AUTISM INSIGHTS

A Brief History

Autism has likely existed for as long as human beings have. But how we've understood it has changed dramatically, even within one lifetime. The term "autism" was first used in 1943, when psychiatrist Leo Kanner described a small group of children with distinct social and communication differences. A year later, Hans Asperger described a similar but milder presentation in his own patients in Vienna. For decades afterward, autism was misunderstood as rare, as caused by cold or unloving parenting (a theory now thoroughly discredited), and as something to be treated primarily through institutionalization.

The 1980s and 1990s brought real change. Autism was recognized as a spectrum rather than a single fixed presentation, the diagnostic criteria broadened, and early intervention research began showing what children on the spectrum could do when given the right support, rather than focusing only on what they couldn't. In 2013, the DSM-5 folded several previously separate diagnoses, including Asperger's syndrome, into one umbrella category: Autism Spectrum Disorder (ASD).

Today, the conversation has shifted again. Sociologist Judy Singer coined the term "neurodiversity" in the late 1990s to describe the idea that neurological differences, including autism, are a natural and valuable part of human variation, not simply a deficit to be corrected. That shift, from a purely medical lens to a strengths-based one, shapes how the best classrooms, clinics, and families approach autism today.

What Autism Is

Autism Spectrum Disorder is a developmental difference that affects how a person communicates, relates to others, processes sensory information, and engages with the world. It is called a spectrum because it looks different in every person who has it. Two autistic children can have completely different strengths, challenges, communication styles, and support needs.

Common characteristics include differences in social communication and interaction, restricted or repetitive behaviors and interests, intense or highly focused interests, and differences in sensory processing, such as being especially sensitive to sound, light, texture, or touch, or seeking out those sensations. None of these are flaws. They are simply differences in how an autistic brain takes in and responds to the world.

Autism is present from birth, though it's often not identified until later. It is not caused by parenting, vaccines, or anything a family did or didn't do. Current research points to a strong genetic component interacting with other factors still being studied.

Understanding the Scope

- About 1 in 31 children (3.2%) in the United States has been identified with autism, according to the CDC's most recent surveillance data (2022 birth-cohort estimates, released 2025).
- Autism is roughly 3 to 4 times more common in boys than in girls, though many researchers believe autism in girls is significantly underdiagnosed because it often presents differently.
- Autism occurs across all racial, ethnic, and socioeconomic groups. Recent CDC data show identification rates in Black, Hispanic, and Asian children now matching or slightly exceeding those in White children, a sign of improving outreach rather than a true difference in who is affected.
- About 1 in 3 autistic children also has an intellectual disability; roughly another quarter fall in a borderline range; and about a third have average or above-average IQ. Autism and intellectual ability are two separate things.
- Only about half of autistic children receive a developmental evaluation by age 3, even though autism can often be reliably diagnosed by age 2. Earlier identification means earlier access to support.
- About 3 in 4 autistic high school students now graduate with a regular diploma, a number that continues to improve as inclusive classrooms, IEPs, and 504 plans become more effective.

Strategies for Teachers

- Build predictability into the day. Visual schedules, advance notice of transitions, and consistent routines lower anxiety and free up energy for learning.
- Offer more than one way to communicate. Not every autistic student will raise a hand or answer verbally in the moment; written responses, typing, or a communication device can open the same doorway.
- Treat sensory needs as real needs. A student who needs headphones, a fidget, or a quiet corner isn't avoiding work; they're regulating their nervous system so they can do the work.
- Assume competence first. A student's communication style is not a measure of their intelligence or their understanding.
- Connect with the family early and often. Parents and grandparents often know which strategies already work at home, and that knowledge saves everyone time.

Strategies for Parents

- Follow your child's interests. A deep, specific passion isn't a distraction from learning; it's often the doorway into it.
- Prepare for change in advance whenever you can. A heads-up about a new place, a new person, or a change in plans can prevent a hard moment before it starts.
- Watch for what regulates your child, not just what's expected of them. Movement, pressure, quiet, or repetition might look unusual but often serve a real purpose.
- Keep the school in the loop, and expect the same in return. You are the constant expert on your child across every setting they move through.
- Give yourself the same grace you give your child. There is no one right way to parent an autistic child, only the way that works for your family.

Strategies for Grandparents

- Learn the specific ways your grandchild communicates and self-regulates. What looks different from how their parents were raised is not a discipline problem; it's a different nervous system responding to the world.
- Ask, rather than assume. A quick question to your grandchild's parent, such as what helps and what to avoid, goes a long way and is always welcome.
- Offer steady, low-pressure presence. You don't need to fix or fully understand autism to be a source of comfort and consistency in your grandchild's life.
- Resist comparisons to other children or to "how things used to be done." Every autistic child's path looks different, and that's not a reflection of your child's parenting.
- Your relationship matters. Grandparents are often an autistic child's most patient, least demanding relationship, and that has real value.

Sources: CDC Autism and Developmental Disabilities Monitoring (ADDM) Network, 2025; National Institute of Mental Health.