

# 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 59 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](http://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 Spectrum Disorder (ASD).

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 ASD. We also exchange information on locally available resources for families with ASD and provide mutual support.

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](mailto:beth@poconoautism.org)

**Center for Disease Control and Prevention** at [www.cdc.gov/ncbddd/autism](http://www.cdc.gov/ncbddd/autism)

**Autism Society of America** at 1-(800) 3AUTISM or [www.autism-society.org](http://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](http://www.autismspeaks.org).

## Other Contacts

**Colonial Northampton IU 20**  
201-(610) 252-5550 [www.ciu20.org](http://www.ciu20.org)

**MH/DS of Carbon-Monroe-Pike**  
(570) 421-2901 [www.cmpmhds.org](http://www.cmpmhds.org)

**Community Care Behavioral Health Organization**  
Carbon-Monroe-Pike Office  
1-(866) 473-5862 [www.ccbh.com](http://www.ccbh.com)

**PA Dept Public Welfare**  
Monroe County Office  
(570) 424-3030 [www.dhs.pa.gov](http://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](http://www.phlp.org)

**Pennsylvania Education Law Center**  
1-(215) 238-6970 [www.elc-pa.org](http://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 daytime meetings scheduled for 9:30am, on the 4th Wednesday of the month at the Hughes Library on Route 611, Stroudsburg on the second floor in the Pullen Meeting Room. We meet during the months Sept - May.

Call or visit our website for directions.  
(570) 421-2299  
[www.poconoautism.org](http://www.poconoautism.org)

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