

Autism in Deaf Children

By Ann Moxley, Ph.D.

.Autism is a spectrum disorder, meaning the characteristics can be expressed in different combinations with variable severity. Some children may have only mild impairments while in others the symptoms are more severe. The hallmarks of autism are severe and pervasive impairments in development, specifically relating to others, significant communication problems, and stereotypic or unusual behaviors or restrictions in activities and interests. The most common diagnostic categories are Autistic Spectrum Disorder and Asperger's Disorder. The majority of children with autism show cognitive abnormalities with uneven development of their intellectual abilities. Epilepsy, or seizure disorders, can also co-occur.

The exact causes of Autism spectrum disorders are really unknown. Most likely both genetic and environmental factors are at play. Multiple interacting genes are a more likely cause than a single gene and the environment can affect the expression of those genes. However, there is no credible evidence that inoculations and childhood immunizations are to blame.

While these problems manifest themselves at an early age with onset before age 3 years, they may go unrecognized in the first two years of life, or later in the case of Asperger's. Some children with autism begin to develop language skills only to lose them as the disorder becomes more evident. The range of behavioral symptoms may include hyperactivity, short attention span, impulsivity, self-injurious behavior, temper tantrums, or even aggressiveness. The child with autism's response to sensory stimulation can be atypical from extreme sensitivities to smells, touch, or light to a preoccupation with such stimuli. A need for sameness or ritualistic behavior is common. These children have a limited range of interests, often repeating the same behavior over and over or being absorbed for hours with one activity. Children with autism have difficulty making eye contact, or sustaining any kind of interaction with others, and often retreat into their own world, which makes communication and interaction especially challenging if the child is deaf as well.

The diagnosis is more complicated in Deaf children because language delays are also common and can be mistaken for the communication problems seen in children with autism. And, individuals with language problems can develop unusual behaviors to express their needs, such as becoming more physical in their interpersonal interactions or even withdrawing from social situations. Because language is based on social interactions, a lack of normal language development has a significant impact on a child's social skills. To differentiate Autism spectrum disorders from a primary language problem in this population, one should look for signs that an individual desires interactions with others even though they may be awkward or sometimes inappropriate, which would point more to a primary language problem.

Early signs and symptoms of autism are often the absence of typical behaviors. Here are some things to look for:

- Lack of eye contact
- Not smiling in response to a smile from an adult
- Inability to read and understand other people's facial expressions
- Not seeking your attention
- Lack of awareness of other people
- Aversion or lack of response to touch, cuddling, being held

- Not using gestures such as pointing
- Not asking for help or making basic requests
- Lack of imitation of others movements, facial expressions, gestures, or signs
- Not sharing interests or successes with others
- Lack of “pretend” play
- Repeating words or actions over and over
- Unusual attachments to objects or toys
- Obsessively lining up objects or wanting things arranged in a specific order
- Need for a rigid routine and difficulty adapting to change
- Not following objects visually
- Abnormal postures or unusual ways of moving (always walking on tiptoe)
- Atypical reaction to sights, smells, textures, touch, or taste
- Self-stimulatory behaviors which can include:
 - Hand-flapping
 - Rocking
 - Spinning
 - Head banging
 - Staring at lights
 - Tapping ears

There is no cure for autism but early and intensive intervention can reduce the effects of the symptoms and maximize the child’s development. If you suspect your child has autism, have him or her evaluated by someone familiar with both autism spectrum disorders and Deaf individuals/Deaf culture.

Dr. Moxley earned her PhD in Clinical Psychology from the University of Florida and received Postdoctoral training in Neuropsychology from the VA Hospital in San Francisco. Her specialty areas of assessment include deaf and hard of hearing individuals, developmental disabilities, autism spectrum disorders, learning disabilities, brain injuries, and other psychological problems, primarily in children and adolescents