Book review:

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The publisher’s price is $50.00. Handling and postage are extra. Go to http://www.tsbvi.edu/curriculum-apublications

I obtained the book through JAG Enterprises, who charged £52 including postage. Go to http://www.jaglowvision.co.uk/

In this review I describe the book in some detail to illustrate why I cannot recommend it. I also take the opportunity to discuss some of the important issues I feel the book raises. Although, overall, I feel its flaws outweigh its positive features, Hagood does make some important points.

First, it is worth noting that the title is somewhat misleading. Hagood’s use of “people” rather than “children” implies that the book is about adults as well as children and young people. It is not. Hagood refers only to children and students and frequently mentions teachers. She makes no explicit reference to adults with visual impairment and autism at all. This is a shame, as most children who have visual impairment and autism become adults with visual impairment and autism. I use the word “most” deliberately, as there is now evidence that some visually impaired children who meet the diagnostic criteria for autism at a relatively young age no longer do so several years later (Hobson & Lee, 2010). But it is
likely that such children (who become adults, of course) continue to have social communication difficulties. Many of the strategies appropriate for children who have visual impairment and autism are probably also appropriate for adults with the combination of these disabilities. It would have been preferable if Hagood had (a) written the book in a way that supported its use by family members and practitioners concerned with adults; or (b) used “children” in the title rather than “people” and discussed whether her ideas apply also to adults. For the sake of simplicity in this review, I accept that Hagood wrote about children. My belief is that many, if not all her ideas, are also applicable to adults. The book’s title is misleading in another way. This is because it implies it is essentially about building relationships with children who have visual impairment and autism. Although this topic is addressed, the real focus is on promoting social skills in a broader sense.

For much of the book, Hagood refers mostly to “children with autism and visual impairment”, though she sometimes uses “children with visual impairment and autism”. Using terms inconsistently in this way is unfortunate. My preference is for “children with visual impairment and autism”. This implies that the focus is on children who have visual impairment who also have autism, that is on children who are diagnosed first with visual impairment and subsequently with autism. To me, the use of “children with autism and visual impairment” implies the focus is on children who are first diagnosed with autism and later with visual impairment. It is likely that some children in this group will benefit from the same approaches as children whose visual impairment is diagnosed before their autism. But this may not be the case for all children whose autism is diagnosed before their visual impairment. Sadly, some of them become visually impaired as a result of self-inflicted injuries. It is possible that these children require strategies which are significantly different from those which are appropriate for most children with visual impairment and autism.

Another point worth making is that Hagood sometimes mentions parents. There is now a growing realisation that focusing on parents overlooks the fact that in many families considerable support is provided by members other than the parents. And, in some cases, the parents are absent altogether and all tasks are undertaken by siblings, grandparents or others. I therefore prefer to use “family members” rather than “parents”.

I find it useful to know a little about who has written a book such as this, and many books now provide a brief biography of the author. There is no information in this book about its author, except that it states on the
cover and on the title page that it is “by Linda Hagood, M.A., CCC-SLP”. I used the internet to establish that the latter initials stand for the Certificate of Clinical Competence in Speech-Language Pathology of the American Speech-Language-Hearing Association. In other words, Hagood has a Master of Art degree and is a speech-language pathologist (the American equivalent of a speech and language therapist).

The book is in a large-format and is about 2.5cm thick. It is ring bound. The binding is stout and looks as if it will last. The card cover, however, is quite flimsy and may not last well, and the book may prove awkward to store upright on a bookshelf.

The layout in much of chapter 1 is curious: many pages have a very wide left margin, wasting paper. However, this layout is not used in the rest of the book.

An important flaw in the book is the very poor referencing. Hagood quite often fails to provide any references for the claims she makes. There are two examples on p.19. First, she states “When the visual problem is caused by a more global neurological condition, it is more likely that the child will have problems in developing social skills.” And then she writes “Some theorists suggest that autism, in both sighted and visually impaired individuals, is primarily a learning style difference.” Hagood provides no references for either of these points.

It is therefore impossible to know the origins of some of the points she makes. There are, of course, several possibilities. Any one idea might be based on

- her own philosophical stance which might, in turn, depend on her views on life in general
- her own clinical experience
- the clinical experience of colleagues
- the clinical experience of people widely regarded as “experts”
- research evidence.

In addition, I suspect that Hagood sometimes gives an incorrect reference. This certainly seems to be so on p.2 when she refers to Perez-Pereira and Conti-Ramsden, who argue that regarding blind children as autistic is inappropriate. In the text, Hagood references this
as Perez-Pereira and Conti-Ramsden (2005). In the list of references, the only item for these authors is:


But this book was published in 1999, not 2005, and in Hove, not London. I believe Hagood has confused two publications by these authors and should have given the following reference:


Currently, practitioners are constantly being urged to employ evidence-based practice. Unfortunately, Hagood’s lack of referencing and errors such as this mean that it is difficult for practitioners to use the book when building an evidence base.

Hagood’s frequent failures to provide references in her text are compounded by poor editing. In several places she provides a reference in the text, but the item does not appear in the list of references in Appendix C. This even applies to her own previous work, which seems very strange. For example, on p.51 she states that the levels into which she divides the development of social skills in the book “roughly correspond to those in the Infused Skills Assessment (Hagood & Hauser, 1996).” This reference is not listed in Appendix C. Such omissions are very frustrating, as it makes it much harder to follow up potentially useful sources.

Another difficulty is that Hagood’s writing is sometimes ambiguous. For example, again on p.19, Hagood states: “The blind child who has additional disabilities in the areas of cognition and language development is more likely to demonstrate autistic-like behaviors.” (And, again, this is not referenced.) What precisely does this mean? That the blind child who has additional disabilities in the areas of cognition and language development is more likely to demonstrate autistic-like behaviours than

- a sighted, typically developing child?
- a blind child without additional disabilities?
- a partially sighted child who has additional disabilities in the areas of cognition and language development?
Having referred to some of the book’s flaws, I now summarise the contents of each of the book’s eight chapters.

Chapter 1 is an introduction to the field of visual impairment and autism. Hagood first gives a brief historical overview of the topic, referring at the outset to Keeler’s work on children diagnosed with what was then termed retrolental fibroplasia. Unfortunately, this gives rise to more inconsistency in Hagood’s use of terminology: although she notes that retrolental fibroplasia is now known as retinopathy of prematurity, later on she calls it retrolental fibroplasia, and later still she switches back to retinopathy of prematurity. Yet again, there are errors with the reference: Hagood gives the date of Keeler’s work as 1957. However, it was published in 1958.

Hagood’s book is essentially designed to provide practical guidance. It is therefore not the place for a detailed discussion of prevalence, or the question of whether it is appropriate to diagnose autism in children with visual impairment. However, I believe it would have been useful for Hagood to have provided more detail here. In fact, she returns very briefly to the issues of diagnosis and prevalence later. Dividing the discussion is not helpful.

What is helpful is that Hagood gives the diagnostic criteria for “autistic disorder” and “Asperger’s Disorder”. However, her choice of terms again seems strange. It would have been better had she referred to “autistic spectrum disorder”, which is the commonly used term. Indeed, many people now prefer “autistic spectrum condition”. “Asperger’s Disorder” seems to be a strange choice; Hagood uses the much more common “Asperger’s syndrome” later.

On pp.9-10 Hagood provides a list of “other characteristics of autism” which are additional to those specified for diagnosis in the DSM-IV (American Psychiatric Association, 2000). But here she omits some features now widely regarded as central: she fails to mention

• sensory issues as such, although she gives a slight hint of this when she refers to “noticeable physical over-activity or extreme under-activity”
• mental health issues; anxiety, especially, and depression are significant features for many on the spectrum
• differences in learning style
• differences in memory
• difficulties understanding time
• difficulties with organising oneself.
Some of these features are mentioned later, on pp.11-12; it would have made much more sense to include them in the list on pp.9-10.

A serious flaw is that Hagood fails to stress the very marked variability amongst those on the autism spectrum (though she does make a not very obvious reference to this later in the book), and the fact that autism is not a single entity. Hagood provides quite good, though brief, sections on Theory of Mind, Executive Function and Central Coherence Theory. She also provides reasonable sections on psychosocial factors and learning style factors.

Hagood then discusses some pros and cons of diagnosing a child who has visual impairment with autism. This starts quite promisingly: “… if the evaluation is thorough, it will investigate possible pathways the child may have taken to autism and will help you understand how the child learns best, which channels are closed to instruction, and which strategies you should use to address the child’s social deficits” (p.30; italics original).

But following this promising start, Hagood fails to make explicit the practical implications and fails to give guidance as to how to determine whether the child has any of the difficulties she discusses, namely with “auditory processing and language”, “sensory processing and modulation”, “motor planning and execution” and “visuo-spatial processing.”

Hagood provides an overview of the approaches used in teaching autistic children, dividing them into 3 broad categories:

- Behavioural: e.g. ABA, but also PECS
- Cognitive: e.g. TEACCH, Social Stories
- Relationship-based: e.g. DIR Floor Time, SCERTS, Integrated Playgroups, Relationship Development Intervention (RDI).

She provides a table comparing key features of these categories of approaches. I am not sure how useful this section is in this context.

Hagood discusses “teaching” resources, referring to only four publications. This reflects the paucity of work in this area, although there are other potentially useful items which were available at the time Hagood was writing the book. These include Bahar et al. (2003), Howley & Preece (2003), and Pawletko (no date).

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1 I discuss Hagood’s use of the word “teaching” on p.9.
With regard to resources, Hagood refers to Gense and Gense (2005), describing it as the “most complete current curriculum guide”, but notes “it does not provide specific scope and sequence for teaching social skills to the student with dual [sic] diagnosis.” She adds that the “relationship-based approaches are not discussed in detail.”

She refers also to Pring (2005) and mentions that the chapters by Jordan and Lewis and Collis focus on “providing guidelines for teachers.” This appears to be an error. Although Lewis and Collis do have a chapter in Pring’s book, it concerns research methods and does not provide guidance. In addition, Lewis and Collis edited a book (Lewis and Collis, 1997). This contains two chapters which are relevant in the context of Hagood’s book, but Hagood fails to provide a reference to either of them. Given their topics, it seems surprising that Hagood does not refer to Preisler (1997) or to Recchia (1997). However, she does include in her reference list the chapter by Gibbons (2005) in Pring. But, as Hagood fails to refer to the Gibbons chapter in the text, it is unlikely that readers who do not know Pring’s book will be directed to it.

The other two resources Hagood refers to are associated with the Maryland School for the Blind, which she claims “developed the first program in the country [ie the USA] specifically for children with visual impairment and autism.” She cites Pawletko (2002) and Pawletko & Rocissano, 2000), but gives no further information about their work.

Not until p.47 does Hagood address the question of “Why a relationship-based approach?” Given that this is what its title indicates the book is about, leaving this issue for so long is rather strange. Because it is so central to the book, I feel it is important to devote a reasonable amount of space to Hagood’s rationale for a relationship-based approach. Hagood argues that because most autism specific approaches are visual and the sensory processing difficulties of children with visual impairment and autism reduce the effectiveness of touch or word cues,

“a more basic and fundamental strategy [is required to deal] with the [children’s] social skills challenges” (p.47).

Hagood continues

“In a relationship-based approach, affective attunement and connection are the initial goals for these children and their partners.”
She uses an on-line quote of Erskine’s (which I have been unable to access on the internet) to explain what she means by “affective attunement”. If I understand this correctly, in essence, it’s about tuning into the child emotionally. Skilled users of Intensive Interaction will appreciate this: for example, if the child seems sad, then the practitioner reflects that back to the child; if the child presents as happy and joyous, then the practitioner reflects that.

Hagood claims that

“affective attunement …… can be a stepping stone and strategy for learning more sophisticated skills. In a relationship-based approach, the fundamental affective attunement will always be a primary strategy for teaching social skills. Recent research suggests that social relatedness may be the most essential foundation for later cognitive and academic learning in all children ……. The ultimate long-term goals for a relationship-based approach are not independence or appropriate behavior, or even functional language; rather the goals are to help the student develop interdependence and mutually rewarding partnerships with others. ……. Rather than teaching this child to continuously compensate for his disabilities, the relationship-based curriculum seeks to find and highlight the normally developing parts of the child and teach him to use those to develop relationships in the same sequence that occurs in normal development” (pp.48-49; italics original).

I believe it is essential for family members and practitioners to build sound relationships with every child who has visual impairment and autism. These relationships must, from the child’s point of view, be founded on trust and family members and practitioners need to make themselves predictable. I therefore have considerable sympathy with Hagood’s general approach. However, I do wonder how realistic she is in some respects. For example, for most children with visual impairment and autism I doubt whether relationships will develop in the same sequence that occurs in typical children, as Hagood seems to believe. And my experience with children with visual impairment and autism leads me to suspect that mutually rewarding partnerships are simply not feasible for some children.

2 For information on Intensive Interaction, go to http://www.intensiveinteraction.co.uk/ (Website accessed 15th March 2012)
Unfortunately, I am not convinced that Hagood properly explains how to establish affective attunement. As this is so central to supporting children with visual impairment and autism, it is a serious flaw.

Hagood also delays explaining the book's purpose, not doing so until p.49. Here she states it is

“to provide teachers, parents, paraprofessionals and therapists with a relationship-based approach to teaching social skills to individuals who have dual diagnoses that include visual impairment and autism / Asperger’s disorder. The ideas here may also be helpful for teaching visually impaired people who have other types of atypical social development, such as anxiety disorders, oppositional defiant disorders, or obsessive compulsive behaviors.”

Perhaps the above paragraph should have appeared at the start of Hagood’s introduction. And is it realistic to claim that the strategies are applicable to those with such a wide variety of disabilities? I am a little suspicious of “catch-all” claims of this nature.

Another doubt I have concerns Hagood’s use of the word “teaching”. I certainly agree that teachers have a role in establishing affective attunement and supporting the development of social communication. But I have strong reservations about the use of “teaching”. Although everything that can be taught can be learnt, the reverse is not the case. As Powell (2000) suggests, there are many things that cannot be taught to autistic learners; but he goes on to note that this does not mean these things cannot be learnt by autistic learners. Thus, “teaching” is not always the most appropriate term. I also wonder whether it is reasonable and appropriate to imply that family members should be “teaching” their children. And should therapists “teach”? I would prefer Hagood to have used another term – in the context of establishing affective attunement and supporting the development of social communication, “promoting” would be my choice.

Chapter 2 has the title “Curriculum Scope and Sequence”. In fact, I do not regard what Hagood outlines as a curriculum. She claims she is providing “a relationship-based approach to teaching social skills” (p.49). However, I do not believe she sets out the components of a school or college course or unit for promoting social skills or building relationships.
Hagood divides social skills into four different domains:

- Social interaction
- Communication
- Social cognition
- Emotional development.

She divides the development of these skills into five levels, covering birth to the age of about 7 years. Hagood provides a chart which shows the skills in each domain at each level. This is followed by a description of children at each of the five levels.

In conjunction with the 4 domains and 5 levels, Hagood has developed an assessment tool: the *Evaluation of Student Skills*. Hagood states that this can be used to develop a profile of the child’s strengths and needs. However, despite claiming to provide a curriculum, she does not clearly demonstrate how to address identified needs. The strategies she sets out in chapter 4, the units she outlines in chapter 6 and the activities she describes in chapter 7 are not clearly related to the skills set out in her chart showing the skills in each domain at each level, nor to her assessment tool. I am very uncertain about how Hagood sees the different elements fitting together. For me, she fails to provide a clear guide for family members and practitioners who wish to use “a relationship-based approach to [promoting] social skills”. I do not believe Hagood describes a curriculum.

In Chapter 3 Hagood describes her assessment tools which are provided in Appendix A. In addition to the *Evaluation of Student Skills*, there is the *Evaluation of the Adult-Child Relationship* and the *Evaluation of Adult Teaching Strategies*.

As explained above, I believe Hagood’s use of the word “teaching” is inappropriate in the context of building relationships and promoting social skills, so I would prefer to drop the word “teaching” from the latter. In addition, as the strategies may be used by siblings, referring to them as “adult strategies” seems misplaced. I would prefer to call this tool simply the *Evaluation of Strategies*. The tool enables those who are promoting social skills to audit their own behaviour, and is therefore potentially very useful. Apart from the use of “teaching”, another difficulty is the use of some terms which Hagood does not define: “affective involvement” and “playful affect” are examples. For many years, I have advocated the use of what I call the *Interactive Approaches Observation Schedule* which
provides practitioners and parents with a means of evaluating their own behaviour. I am interested in incorporating some of Hagood’s tool into the *Interactive Approaches Observation Schedule*.

When I became aware that Hagood had developed the *Evaluation of the Adult-Child Relationship*, I hoped I would find it valuable. Unfortunately, I do not; on the contrary, I find it to be slushy and sentimental. This is because of the inclusion of items such as “The student is excited and happy to work with me” and “I am more creative when I am with the student than when I am alone”. In addition, it would be useful for tools such as this to be relevant to those supporting adults as well as children. Given that the book’s title refers to “people”, it is somewhat surprising that Hagood uses “Adult-Child” relationship in the title. Finding a suitable title is not easy, if it is to apply to adults with visual impairment and autism as well as to children and to be useful to parents and other family members as well as to practitioners. Perhaps *Evaluation of the Communicative Partnership* would be appropriate. Such a tool might well be of value, but I believe it needs to be radically different from Hagood’s. Some of the items in Hagood’s *Evaluation of the Adult-Child Relationship* concern the actions of the more competent partner; “I help to structure and organise the activity, incorporating the student’s preferences and ideas” is an example. I will explore the possibility of adapting such items and using them in a modified version of the *Interactive Approaches Observation Schedule*.

Hagood refers to the need for initial assessment to be delayed until the child and communicative partner have had enough time to learn about each other and for routines and expectations to become familiar to the child. Hagood notes this may take anywhere from a few weeks to a few months. I disagree that assessment should be delayed, believing that informal assessment should begin immediately, as important information can sometimes be obtained from the outset. It is not appropriate to wait several months before embarking on assessment. It is, of course, essential for assessment to take place over a considerable period; many children with visual important and autism have very complex needs and assessment should not be hurried.

Hagood rightly states that children should be re-evaluated regularly to update programmes, and to evaluate the effectiveness of strategies.

I hope to post the *Interactive Approaches Observation Schedule* on my website in due course.
Hagood devotes about 45 pages to setting out the skills she has selected. She gives the criteria for success, examples and, in some cases, a fuller description of the skill. For example, a Social Interaction skill at Level 1 is “Performs own part in familiar routines”. Hagood’s description of this skill is “In a familiar sequence, the student shows recognition and active involvement by acting on objects, signalling to request assistance, or positioning body for next steps. The adult performance of the preceding step serves to prompt the child’s response.” The criteria are “5 different routines, consistently for at least a month”. The examples Hagood provides are

- “Extends foot for help with putting on shoes
- Moves toward door after mom puts backpack on and rattles keys
- Seeks spoon when teacher places bowl of cereal on table.”

There is no consistency in the criteria across the skills. So, for example, the skill “Maintains proximity / physical orientation to partner for brief periods” has the following criteria: “Child shows awareness and preference for being with partner by maintaining physical contact or orienting body toward partner for 5 minutes at least five times per day.” For “Uses scripted words, actions, or phrases to initiate or end interactions,” the criteria are: “At least 5 times per day consistently for both initiation and ending interactions.”

It is not clear why the child is required to demonstrate the first skill for a month, but not the other skills referred to here. And in the first example above, what does “consistently” mean? Why does Hagood repeatedly use 5? Why not 4, or 10, or 50?

An assessment like this is all very well in theory, but, given all the other demands on time, is it really practical for busy practitioners and, especially, for family members? I also feel Hagood overlooks the variability of children with visual impairment and autism. She makes no reference to the difficulty of determining with certainty whether a skill that is not observed is

- one that the child does not yet have
- one that he / she has previously used, but has now stopped using because he / she has now acquired more advanced skills, making the skill in question redundant
- one that he / she has previously used, but has now stopped using because he / she is no longer motivated by it.
Another problem is that I am not convinced that Hagood really understands the difficulties experienced by children with visual impairment and autism. For example, a Level 5 skill in the Emotional Development domain is “Compares and contrasts perspectives”. One of the examples Hagood provides is in the form of a dialogue between a mother and her child, which is set out below, on p.13. This dialogue does not ring true to me – in fact, I find it hard to believe a mother and her typically developing child would have such a conversation, and certainly doubt whether a child with visual impairment and autism would have the skills to participate.

Mum: How do you think I feel about you cooking your own breakfast?
Child: I think you’re proud of me.
Mum: Yes, but I also worry because I’m afraid you’ll burn yourself, and I don’t want to clean up the whole mess you make.
Child: Oh. I never thought of that. I know I’m careful, and I will clean it up, but now I understand why you didn’t want me to do it while you’re still in bed.

Although chapter 3 focuses on assessment, there is material in chapter 4 of relevance to assessment, and I feel it would have been better to include it in chapter 3. For this reason, I discuss this material here. Much of what Hagood advocates is standard good practice.

At the beginning of this section, Hagood’s guidance concerns practitioners rather than family members, although she fails to make this explicit. She refers to making a start with a child, so presumably the kind of situations she envisions are the initial period following a child’s admission to a school, or when there is a change of teacher or other practitioner. Hagood states that it is the practitioner’s responsibility to learn what is known and what has been tried with the child. In other words, Hagood believes it is important for practitioners to gather as much information as possible about the child in order to have detailed knowledge and a good understanding of the child. She advocates reading notes, interviewing the parents and previous.

Hagood rightly believes it is important for practitioners to understand the implications of the child’s visual impairment for social learning. There are
clear parallels with the Resource Pack developed in England by the Visual Impairment and Autism Project and published in 2011.\footnote{For information about the Resource Pack, visit \url{www.rnib.org.uk/autism} and follow the links.}

Surprisingly, Hagood makes no mention of the need to understand the implications of the child’s autism. This is stressed in the Resource Pack. It is important that practitioners realise that autism is not a single entity and that autistic children vary enormously. Practitioners working with children who have both visual impairment and autism need to have a good understanding of how each disability affects the child and how the visual impairment and the autism interact with each other to affect the child.

Chapter 4 focuses on Hagood’s “Strategies for Building Relationships”. She describes the following four stages

- Getting Ready
- Getting Started – Establishing a Foundation
- Staying Connected – Cooperation
- Building Equity – Collaboration.

Unfortunately, I found it difficult to obtain an overall view of how Hagood puts her ideas into practice. For me, it is not clear when one stage should end and the next begin. And it is not clear what skills one should be promoting in each stage. In fact, the first stage, that of “Getting Ready” seems to me to concern assessment, so I have already discussed this. The lack of clarity in chapter 4 is a great shame, as this is probably the chapter with the most potentially valuable guidance. I now focus on the guidance I regard as useful. Hagood’s advice is very similar to many of the points made in the Resource Pack already mentioned.

Hagood rightly states that all children, regardless of their skills, need a relationship of trust with significant adults. Later, she notes that children need other people to be predictable. Other important advice is

- look and listen, and so get to know the child
- find a way of greeting the child
- limit demands
- reduce questions
• use interactive routines
• control touch, sound, and visual input; although this is essential, Hagood’s advice does not go far enough; this is because, for some children, it is necessary to control all sensory input, including smell, movement, temperature, the mood of peers; in addition, her references to touch indicate that she fails to understand that some children with visual impairment and autism simply cannot tolerate light touch
• use hand-under-hand input
• add new people to the child’s world gradually
• present scheduling using a calendar or another predictable format
• pay attention to subtle cues from the child to stop or start; I would add that it is also essential to respond to those cues
• use reconnection activities when the child’s attention drifts
• take account of the child’s interests and preferences
• take account of the how the child's engagement in activities is affected by the person presenting them, the time of day, the location, the length of the activity
• adopt a ‘we can do that together’ approach rather than a ‘you need help’ approach
• decrease adult control.

Hagood focuses on social skills, so it would be unreasonable to expect her to deal with every aspect of supporting children with visual impairment and autism. However, she does not refer to some issues that all practitioners do need to be aware of. Serious omissions are the need to monitor the child’s physical and emotional well-being and supporting the child with respect to sensory needs. Monitoring physical well-being can be essential for children with visual impairment and autism many of whom cannot attend to anything else when they are, for example, unwell, tired, hungry or thirsty. It is also essential to monitor anxiety and stress levels and to respond quickly if they become raised.

In chapter 5 Hagood examines several approaches to supporting sighted autistic children. She calls the approaches she discusses “relationship-based”. Although quite interesting, this large section does not really add anything useful, except, perhaps to indicate other approaches readers may wish to investigate.
Hagood then refers to activity guides for typically developing children which describe games and sensory activities which Hagood used in developing her relationship-based approach. Finally, Hagood lists numerous materials for children with visual impairment and additional needs. A problem with these sections is that the reader would find it hard to select those resources which might be the most useful. In addition, most of them were published in the USA, and may be difficult and expensive to obtain in the UK. Some may no longer be available to purchase new.

Although this chapter is quite interesting, it seems out of place, and it is difficult to see how it contributes to Hagood’s overall topic of developing social skills.

In chapter 6 Hagood provides what she calls “Sample Instructional Units” which she says are built around important concepts. These units deal with

- Connections (the idea that, for Hagood, it is “more fun to be connected than apart”)
- Understanding Others’ Perspectives
- Handling Change and Transitions
- Coping with Strong Emotions.

Hagood fails to explain how these units fit into her “curriculum”. In addition, although she provides numerous sample activities, I am not convinced of their value with children who have visual impairment and autism. Most, if not all, the activities seem to depend on the child having good verbal skills. Whilst this might be the case with some older children who are cognitively able, most children with visual impairment and autism almost certainly lack the skills necessary to participate. In addition, I am not convinced that the activities will necessarily motivate children. It might also be difficult to fit them in with everything else that schools need to provide.

Chapter 7 is devoted to “Activities to Encourage Creativity and Collaboration”. The only activities Hagood describes involve yoga and collaborative writing “which work to get me out of bed in the morning with a positive attitude and the anticipation of doing something fun with my students” (p.291). Hagood accepts that other people will have other interests and advocates using them, as “your interests and enthusiasm are contagious, and it is likely that your kids will connect to you better
when you’re both having fun” (p.291). I disagree with this. When supporting children with autism, whether sighted or visually impaired, a crucial feature is that the family members and practitioners must build activities around the interests of the child. If the child is not motivated, no amount of enthusiasm on the part of other people will help.

Again, Hagood fails to explain how these activities fit into her “curriculum”. And again, I am not convinced of the value or practicality of the activities for children who have visual impairment and autism.

In chapter 8, the final one, Hagood addresses a series of frequently asked questions “on Common Problems”. She deals with

- echoed speech
- tolerating change
- isolation
- mannerisms and self-stimulation.

I have mixed feelings about this chapter. Hagood presents what appear to be genuine questions about real children. I fear some readers may see Hagood’s responses as “the solution”, a “remedy” to be “pulled off the shelf” and used in all similar situations. Instead of ready-made solutions, what family members and practitioners really need are the knowledge and understanding to generate their own strategies. I hesitate to give advice about a specific child unless I know the individual well or can have a structured dialogue with someone who does. Often it is essential to have a much more comprehensive understanding of the individual than can be obtained from a question about a specific issue.

Having said that, there is some sound advice here. For example, in her introduction to echoed speech, Hagood states “While echolalia is sometimes frustrating or confusing to speech partners, it serves a function and should not be ignored, punished, or extinguished. It is important to look at the function of the echolalia in determining how to respond to it and which skills need to be learned as alternatives.” (p.341)

However, it is a pity that she fails to state that many people who have echolalia also have very poor expressive skills and cannot readily spontaneously request, reject or protest in ways that can be easily understood by others, especially by people who are unfamiliar with the child. Developing expressive skills may play an important part in reducing echolalia.
It is possible to quibble with Hagood’s categorisation of the issues she deals with, at least in relation to the final question she discusses under Isolation. This question concerns a boy who talks excessively about cars. It could have been categorised as a question about obsessions, which is a term Hagood uses in her response. In fact, I dislike using the word “obsessions”, which has negative connotations. I prefer to use “special interests”. A positive feature of Hagood’s response is her opening sentence: “You may want to think of this obsession [special interest] as more of a learning style issue, and make the best of it.” It is so important that family members and practitioners value those they care for, educate and support. Part of valuing them is valuing their interests and skills. It is also essential to start with the skills and interests the person has, and using them to promote new skills and interests. That is the approach Hagood adopts here.

**Conclusion**

I feel Hagood has missed an opportunity with this book. Although she does make some important points, the book has numerous flaws. Overall, in my view Hagood does not

- do enough to extend the reader’s understanding of the combination of visual impairment and autism
- provide clear guidance for building relationships with people who have visual impairment and autism
- provide clear guidance for developing social skills
- address the needs of the majority of children who have visual impairment and autism as the activities she provides seem to depend on the child having good cognitive skills as well as sound verbal skills.

Family members and those wishing for guidance regarding adults with visual impairment and autism are particularly likely to be disappointed with the book. Practitioners building an evidence-base for their practice are also likely to be disappointed.

Some of Hagood’s activities may be useful with older children who have Asperger’s syndrome. Also, some may be useful with young, cognitively able visually impaired children who, while not meeting the diagnostic criteria for autism, nevertheless have significant social communication difficulties (Tadić et al., 2009).
References


