be one level in social communication and another in behaviors — it isn't a single score.
- **Can change.** With support, growth, or a different setting, support needs can shift over time.
- **Not 'mild' or 'severe'.** Levels are about support needs, not a person's identity — avoid 'mild' or 'severe' as a label.

Section 8: Levels are a snapshot, not a ceiling

Support needs live in context.

- **Context matters.** The same person may need more support in a loud, unfamiliar place and less in a calm, familiar one.
- **Support changes needs.** Good supports can reduce how much help a person visibly needs — that's the point of support.
- **People grow.** Skills and needs change over months and years; a level from one evaluation isn't permanent.

Use the level to start planning — then follow the actual person day to day.

Section 9: Using levels well as a caregiver

Turn a label into better support.

- Read the level to calibrate how much and what kind of support
- Check both domains — social communication and behaviors
- Presume competence regardless of level
- Watch the actual person; adjust to the day and setting
- Build on strengths, not just the level's challenges
- Never use the level to lower expectations or limit opportunity

The level informs your plan; the person guides your care.

Section 10: Beyond the levels

A few more things a diagnosis may note.

- **Language ability.** A diagnosis may note whether there's accompanying language impairment — separate from the support level.

- **Intellectual ability.** It may note whether there's accompanying intellectual impairment — again, separate from the level.
- **Co-occurring conditions.** Anxiety, ADHD, epilepsy, GI issues, and others are often noted, because they shape support too.
- **The whole picture.** Read the level alongside these details — and alongside the person's own goals and preferences.

Section 11: Using level language respectfully

How you talk about levels matters.

- **Support needs, not labels.** Say 'needs substantial support with communication,' not 'he's a severe autistic.'
- **Avoid functioning terms.** Skip 'high-' and 'low-functioning'; they erase strengths and hide needs.
- **Person first, always.** Describe support needs without reducing the person to a number — they're far more than a level.

When you speak respectfully about levels, you model respect for the whole team and the family.

Apply It — Scenarios

Same level, different people
Two clients are both 'Level 2,' but one loves to talk about trains for hours and the other uses a communication device and few words.
The right response: → Recognize the level is only a starting point — these are two very different people. → Support the first with social coaching and shared interest; support the second with their AAC device and patience. → Individualize: read each person's strengths, communication, and preferences. → Never assume 'same level' means 'same person' or 'same plan.'

'She's low-functioning'
A staff member describes a client as 'low-functioning' in a team meeting.
The right response: → Gently reframe: describe her actual support needs — 'she uses AAC and needs substantial support with transitions.' → Explain that functioning labels hide her strengths and her specific needs. → Refocus the team on what helps her and what she can do. → Model respectful language so it spreads through the team.

Key Terms

Term	What it means
DSM-5-TR	The current diagnostic manual defining autism's two domains and three support levels.
Social communication domain	Differences in conversation, sharing, nonverbal cues, and relationships.
Restricted/repetitive domain	Repetitive behaviors, routines, focused interests, and sensory differences.
Level 1	Requiring support.
Level 2	Requiring substantial support.
Level 3	Requiring very substantial support.

AAC	Augmentative and alternative communication — tools and methods beyond speech.
Specifier	An added note, such as with/without language or intellectual impairment.

Check Your Understanding

1. Autism is diagnosed across how many core domains?

A. Two — social communication and restricted/repetitive behaviors

B. One

C. Three

D. Five

Answer: A — Two core domains.

2. The restricted/repetitive domain includes:

A. Only speech volume

B. Only height

C. Only diet

D. Repetitive behaviors, routines, focused interests, sensory differences

Answer: D — Restricted/repetitive behaviors.

3. Level 3 means:

A. Requiring support

B. Requiring substantial support

C. No support

D. Requiring very substantial support

Answer: D — Level 3 = requiring very substantial support.

4. Even at Level 3, caregivers should:

A. Assume no learning is possible

B. Stop teaching

C. Speak only to family

D. Presume competence and use communication supports

Answer: D — Presume competence at every level.

5. Good supports:

A. Can reduce how much help a person visibly needs

B. Increase impairment

C. Never help

D. Are pointless

Answer: A — Support reduces visible need.

6. Two clients at the same level:

A. Are basically the same

B. Get the same plan

C. May be very different people needing different support

D. Have the same interests

Answer: C — Same level ≠ same person.

7. A 'specifier' is:

A. The support level itself

B. A functioning label

C. A medication

D. An added note like with/without language impairment

Answer: D — Specifier = added diagnostic note.

What You Learned

- Autism is diagnosed across two domains: social communication and restricted/repetitive behaviors
- Support is rated as Level 1 (support), Level 2 (substantial), or Level 3 (very substantial)
- Levels can differ between the two domains and can change over time and context
- Levels measure support needs — not intelligence, potential, or worth
- Always presume competence and individualize beyond the level
- Avoid 'mild/severe' and 'high/low-functioning'; describe actual support needs
- Read the level with language, intellectual, and co-occurring details and the person's goals

Next: AUT-03 — how autism shows up in communication, sensory experience, and behavior.

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.