

Autism Society of Maine
Membership Form

	Price	Total
<input type="checkbox"/> Individual with ASD	12.00	
<input type="checkbox"/> Parent	12.00	
<input type="checkbox"/> Professional	12.00	
<input type="checkbox"/>		
<input type="checkbox"/> ASA Membership Family member	40.00	
<input type="checkbox"/> ASA Membership Individual	30.00	
	Subtotal: _____	
	Total: _____	

Name _____
 Address _____

 Phone _____

Method of Payment

Check
 Bill Me
 Visa
 MasterCard
 Purchase Order # _____

Membership includes:

- ASM lending library
- Scholarships for conferences
- Quarterly newsletter
- Annual Family Retreat Weekend
- Autism awareness packets

Credit Card # _____ Exp. date _____

Signature _____

AUTISM SOCIETY OF MAINE

72 B Main Street
Winthrop, ME 04364

Phone: 1-800-273-5200
 Fax: 207-377-9434
 Email: asm@asmonline.org
www.asmonline.org

What are the Most Effective Treatments for Autism?

Research has shown that children with autism respond well to a highly structured, specialized education program tailored to the individual needs of the child. Because of the spectrum nature of autism and the many behavior combinations which can occur, there are many different approaches effective in treating the disorder. However, studies show that early intervention results in positive outcomes for children with autism, and the earlier the better.

To be effective, any approach should be flexible in nature, rely on positive reinforcement, be reevaluated on a regular basis, and provide a smooth transition from home to school to community environments. A good program will also incorporate training and support systems for the caregivers as well. Autism-specific programs and services provide the opportunity for even the more severely disabled individuals to be taught skills that allow them to reach their fullest potential. Various intervention approaches which are available include: speech/language therapy, occupational therapy, sensory integration therapy, auditory training, music therapy, applied behavioral analysis, discrete trial training, prescription medications, dietary interventions, and social skills development.

While no one can predict the future, we do know that some adults with autism live and work independently in the community, while others depend on the support of family and professionals. Some adults with autism can benefit from vocational training to provide them with the skills needed for obtaining jobs, in addition to social and recreational programs. Adults with autism may live in a variety of residential settings, ranging from independent living in a home or apartment to group homes, supervised apartment settings, living with other family members, or more structured residential care sites.

Mission Statement

The Autism Society of Maine is a non-profit organization that serves individuals with autism and their families, professionals, and communities by providing education, advocacy, referrals, and resource development. The Society provides current information in support of informed choice of treatments and services.



AUTISM SOCIETY OF MAINE

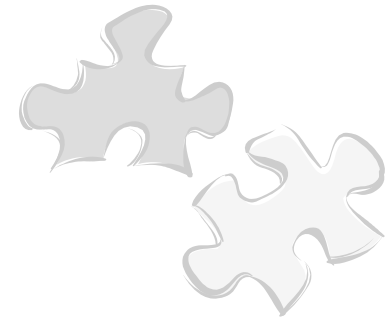
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Autism Society of America
www.autism-society.org
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Autism Society of Maine

AUTISM
SPECTRUM
DISORDER



1-800-273-5200

What is Autism?

Autism is a developmental disability that typically appears during the first three years of life. It is the result of a neurological disorder that affects the functioning of the brain, and occurs in approximately one out of every 166 births. Autism is four times more prevalent in boys than girls and knows no racial, ethnic or social boundaries. Family income, lifestyle and educational levels do not affect the chance of autism's occurrence.

Autism is a brain disorder that affects a person's ability to communicate, to reason, and to interact with others. It is a spectrum disorder that affects individuals differently and to varying degrees of severity, and it is often found in combination with other disabilities. The three "autism spectrum disorders" are: Autistic Disorder, Asperger's Disorder, and Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS). The other Pervasive Developmental Disorders which are less common are: Childhood Disintegrative Disorder and Rett's Disorder.

Children and adults with autism typically have difficulties with verbal and nonverbal communication, social interactions and relationships, and leisure or play activities. The disorder interferes with the ability to communicate with others or become independent members of the community. Some individuals with autism may exhibit repeated body movements (hand flapping, rocking), unusual responses to people or attachments to objects, and resist any changes in routines. In some cases, aggressive and/or self-injurious behavior may be present.

It is conservatively estimated that nearly 1.5 million people in the United States today have some form of autism. It is the third most common developmental disability - even more common than 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 work effectively with individuals with autism.

What are the Symptoms of Autism?

Children with autism often appear relatively normal in their development until the age of 18-30 months, when parents may notice delays in language, play, or social interaction. Any of the following delays by themselves would not result in a diagnosis of autism. Autism is a combination of developmental challenges. The following are among those which may be affected by autism:

- **Communication:** language develops slowly or not at all; words may be used without attaching the usual meaning to them; gestures may be used instead of words; may have short attention spans
- **Social interaction:** individual may spend time alone rather than with others; may show little interest in making friends; may be less responsive to social cues such as eye contact or smiles
- **Sensory Impairment:** May be over-sensitive or under-responsive to pain, light, sound, smell or touch
- **Play:** may demonstrate lack of spontaneous or imaginative play; may not imitate others' actions; may not initiate pretend games
- **Behaviors:** may be overactive or very passive; may throw frequent tantrums for no apparent reason; may become over-focused or absorbed with a single item, idea, or person; many demonstrate apparent lack of common sense; may display aggressive behavior or injure self

There are great differences among people with autism. Some individuals may exhibit only slight delays in language and greater challenges with social interactions. Some may have average to above average verbal, memory, or spatial skills but find it difficult to be imaginative. Others may require intensive support to manage even the basic tasks and needs of living day to day. Contrary to popular belief, many children and adults with autism make eye contact, show affection, smile and laugh, and show a variety of other emotions but to varying degrees.

What Causes Autism?

Although there is no single specific cause of autism, current research links autism to biological and neurological differences in the brain, and Magnetic Resonance Imaging (MRI) and Positron Emission Tomography (PET) scans show abnormalities in the structure and function of the brain and frontal lobe. In some families, there appears to be a pattern of autism or related disabilities which suggests there may be a genetic basis to this disorder.

Several older theories about the cause of autism have now been proven false. Autism is not a mental illness, and individuals with autism do not choose to behave differently. Autism is not caused by bad parenting. Furthermore, no known psychological factors in the development of the individual have been shown to cause autism.

How is Autism Diagnosed?

There are no medical tests for diagnosing autism. Many professionals utilize a medical diagnostic reference, the Diagnostic and Statistical Manual now in its fourth edition (DSM-IV-TR) to diagnose the five Pervasive Developmental Disorders. Autism typically appears by age 3, though diagnosis and intervention can and should begin earlier. In order to be diagnosed accurately, an individual must be observed by professionals skilled in determining communication, behavioral, and developmental levels. Ideally, an individual should be evaluated by a multidisciplinary team which may include a neurologist, psychologist, developmental pediatrician, speech/language pathologist, occupational therapist, education consultant, or other professional knowledgeable about autism.

However, because many of the behaviors associated with autism are shared by other disorders, a doctor may complete various medical tests to rule out other possible causes. A brief observation in a single setting cannot present a true picture of an individual's abilities and behavior patterns. At first glance, the person with autism may appear to have mental retardation, a learning disability, or problems with hearing. However, it is important to distinguish autism from other conditions, since an accurate diagnosis can provide the basis for building an appropriate and effective educational, vocational, and treatment program.

Is there a Cure for Autism?

Our understanding of autism has grown tremendously since it was first described in 1943 by Leo Kanner. There is currently no known cure for autism; however, we are finding better ways to understand the disorder and help people cope with the various symptoms of the disability. Some of these symptoms may lessen as the individual ages; others may disappear altogether. With appropriate intervention, many of the behaviors associated with autism can be positively changed, even to the point that the child or adult may appear to the untrained person to no longer have autism. The majority of children and adults will, however, continue to exhibit some of the symptoms of autism to some degree throughout their lives.



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