UNDERSTANDING YOUR DIAGNOSIS

Autism

Also called Autism Spectrum Disorder

Autism is a lifelong difference in how your child's brain handles social connection, routines, and the senses.

HOW COMMON	OFTEN NOTICED	SUPPORT HELPS	YOU ARE NOT ALONE
About 1 in 36 US children	Between 12 and 24 months	Yes - at every age	Millions of US families

What this is

- Autism is a difference in how the brain develops. It is not an illness and not a disease. There is nothing to cure here.
- It is a spectrum. Two autistic children can look very different, and what your child needs can change with age and setting.
- Many autistic people prefer being called autistic rather than having autism. Ask your child what fits them as they grow.
- Adults are diagnosed too, often after a child in the family is. The autism was always there; the name is the new part.

What it can look and feel like

- Eye contact, back-and-forth chat, and reading tone or faces take real effort. Your child may not point things out to share them.
- Language may come late, or come early and sound formal. Some children repeat favorite lines or scripts from shows and books.
- Deep, focused interests. Your child may know an astonishing amount about one topic and want to talk about it often.
- Routines matter a lot. A change of plan, a transition, or a different route home can be genuinely distressing, not just annoying.
- Hand flapping, rocking, spinning, or toe walking often show up with excitement or stress. These movements help your child settle.
- Sounds, tags, lights, textures, or smells can feel overwhelming, or barely register. A meltdown is usually overload, not defiance.
- Some children copy others to blend in, especially girls. This masking is exhausting and can hide autism for years.

What is happening in your brain and body

- Autistic brains are wired differently from the start. Connections form and get trimmed on a different timetable in the early years.
- The areas that read faces, tone, and movement respond differently, so social information does not arrive automatically.
- The balance between brain signals that speed things up and slow things down runs differently. This helps explain sensory overload.
- The brain leans toward detail and pattern rather than the big picture. That is a genuine strength as well as a challenge.
- Surprise costs your child more. Predictable routines lower the load, which is why schedules and warnings help so much.

What can make it more likely

- Genes are the biggest factor. Autism runs in families, and hundreds of gene differences each add a small amount of chance.
- Sometimes a specific genetic condition is involved, such as fragile X syndrome. Your doctor may offer testing to look for one.
- Older parental age, being born very early, and a few medicines taken in pregnancy raise the chance somewhat.
- Vaccines do not cause autism. This has been studied in millions of children. Nothing you did or did not do caused this.

What to expect

- Autism is lifelong. Skills keep growing, though, and many autistic children make large gains in communication and daily living.
- Support needs vary widely. Some children need help through the whole day; others mainly need help with school and big changes.
- Starting support early helps, but there is no deadline. Progress happens at every age, including well into adulthood.
- Anxiety, sleep trouble, and attention problems often come along with autism. Each of those can be treated on its own.

What helps

Treatment works. Most people get better.

Talking therapies

- The goal is support and skill building, never making your child seem less autistic. Be wary of any program promising a cure.
- **Speech and language therapy** builds communication. If speech is limited, picture systems or a talking device can open things up.
- **Early intervention** programs coach play, communication, and daily routines. The good ones follow your child's interests and lead.
- **Occupational therapy** helps with sensory needs, handwriting, dressing, and finding calming strategies that suit your child.
- Adapted **talk therapy** using pictures and clear, concrete language treats anxiety well in children and teens who use speech.

Medicines

- No medicine treats autism itself. Medicines are used only for specific problems such as severe irritability, sleep, or attention.
- **Antipsychotics** such as risperidone and aripiprazole are approved for severe irritability and aggression in autistic children.
- They can help a great deal but often cause weight gain, so your prescriber checks weight, blood sugar, and cholesterol regularly.
- **Melatonin** helps many autistic children fall asleep. **Stimulants** can help attention, with more side effects than usual.
- Doses are always worked out with your prescriber. Be cautious of supplements and cleanses sold online as autism treatments.

Everyday things that help

- Use visual schedules and give warnings before transitions. Knowing what comes next prevents far more meltdowns than any consequence.
- Build a sensory-friendly corner at home: dim light, headphones, a weighted blanket, whatever actually settles your child.
- Let stimming happen unless it is unsafe. It is how your child regulates. Taking it away raises distress rather than lowering it.
- Ask school for an **IEP** with clear goals, plus autism-friendly supports like a quiet space and a predictable daily schedule.
- Find autistic adults and other families. Their advice is usually more practical than anything on a general parenting site.

Get help right away if

- Your child talks about dying or hurting themselves. Call or text **988**, or go to the nearest emergency room.
- Your child wanders or runs from safe places. Tell your care team today and ask for a safety plan.
- Serious self-injury, a first seizure, or a sudden loss of skills. Get medical care the same day.

Questions to ask your care team

- *How much support does my child need right now, and what does that look like day to day?*
- *Should we do genetic testing or a hearing check, and what would the results change?*
- *Which services come through school, and which ones need a separate referral?*
- *How do we find autistic adults or a parent group near us?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.