

Diagnosis

DSM V - 299.00 Autism Spectrum Disorder

- A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive; see text):
1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
 2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.
 3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.
- B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text):
1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
 2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).
 3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
 4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g. apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).
- C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).
- D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.
- E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make co-morbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.

<http://www.cdc.gov/ncbddd/autism/hcp-dsm.html>

Definition

Autism is a developmental disability that appears during the first three years. The result of a neurological disorder affects functioning of the brain, autism and its associated behaviors occur in approximately 1 of every 68 individuals.

Autism is four times more prevalent in boys than girls and knows no racial, ethnic or social boundaries. Family income, lifestyle or educational levels do not affect the chance of occurrence.

Autism interferes with the normal development of the brain in areas which control verbal and nonverbal communication, social interaction, and sensory development. Children or adults with autism may exhibit repeated body movements such as hand flapping and rocking, show unusual responses to people or attachments to objects, and resist changes in routine. In some cases, aggressive and/or self-injurious behavior may be present.

Autism is often referred to as a spectrum disorder, meaning the symptoms and characteristics of autism can present themselves in a wide variety of combinations, from mild to severe. Although autism is defined by a certain set of behaviors, children and adults can exhibit *any combination* of the behaviors in *any degree of severity*. Two children, both with a diagnosis of autism, can act very differently from one another.

Several old theories about the cause of autism have been proven false. Autism is *not* a mental illness. Children with autism are not unruly kids with a behavior problem. Autism is *not* caused by bad parents who gave their child too little attention. Most importantly, *no known factors in the psychological environment of a child have been shown to cause autism*.

It is conservatively estimated that 1.5 million people in the U.S. today have some form of autism. Its prevalence rate now places it as the most common developmental disability, nearly 5 times the rate of Down's syndrome.

Yet, the majority of the public, including many professionals in the medical, educational, and vocational fields are still unaware of how autism affects people and how to effectively work with individuals with autism.

Pocono Autism Society, Inc.

A 501(c)(3) Organization

www.poconoautism.org



Serving Monroe and Pike Counties of Pennsylvania

Purpose

A volunteer based non-profit support group of families and professionals involved with Autism/Pervasive Developmental Disorders.

We advocate for the interests of children and adults with autism, their family members, and the professionals who work with them. We discuss information on therapies, treatments, legislation, and conferences dealing with or affecting Autism/PDD. We also exchange information on locally available resources for families with Autism/ PDD and provide mutual support.

Due to the similarity of behaviors associated with autism and PDD, use of the term pervasive developmental disorder has caused some confusion among parents and professionals. However, the treatment and educational needs are the same for both diagnoses. Therefore we do not restrict participation to the diagnosis of autism alone.

The entire organization is volunteer based including the board of directors.



For More Information

Contact the **Pocono Autism Society** by calling Beth Dellicker at (570) 421-2299 email beth@poconoautism.org

Center for Disease Control and Prevention at www.cdc.gov/ncbddd/autism

Autism Society of America at 1-(800) 3AUTISM or www.autism-society.org.

Autism Speaks - an organization whose goal is “to change the future for all who struggle with autism spectrum disorders” at www.autismspeaks.org.

Other Contacts

Colonial Northampton IU
20 1-(610) 252-5550 www.ciu20.org

MH/DS of Carbon-Monroe-Pike
(570) 421-2901 www.cmpmhds.org

Community Care Behavioral Health Organization
Carbon-Monroe-Pike Office
1-(866) 473-5862 www.ccbh.com

PA Dept Public Welfare Monroe County Office
(570) 424-3030 www.dhs.pa.gov

PA Dept of Education,
Bureau of Special Education Consult Line
1-(800) 879-2301

Pennsylvania Health Law Project
1-(800) 274-3258 www.phlp.org

Pennsylvania Education Law Center
1-(215) 238-6970 www.elc-pa.org

Meetings

Our primary areas are Monroe and southern Pike counties in Northeastern Pennsylvania but others are always welcome to attend.

We have 2 monthly meetings. An evening meeting early in the month at ESU and a daytime meeting late in the month in Brodheadsville. We meet during the months Sept - June. There are no meetings scheduled for July and August.

Our evening meetings are scheduled for 7:00pm, on the first Tuesday of the month at East Stroudsburg University (ESU) in the Science & Technology Building, room 135. ESU students provide childcare, with the exception of September and June, in a nearby room.

Our daytime meeting is scheduled for 9:30am, on the 4th Wednesday of the month at the Western Pocono Community Library (WPCL).

Call or visit our website for directions.
(570) 421-2299
www.poconoautism.org



Please feel free to make copies of this brochure for distribution.
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