The puzzle that is autism is both difficult and intriguing. More frightening, what we call "autism" has no cure, and the number of children affected is rising rapidly (see www.cdc.gov/ncbddd/dd/addmprevalence.htm). Those of us reading this issue of Odyssey are probably familiar with deafness. But what is involved with autism?

At the most basic level, autism is a neurological disorder that most likely involves a distinct abnormality in brain structure (see www.nichd.nih.gov/news/releases/autism_affects_brain.cfm), that affects a child’s abilities in two areas: communication and social development. It also is marked by repetitive or stereotypical behavior. Most commonly, the form autism takes in people’s minds is that of a child who is unresponsive, has echolalic speech or signs (immediately and involuntarily repeats the speech or signs of others immediately after they’re uttered), shows no emotions, and constantly engages in self-stimulating behaviors. Then we see a book cover showing actress Jenny McCarthy (2007) holding her autistic son—he is smiling and making eye contact with the camera. At first glance one might say, “This is not an autistic child.” But the various manifestations of autism range from children who are mildly affected, who are quite gifted academically, or who do show emotions, to children who are deeply disabled and functionally retarded.

Because of the variability in the causes of deafness as well as autism—genetics, maternal exposure to viruses, toxins, birth and developmental issues—the simultaneous effect of both autism and deafness creates a more intricate puzzle. For example, the most basic need of deaf children in regard to communication—eye contact—is severely compromised in a deaf child.
Diane D. Morton, PhD, has served for more than 30 years as a clinical psychologist, school psychologist, and counselor working with deaf children and their families. The majority of her career has been spent working in schools for the deaf, often with children diagnosed with autism spectrum disorders. She also serves on the board of the National Deaf Academy, which also serves autistic children and adolescents.

With autism, the lack of eye contact that is common in autism creates a great barrier for the deaf child in acquiring language, developing social skills, and learning and internalizing appropriate behavioral controls. When one considers the potential number of genetic changes that cause autism and the potential number of genetic markers that lead to deafness, along with the stressors (toxins and viral assaults) that can trigger one or both, a puzzle of huge magnitude emerges.

As the number of deaf children with autism grows, the impact on deaf education and the deaf community is of great concern. There is a tremendous need for additional training for teachers focusing on deaf autistic individuals at all levels. At the preschool and elementary levels, where autism is first identified and behavioral programs are initiated, teachers need to be provided with state-of-the-art teaching techniques and enhanced skills for developing programs to maximize the attention, appropriate behaviors, and learning potential of deaf autistic children in the classroom.

Secondary school teachers and those at community colleges need to be ready and equipped to handle high-functioning autistic deaf students and their often inflexible and socially odd behavior. Vocational rehabilitation counselors, placement specialists, and job coaches should be prepared for a new kind of comprehensive evaluation for deaf autistic clients that focuses on the capacity to function in the work environment and the variability in individual behaviors, including rigid and stereotypical behaviors that can lead to difficulties on the job. For teachers, administrators, and parents, increased knowledge and training can translate into increased success for deaf autistic individuals.

This issue of Odyssey focuses on deaf children with autism, or autistic children who are also deaf. In many cases it is difficult to ascertain which is the primary diagnosis, although autism is generally the most pervasive and disabling of the two. Within these pages you will find articles on personal experiences, educational programs, and support groups for parents with autistic children who are deaf.

To date, little has become known or has been written about autistic children who are also deaf. The identification, assessment, treatment, education, behavior, communication, and social development of deaf autistic children is a fertile field for research and development. Hopefully, this issue of Odyssey will steer us in the right direction.

Reference