



PATIENT EDUCATION — NEURODEVELOPMENTAL DISORDERS

PAGE 1

# Autism Spectrum Disorder

## *Understanding & Caring*

A complete guide for families, caregivers, teachers, and individuals on the spectrum

Autism Spectrum Disorder (ASD) is a **neurodevelopmental difference — not a disease, not a result of bad parenting, and not something to be "cured."** People with autism experience and interact with the world differently. Early diagnosis, appropriate support, and an understanding community make a profound and lasting difference to quality of life.

### What Is ASD? — The Spectrum Explained

ASD is characterised by differences in **social communication, sensory processing, and behaviour patterns**. The word "spectrum" means no two autistic people are alike — it ranges from individuals who are non-verbal and require 24-hour support, to highly verbal professionals who may never receive a formal diagnosis.

ASD is **not caused by vaccines**, diet, parenting style, or trauma — this has been conclusively established by decades of research across millions of individuals. Genetics and early brain development play the primary role. Autism is a lifelong neurological variation, and autistic identity is increasingly understood as a form of human diversity rather than a deficit.

#### KEY SIGNS ACROSS THE SPECTRUM

##### Social Communication Differences

- › Difficulty reading facial expressions, gestures, or body language
- › Prefers parallel play or solitary activities over group interaction
- › Challenges maintaining back-and-forth conversation flow
- › May not respond to name being called, even with normal hearing
- › Takes language very literally — misses sarcasm, idioms, jokes
- › Difficulty forming or sustaining age-appropriate friendships
- › May approach social situations with rules-based logic rather than intuition

##### Communication Patterns

- › Delayed speech or language development in early childhood
- › Echolalia — repeating words, phrases, or scripts heard before
- › Some individuals are non-speaking; use AAC devices or sign language
- › Highly detailed, topic-specific conversation style
- › Flat, unusual, or monotone prosody (tone and rhythm of speech)
- › Difficulty with indirect requests — needs explicit, clear instructions
- › May script conversations or rehearse social interactions in advance

### Repetitive Behaviours & Routines

- › Stimming: hand-flapping, rocking, spinning, jumping, finger-flicking
- › Insistence on routines — significant distress at unexpected changes
- › Intense, focused interests in specific subjects (trains, dinosaurs, coding)
- › Arranging objects in specific patterns or sequences
- › Repetitive speech patterns — asking the same question repeatedly
- › Stimming is self-regulation, not misbehaviour — often calming and adaptive
- › Rigid adherence to rules and a strong sense of fairness

### Sensory Processing Differences

- › Over- or under-sensitivity to sound, light, touch, smell, or taste
- › Clothing tags, seams, or certain fabrics cause genuine physical distress
- › Loud environments (shopping malls, busy classrooms) can be overwhelming
- › May actively seek sensory input — chewing, deep pressure, spinning
- › Very specific and restricted food preferences based on texture or smell
- › Pain tolerance may be unusually high or unusually low
- › Fluorescent lighting or strong scents may trigger meltdowns

## STRENGTHS COMMONLY ASSOCIATED WITH AUTISM

### Exceptional Memory

Strong recall for facts, dates, sequences, and detailed information in areas of deep interest

### Intense Focus & Attention

Deep concentration and superior pattern recognition — particularly valuable in science, technology, and the arts

### Honesty & Integrity

Direct, consistent, and principled communication — rarely manipulative or dishonest in social interactions

### Detail Orientation

Noticing details, inconsistencies, and patterns that neurotypical people routinely overlook

### Deep Expertise

Capacity to develop world-class knowledge and skill in areas of passionate, focused interest

### Unique Creative Thinking

Original, unconventional problem-solving approaches that challenge assumptions and generate novel ideas



# Autism Spectrum Disorder

## Diagnosis, Caring & Support

Practical guidance for diagnosis, daily caregiving, language use, and accessing support

### DIAGNOSIS & GETTING HELP — THE PATHWAY

1

#### Raise the Concern

Parent, teacher, or GP notices developmental differences. Document specific behaviours with examples and ages.

2

#### Paediatric or Psychiatric Review

→ Rule out hearing, vision, or other conditions. Full developmental history taken from caregivers.

3

#### Formal Assessment

→ ADOS-2 observation, ADI-R interview, IQ testing, adaptive functioning scales. Multidisciplinary team ideal.

4

#### Diagnosis & Support Plan

→ ABA therapy, speech-language therapy, occupational therapy, special education plan, and family counselling.

### CAREGIVER GUIDE — PRACTICAL STRATEGIES THAT WORK

#### Use Visual Schedules

Autistic individuals thrive with predictable, structured routines. Use picture-based schedules, visual timers, and advance warnings before transitions: "In 5 minutes, we are leaving the park." This dramatically reduces meltdowns triggered by unexpected change.

#### Speak Clearly and Literally

Avoid idioms, sarcasm, metaphors, and indirect requests. Say "Please sit down" not "Could you maybe think about sitting?" Give one instruction at a time and wait — allow adequate processing time before repeating, as processing can take longer.

#### Build on Special Interests

Use their passions as doorways to learning. A child passionate about trains can learn mathematics through schedules, geography through routes, writing through train stories. Interest-based learning produces far better engagement and retention than forced generalised curriculum.

#### Manage the Sensory Environment

Noise-cancelling headphones in busy settings, dimmer lighting at home, clothing with tags removed, weighted blankets. Identify individual sensory triggers and proactively reduce them rather than waiting to react after a meltdown has already started.

#### Never Punish Stimming

Stimming (rocking, hand-flapping, spinning) is self-regulation — not misbehaviour or "weirdness." Forcefully stopping it dramatically increases anxiety and emotional dysregulation. Only redirect stimming if it is causing direct physical harm to the person or others.

#### Celebrate Effort, Not Conformity

Avoid language that implies "normal" is the goal. Focus on individual progress, genuine strengths, and effort. Build a positive autistic identity rooted in their actual capabilities — not neurotypical standards that were never designed with them in mind.

### LANGUAGE MATTERS — SAY THIS, NOT THAT

INSTEAD OF →

INSTEAD OF →

**"He suffers from autism" / "He is afflicted with autism"**

Say: "He is autistic" or "He has autism." Many autistic people prefer identity-first language — follow the individual's preference.

**"She is low-functioning" / "He is high-functioning"**

Say: "She requires high support" or "He needs minimal support." Functioning labels are harmful, inaccurate, and change across contexts and life stages.

**INSTEAD OF →**

**"He doesn't look autistic" / "She seems normal to me"**

Autism has no single appearance. This statement dismisses a clinical diagnosis and invalidates real difficulties that may not be externally visible.

**INSTEAD OF →**

**"Every child is a little bit autistic these days"**

This invalidates real neurological differences and clinical diagnoses. Autism is a specific, diagnosable neurodevelopmental condition, not a personality trait or spectrum everyone sits on.

## Support Organisations & Resources — India

**Action for Autism (AFA)**

actionforautismindia.org — parent support groups, professional training, and advocacy across India

**Autism Society of India**

autismsocietyindia.com — resources, therapy provider directory, and caregiver support

**NIMHANS Autism Clinic, Bengaluru**

Specialist multidisciplinary assessment and therapy for children and adults across India

**Dr. Pavan Sonar — Mumbai**

Child & adult psychiatric assessment, ASD diagnosis, and family counselling. Call: +91 8591840141

**Disclaimer:** This guide is for educational purposes. ASD diagnosis requires formal assessment by a qualified multidisciplinary team. For consultations: **Dr. Pavan Sonar — +91 8591840141 | drpavansonar.com**

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