Book Review/ Évaluation des livres

Visual Language in Autism Howard C. Shane and Sharon Weiss-Kapp

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- **System Requirements:** Although there are no specific system requirements, this book comes with a CD that contains assessment checklists in pdf format.
- Intended Audience: Speech-language pathologists, professionals and paraprofessionals working with children with Autism Spectrum Disorders.
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Shane and Weiss-Kapp's book "Visual Language in Autism" is a culmination of the authors' clinical experience and success in using visual instructional supports with children with Autism Spectrum Disorders (ASD) at the Boston Children's Hospital. It begins by acknowledging the historical uses and benefits of using visual instructional supports for children with ASD. The authors suggest that the current uses of visual instructional supports only represent a fraction of the potential benefits that could be achieved if these supports were utilized maximally. This argument provides the impetus for their Visual Immersion Program (VIP).

The authors have divided the book into seven chapters. The first two chapters provide background information on visual supports and fundamentals of the acquisition of communication and language skills. Chapter 3 introduces the VIP. Chapters 4 and 5 are dedicated to the assessment of a child's visual instructional supports needs. Chapter 6 focuses on using the VIP for intervention. The final chapter addresses special considerations in using the system.

Chapter 1 introduces the challenges experienced by children with ASD. The authors provide an overview of the uses of visual supports for children with ASD. They differentiate applications of visual systems (e.g., communicative devices, scheduling, and language learning). The authors discuss the drawbacks of picture communication systems (e.g., PECS) and other visual supports and argue for the advantages of the VIP over other approaches.

Chapter 2 provides an overview of symbols (e.g., gestural, visual, and spoken) and the varying levels of symbolic representation (e.g., objects, photographs, pictures, line drawings, and text). This chapter ends with a brief synopsis of the key aspects of language (e.g., form, content, and use) and experiential knowledge (e.g., learning background, event-based, and procedurally based knowledge).

Chapter 3 introduces the core content of the VIP. Here the authors describe the uses (visual cues and communication displays) and modes (visual expressive mode, visual instruction mode, and visual organization mode) of the VIP. The types of visual cues are presented and defined. For example, the authors define the range of "element cues" (agent, object, action, space, attribute, and time) and "scene cues" (static and dynamic) that are used in the VIP. "Communication displays" are described in terms of the variety of presentations (e.g., grids vs. whole scenes vs. mixed displays), paired with examples of the most effective uses for each display.

Chapter 4 begins by addressing some of the challenges encountered in assessing children with ASD. Key principles to be considered when evaluating children with ASD are presented (e.g., both standardized and adapted assessment measures should be utilized and evaluation of skills should be ongoing). The second half of this chapter guides the reader through the methods and procedures for collecting information that will allow correct placement of a child in the VIP. Checklists and questionnaires are provided to assist in the evaluation of a full range of relevant functional skills to ensure that the VIP is of maximum benefit for a child. The reader is also referred to the appendices in the book that include checklists that may guide clinicians in their evaluation of functional skills in children with ASD.

Chapter 5 leads the reader through an evaluation of a child's functional adaptive skills. Specific instructions for using and scoring the Experiential Knowledge Profile are provided.

Chapter 6 provides interventionists with basic instructional objectives such as establishing communicative functions (e.g., requesting objects and information, protesting, greetings, and commenting) following directions, moving through transitions effectively, and engaging in social conversation. Intervention principles (e.g., creating a symbol-rich environment, integrating all aspects of the VIP, ensuring success, and then fading the assists) are reviewed.

Chapter 7 describes special uses for the VIP. The authors propose that the VIP can be an effective tool in managing difficult behaviour in children with ASD. They suggest that the VIP can decrease episodes of difficult behaviour by improving the act of requesting (e.g., items of interest, breaks from academic work), supporting transitions, assisting in coping with surprises, and expressing pain or discomfort. Suggestions are made about how the VIP can be adapted for use in inclusive classrooms and by parents at home. The program can be modified to include children with ASD who are functioning below level 1 (i.e., children who have not mastered contingency and are unable to use symbolic communication) and to accommodate children with print skills.

This book is a straightforward guide of why and how to use visual instructional supports for children with ASD. It is well organized and provides extensive examples of individualized materials that have been created using the VIP. Moreover, this resource includes assessment planning and provides checklists and questionnaires that may guide junior professionals and educators in intervention programming for children with ASD. More experienced speech-language pathologists may find chapters 1,2,4, and 5 too simplistic, but they are encouraged to review chapters 3 and 6 to see novel and unique ways to incorporate visual instructional supports beyond the use of the Picture Exchange Communication System (Frost & Bondy, 2002) in speech, language, communication, and social intervention programming.

The authors disclaim that the VIP is "not an independent instructional approach or a core curriculum," although some assertions imply that it replaces other interventions. For example, the authors' claim that "the effective use of visuals may preclude the need to use medication" (p. 111). Although professionals are certainly encouraged to use strategies that address communication challenges and provide environmental and behavioural supports before pharmacological interventions are considered, children with ASD may still require pharmacological treatment. Moreover, some statements made by authors may be over-generalizations based on the authors' personal clinical experience. For example, the authors claim that apraxia is "an overdiagnosed disorder" (p. 47). This statement is not supported by the current epidemiological literature on the comorbidity of ASD and apraxia (Jansiewicz et al., 2006; Noterdaeme, Mildenberger, Minow, & Amorosa, 2002; Teitelbaum, Teitelbaum, Nye, Fryman, & Maurer, 1998).

Despite these criticisms, this book may be a helpful resource to expand and augment the visual instructional supports currently employed by speech-language pathologists and other educators of children with ASD.

References

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