

About Autism Support of Kent County (ASK):

ASK is a non-profit 501(c)(3) organization of parents, school staff, and others who actively seek to support and advocate for persons with Autism Spectrum Disorder (ASD) and their families. Some current programs, services and events are:

Assistance to Disadvantaged Students. ASK pays for Community-Based Instructional (CBI) classroom outings for students with ASD who qualify for free school lunches in Kent County.

Music Therapy. ASK pays for Music Therapy which is provided in ASD classrooms by Certified Music Therapists from the Franciscan Life Process Center.

Special Olympics. ASK supports two Special Olympics basketball teams by providing team uniforms and other necessary equipment.

Social and Recreational Outings. ASK hosts an annual Holiday Party, Easter Egg Hunt, Summer Picnic, Family Fun Days and other events during the year for individuals with ASD and their families.

Website, Newsletter, Speakers, etc. ASK maintains a website, publishes bi-monthly newsletters during the school year, sends event fliers to ASD classrooms, maintains a voice mail service and secures speakers for meetings and workshops.

Fundraising and Awareness Events. ASK holds an annual Golf Outing, Walk for Autism Awareness and other events to raise funds and awareness. All money raised is used for programs and services for persons with ASD in Kent County.

ASK has a volunteer Board of Directors with thirteen (13) officers and directors, which coordinates and staffs all ASK programs and events.

ASK depends on donations, gifts-in-kind, and fundraising events to run its programs for persons with ASD in Kent County. All donations are tax deductible. ***We need your support!***

Local Resources

The Arc Kent County

629 Michigan Ave. NE, Ste. D, Grand Rapids, MI 49503
(616) 459-3339 www.arckent.org

Center for Autism

Hope Network Behavioral Health
3361 36th Street SE, Kentwood, MI 49512
(616) 954-3540 www.hopenetwork.org/autism

Comprehensive Therapy Center

2505 Ardmore SE, Grand Rapids, MI 49506
(616) 559-1054 www.therapycenter.org

D.A. Blodgett for Children

805 Leonard St. N.E., Grand Rapids, MI 49503
(616) 451-2021 www.dablodgett.org

Easter Seals of Michigan, Inc.

4065 Saladin Dr. SE, Grand Rapids, MI 49546
(616) 942-2081 www.essmichigan.org

The Gray Center

c/o City on a Hill Ministries
100 Pine Street, Suite 121, Zeeland, MI 49464
(616) 748-6030 www.thegraycenter.org

Ken-O-Sha Diagnostic Center

(616) 819-2685

Mary Free Bed Rehabilitation Hospital

235 Wealthy SE, Grand Rapids, MI 49503
(800) 528-8989 www.maryfreebed.com

MOKA Foundation - Kent County Regional Office

4145 Kalamazoo SE, Grand Rapids, MI 49508
(800) 688-2434 and (616) 719-4263 www.moka.org

Network 180 – Access Center

790 Fuller Avenue NE, Grand Rapids, MI 49503
(616) 336-3909 and (800) 749-7720
www.network180.org

Spectrum Community Services

3353 Lousma Dr. SE, Wyoming, MI 49548
(616) 241-6258 www.spectrumhuman.org

Spectrum Health - DeVos Children's Hospital - Behavioral Pediatrics

330 Barclay Avenue NE Suite 200, Grand Rapids, MI 49503
(616) 391-8890 www.devoschildrens.org

Thresholds

1225 Lake Drive SE, Grand Rapids, MI 49506
(616) 235-6604 www.threshnet.org

AUTISM SUPPORT OF KENT COUNTY (ASK)

***Serving the needs of persons
with Autism Spectrum Disorder***



**P. O. Box 150348
Grand Rapids, MI 49515**

(616) 752-8577

**www.autismsupportofkentcounty.org
askkentty@aol.com**

What is Autism Spectrum Disorder (ASD)?

ASD is a complex developmental disability that typically appears during the first three years of life. The result of a neurological disorder that affects the functioning of the brain, ASD impacts the normal development of the brain in the areas of social interaction and communication skills. Children and adults with ASD typically have difficulties in verbal and non-verbal communication, social interactions, and leisure or play activities.

The three most common “autism spectrum disorders” are Autistic Disorder, Asperger’s Syndrome and PDD-NOS (Pervasive Developmental Disorder, Not Otherwise Specified). Each of these disorders has specific diagnostic criteria as outlined by the American Psychiatric Association (APA) in its Diagnostic & Statistical Manual of Mental Disorders (DSM-IV-TR).

An individual's inability to regulate his or her processing of the environment through the sensory system, including smelling, touching, seeing, and hearing, and sensitivity to external movements, are early characteristics a parent or caregiver may notice.

A child may act as if he or she cannot hear or see, or sounds may seem to cause pain to the child’s ears. A child may act as if he or she does not want to be touched or held. Touch may appear to cause the child physical pain. A child may not respond to his or her name, or may be in constant motion.

Today, 1 in 110 individuals is diagnosed with ASD, making it more common than pediatric cancer, diabetes, and AIDS combined. ASD occurs in all racial, ethnic, and social groups and is four times more likely to strike boys than girls.

What are the signs of ASD?

- Insistence on sameness; resistance to change
- Difficulty in expressing needs; uses gestures or pointing instead of words
- Repeating words or phrases in place of normal, responsive language
- Laughing, crying, showing distress for reasons not apparent to others
- Prefers to be alone; aloof manner
- Tantrums
- Difficulty in mixing with others
- May not want to cuddle or be cuddled
- Little or no eye contact
- Unresponsive to normal teaching methods
- Sustained odd play
- Spins objects
- Inappropriate attachments to objects
- Apparent over-sensitivity or under-sensitivity to pain, light, sounds
- No real fears of danger
- Noticeable physical over-activity or extreme under-activity
- Uneven gross/fine motor skills (may not kick a ball but can stack blocks)
- Not responsive to verbal cues; acts as if deaf although hearing tests in normal range.
- Repetitive movements (hand-flapping, rocking)
- Echolalia (repeats words instead of responding)

Individuals with ASD may exhibit many but not all of the above symptoms. Although there are many signs, by one year of age, any child who:

- does not point or gesture
- does not engage with others
- has little or no eye contact
- does not babble
- has no single words
- has any loss of language at any time

should be referred to a developmental specialist.

How is ASD diagnosed?

There are no medical tests for diagnosing ASD. An accurate diagnosis must be based on observation of the individual's communication, behavior, and developmental levels. As many of the behaviors of ASD are shared by other disorders, various medical tests may be ordered to rule out or identify other possible causes of the symptoms being exhibited. It is important to distinguish ASD from other conditions, since an accurate diagnosis and early identification can provide the basis for an effective and appropriate educational and treatment program.

What causes ASD?

There is no known single cause for ASD, but it is generally accepted by the medical community that it is caused by abnormalities in brain structure or function. Researchers are investigating a number of theories, including the link between heredity, genetics and medical problems. Still other researchers are investigating problems during pregnancy or delivery, as well as environmental factors such as viral infections, metabolic imbalances, and/or exposure to environmental chemicals. The question regarding a relationship between vaccines and ASD continues to be debated. Whatever the cause, it is clear that children with ASD are born with the disorder or born with the potential to develop it.

How is ASD treated?

While there is no cure for ASD, there are treatment and educational approaches that may reduce some of the challenges associated with the disability. Intervention may help to lessen disruptive behaviors and education can teach self-help skills that allow for greater independence. But just as there is no one symptom or behavior that identifies children with ASD, there is no single treatment. There are many learning approaches, such as ABA, PECS, TEACCH, Floortime, and Sensory Integrative Therapy, as well as dietary and biomedical interventions. Children can learn to function within the confines of their disability, but treatment must be tailored to the child’s individual needs.