



WHAT YOU NEED TO KNOW ABOUT AUTISM

1. THE AUTISM 'SPECTRUM'

Autism Spectrum Condition (ASC) — also referred to as Autism Spectrum Disorder (ASD) — is a lifelong neurodevelopmental difference that affects how a person experiences, processes, and interacts with the world around them.



WHAT DOES 'SPECTRUM' REALLY MEAN?

The word spectrum is widely misunderstood. It does not mean a simple line from 'mild' to 'severe'. Instead, it describes a wide range of strengths, challenges, and experiences that vary enormously from person to person — and even within the same person across different days, environments, and situations.

COMMON STRENGTHS

- Strong attention to detail
- Deep focus on areas of interest
- Honest and direct communication
- Unique and creative thinking
- Excellent memory for facts and patterns
- Strong sense of justice and fairness

COMMON CHALLENGES

- Sensory sensitivities (sound, light, touch)
- Social communication differences
- Navigating change and transitions
- Executive functioning difficulties
- Emotional regulation
- Masking — hiding autistic traits to fit in

2. HOW IS AUTISM DIAGNOSED?

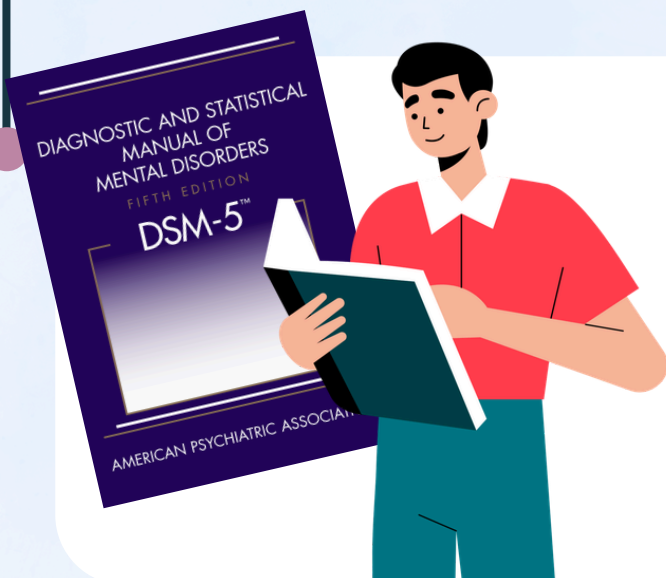
There is currently no medical test (blood test, brain scan, or genetic test) that can diagnose autism. Diagnosis is based on a detailed assessment of a person's developmental history and current behaviour, carried out by a qualified clinician or multidisciplinary team.



THE DIAGNOSTIC CRITERIA

Clinicians typically refer to the DSM-5 or ICD-11 diagnostic frameworks, both of which are used internationally, including in the Philippines. Either framework requires evidence of:

- Persistent differences in social communication and interaction across multiple contexts
- Restricted, repetitive patterns of behaviour, interests, or activities
- Symptoms present from early developmental periods (even if not recognised until later)
- Symptoms cause significant impact in daily life



WHAT AN ASSESSMENT TYPICALLY INVOLVES



STAGE

1. Referral from a primary care doctor, pediatrician, school, mental health professional, or self-referral
2. Initial screening questionnaires
3. Developmental history interview
4. Structured observation sessions
5. Input from family, school, or employer
6. Clinical review and feedback
7. Written report and diagnosis

WHO IS INVOLVED

- Psychologist
- Psychiatrist
- Speech-language pathologist
- Occupational therapist
- Pediatrician or developmental-behavioral pediatrician, for children
- The individual being assessed
- Family members/caregivers, where relevant

LATE DIAGNOSIS & GENDER DIFFERENCES

- Many autistic women, girls, and non-binary people are diagnosed much later in life due to 'masking' — camouflaging autistic traits to fit social expectations.
- People from culturally, linguistically, socioeconomically, or regionally marginalized communities may also be underdiagnosed due to access barriers, stigma, and differences in how autism is recognized.
- A late diagnosis can bring relief, validation, and access to support — it is never 'too late' to be assessed.



3. CHALLENGES WITH CHANGING TASKS

Switching between tasks — also called task transitioning — is one of the most significant and often underestimated challenges for many autistic people. This is closely linked to differences in executive function and a need for predictability.



WHY TASK SWITCHING IS DIFFICULT

Autistic brains often experience task transitions differently due to:

- **Monotropism** — a tendency for attention and interest to flow intensely into one task at a time
- **Weak cognitive flexibility** — difficulty disengaging from the current mental 'mode'
- **Sensory and emotional processing demands** of adjusting to new environments or stimuli
- **Loss of predictability** — the new task may feel uncertain or threatening
- **Emotional investment** — deep focus creates genuine attachment to what's being done





WHAT THIS CAN LOOK LIKE



IN CHILDREN

- Meltdowns or shutdowns at transition times
- Refusal to stop a preferred activity
- Distress at school routine changes
- Difficulty moving from free play to structured work
- Strong emotional reactions to unexpected schedule changes

IN ADULTS

- Difficulty stopping work mid-task to attend meetings
- High anxiety around unplanned interruptions
- Needing longer to mentally 'switch gears'
- Exhaustion from open-plan or unpredictable workplaces
- Frustration when deep focus is broken unexpectedly



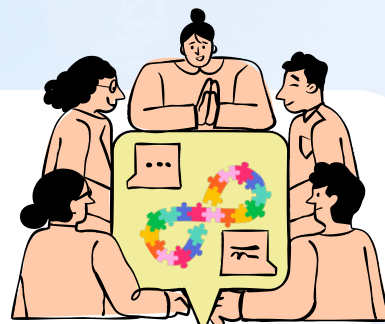
PRACTICAL STRATEGIES TO SUPPORT TASK TRANSITIONS

- Give advance warnings — '5 more minutes, then we move on'
- Use visual schedules, timers, or countdown tools
- Allow transition time — don't expect an immediate switch
- Offer a clear and predictable sequence of what comes next
- Avoid interrupting deep focus if possible; build in natural break points
- Acknowledge the difficulty without dismissing it: 'I know this is hard'



4. AN AUTISTIC PERSPECTIVE ON AUTISM

For much of its history, autism has been defined, studied, and described almost entirely by non-autistic researchers, clinicians, and parents. The autistic community has increasingly advocated for their voices to be centred in how autism is understood.



THE NEURODIVERSITY FRAMEWORK

Many autistic people embrace the neurodiversity model, which holds that autism is a natural variation in the human brain — not a disease or disorder to be cured. This perspective distinguishes between the challenges caused by autism and those caused by a world not designed with autistic people in mind.

"NOTHING ABOUT US WITHOUT US"

- This motto of the disability rights movement is central to autistic advocacy.
- Autistic people ask to be included in research, policy, and support decisions that affect them.
- Many autistic adults report that being treated as 'broken' caused more harm than autism itself.



COMMON THINGS AUTISTIC PEOPLE WANT OTHERS TO KNOW

- "My autistic traits are part of who I am — they do not need to be 'fixed'."
- "Masking to fit in is exhausting and can cause serious mental health problems."
- "I may communicate differently — that does not mean I communicate worse."
- "Sensory needs are real and valid. Please don't dismiss them as 'oversensitivity'."
- "Stimming (repetitive movements or sounds) helps regulate my nervous system — please don't suppress it."
- "Support should be about removing barriers, not forcing conformity."



REFRAMING COMMON NARRATIVES

OFTEN SAID

- "They lack empathy"
- "They are obsessed with things"
- "They can't communicate"
- "They are high/low functioning"
- "They seem normal"

AN AUTISTIC PERSPECTIVE

- They may experience empathy differently — often very deeply
- They have passionate, meaningful interests
- They communicate differently — often very effectively in the right context
- Functioning labels are inaccurate and harmful — support needs vary by situation
- Masking is costly and unsustainable long-term

REMEMBER

"If you've met one autistic person, you've met one autistic person." — Dr. Stephen Shore

The most powerful thing anyone can do is listen to autistic people, believe their experiences, and adapt environments and attitudes accordingly.

Understanding autism is a lifelong learning journey — and autistic voices should always be at its heart.

