

Editorial

A Short Contribution to the Observation of Visually Impaired Children with Autistic Traits

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The educational intervention for visually impaired children with additional disabilities can build an important experiential knowledge, as these children encourage us to constantly re-invent our working practices. Indeed, children with profound visual impairment often develop behaviors reminiscent of autism spectrum disorders [1]: deficit in communication, difficulties in interpersonal relationships, behavior with a restricted character. For example, blindness (categories IV and V of the WHO: less than 1/50th of visual acuity) induces an alteration in the beginning with parent-child relationships: "From the first days of the baby's life, the look is an essential interactive modality" [2]. However: "One of the characteristics in infants and young blind people is complete development of stereotyped motor behavior [...]. Most of them are similar to those observed in autism, which sometimes leads doctors to falsely pose a diagnosis of autism from this one." [3].

The question of whether children who are blind develop close behaviors of autism spectrum disorders by their visual impairment or if they suffer from the "classic" autistic syndrome is particularly vivid. So if a blind child has limited social interactions, this may be due to autism spectrum disorder, or an impediment in his travels (intrinsic to blindness) that places a child of his age group out of the way. In other words, this is because children are limited in the perception of their environment, they develop withdrawal behaviors. For example, walking with assistance in blind children is acquired four months and a half later than in preterm lights [3]. Other behaviors impacted by severe visual impairment can cause a sidelining of children, as the preference for symbolic games that is observed almost two years later in blind children than in sighted children [3].

We recently emphasized [4] the difficulties of scale Vineland (VABS: Vineland Adaptive Behaviour Scales) the observation of autism in children strongly visually impaired. Our analysis was over 70% of the items of this scale involve abilities that are affected by blindness, the children show signs of autism spectrum disorders or not. Other scales, such as CARS (Childhood Autism Rating Scale) probably contain the same pitfalls. These scales are nevertheless useful for professionals working in the visual-impairment, the fact remains other obstacles to the assessment of ASD in children visually impaired. Creating own autism rating scales to visual impairment seems the only solution. In France, the team from the center of Loos-ès-Lille has created a specific scale to blindness, adapted from the

PEP-R (Psycho- Educational Profile - Revised).

The differentiation between autism and blindness is important for professionals working with visually impaired children, with associated disorders because it can lead to positioning variations in educational support. While there is now a general recognition of the need to implement multidisciplinary approach in the care of children with disabilities, therapeutic orientations of autism and visual impairment differ regardless. For example, responses can be made to respond to displacement issues among blind children, for example, but these are not relevant to improve social interactions in children with ASD. Conversely, the leads related eye tracking surely bring interesting reflections in the context of autism, but not in that of severe visual impairment.

However, some convergence points exist in the educational goals between visual pathology and ASD. These convergences care methods are not surprising considering the proximity between the two areas mentioned above. The management of sensory stimuli, for example [5], is an issue for both professionals in autism and professionals in visual impairment. Similarly, issues related to space and temporality are also important for visually impaired children (those who need stable and organized benchmarks) for children with autistic syndrome. In France, the HAS (like National Institute for Health and Care Excellence), calls to intervene in the following areas in the young child with ASD [6,7], "imitation, language, communication, play, social interaction, motor organization and action planning, adaptive capacities behaviors in daily life; and to take into account emotional and sensory areas". These recommendations are very similar to early intervention for visually impaired children.

Observation of severe visually impaired children with or without autism spectrum disorders is necessary to specifically direct the help needed for these children. A clinical blindness in connection with studies on autistic children, may have a decisive impact on progress of blind children, but could also bring practical and theoretical contributions to autism professionals. While today inter disciplinarity is recognized as essential in the field of care, the exchange of knowledge between the fields of autism and severe visual impairment enrich both disciplines.

Finally, as similar behaviors necessarily have things to learn from each other.

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