Autism in the Visually Impaired Child

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Explanations for "Autistic-like" Behaviors in Blind Children

Their behaviors (e.g., stereotypies, rituals; restrictions in play) seen as:

- indicative of emotional disturbance
- associated with sensory deprivation (e.g., turn inward for stimulation)
- related to mother-child attachment (e.g., in incubators longer; lack of eye contact so hard to read cues; maternal depression further limiting her involvement with child)

Non-Autistic and Autistic Rubella -
Distinctions noted by Chess et al.

Non-autistic rubella children with sensory defects:

1. Are very alert to their surroundings through their other senses
2. Exhibit appropriate responsiveness - "Some are shy, some slow to warm up, some perhaps wary; but one is impressed by their readiness to respond to appropriately selected and carefully timed overtures."

Rubella children with autism and sensory defects

1. Do not explore with alternative senses
2. Maintain distance from people that is not explained by the sensory deficits nor by degree of retardation
3. Their affective behaviors do not resemble those of the same mental age.

Caveats in Diagnosing

1. Autism is a developmental disability, not parent induced, not induced by blindness
2. It is a syndrome; no one symptom yields a diagnosis.
3. Autism is a spectrum disorder, with a wide range of functional levels, and behavioral presentations.
4. While symptoms show improvement over time, the individual remains autistic. Autism is a lifelong disorder and for most individuals some level of support may be required.
Note: the following sections were depicted as "icebergs." They detail the key diagnostic features of autism using an iceberg approach - the behaviors one might observe on the surface, and the processing difficulties that might account for them.

**Problems with Socialization**

**YOU SEE:**

- Fails to or has difficulty engaging in reciprocal interactions
- Treats others as though they were objects
- Seems uninterested in peers

**What you do not see:**

- Problems shifting attention
- Unable to process social information effectively
- Difficulty processing complex stimuli due to difficulties telling figure from ground, and problems making very rapid shifts of attention
- Cannot process multiple sensory stimuli simultaneously

**Implications for Parents and Educators**

1. Recognize that the social world is more complex and less predictable for an individual with autism, and therefore more stress producing.
2. Do not assume that simple exposure to peers will result in the acquisition of social skills.
3. A child cannot be pushed to acquire social skills. Begin with something short, structured, teacher directed, and success oriented.

**Problems in Language**

**YOU SEE:**

- Seems very verbal but can't follow instructions
- Poor receptive language
- Echolalia (Echolalia is a positive sign in that it shows that the child is at least discriminating among phonemes, sequencing sounds, using working memory)
- Pronoun reversal
- Non-verbal

**What you do not see:**

- May use words expressively which they don't really understand (receptive language lower than expressive)
- Difficulties discriminating language sounds - poor central auditory processing
- Difficulties with sequencing phonemes and words
- Can't break the linguistic code

**Implications**
1. Check out whether child understands what he/she is saying (e.g., "what does that mean?")
2. Use controlled language (e.g., short, concrete phrases with time between statements to allow for processing)
3. If student has vision, try to provide some information visually; if not, provide information tactually.

Problems in Communication

YOU SEE:

- Perseverates on one topic
- Shows no interest in other people's topics
- Too close or too far when talking
- Says something unrelated to the conversation
- May become angry when he hears certain words

What you do not see:

- Can't apply rules in context
- Problems with impulse control
- Inability to take the perspective of another, as well as problems shifting attention

Implications

1. Direct instruction in the actual setting is key.
2. Identify clear, concrete rules that the child needs to follow in specific situations.
3. Social stories can be helpful in providing a child with a script to follow.

Perseverative or Narrowly Focused Interests

YOU SEE:

- Need for sameness, predictability
- Motor stereotypies
- Focuses on parts of objects in play (e.g., wheels, spins everything, flips handle of basket repeatedly)
- Age appropriate pretend play not observed
- Restricted and perseverative interest (e.g., elevators, Xerox machines, CD titles)

What you do not see:

- Difficulty getting meaning from environment due to all cognitive processing deficits
- Repetitive events are easier to understand and make sense of than multifaceted input
- Repetitive behavior may be experienced as soothing

Implications
1. Recognize that the routines and self-stimulatory behavior are the things that the child understands best and may serve as a "life-preserver" for the child. It is the child's retreat to his comfort zone.

2. The child's reliance on such behaviors will tend to increase in times of stress and anxiety (e.g., transition, lack of clear expectation, challenges). Ask yourself "why is the child engaging in this now?"

3. Identify a time when the child can engage in his self-stimulatory behavior; tighten up the structure, schedule, routine to decrease anxiety and increase non-verbal information.

**Hypo- and Hyper-Sensory Systems**

**YOU SEE:**

- Over-reacts to certain noises (e.g., fire-alarms, vacuum cleaner, fan motor)
- Finds certain tactile experiences aversive (e.g., certain foods, texture of clothing, soft furry objects, being touched)
- Often finds warm temperatures aversive
- May not react to bumping head, falling down, etc.
- Stops listening to instructions when asked to open book

**What you do not see:**

- Has poor regulation of auditory system (e.g., at times may find raindrops sounding like gunshots, other times not a problem; visceral panic regulation to sudden loud sounds like fire alarm - heart and respiration rate do not return to normal for several hours)
- Can only process one sensory input at a time
- Brains process temperature, texture, multi-sensory things differently

**Implications**

1. Be alert to how the sensory environment may be impacting on your student.
2. Try to keep the environment as low key as possible (e.g., visually clear, sound absorbing materials, no extraneous noise or conversation; balance lighting needs for children's visual impairment with those of arousal).
3. Be aware of possible multi-sensory input issues and adjust instruction accordingly.

Dr. Terese Pawletko has worked with children since 1976, first as a teacher of the visually impaired, then as school and pediatric psychologist. In 1997 she joined the staff of the Maryland School for the Blind where she worked with multiply handicapped children with a variety of disabilities including visual impairment, autism spectrum disorders, cerebral palsy, mental retardation, and learning disabilities, as well as training staff to work with these students. While at MSB, Dr. Pawletko and Dr. Rocissano developed the first program in the country for children with visual impairment and autism. She is considered a national expert in this area and presents at regional, national, and international conferences, conducts evaluations of children suspected of dual diagnosis, and provides consultation to and training of parents and service providers.

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