Visual aids

Introduction

It can be overwhelming for parents and caregivers to discover that they have a child on the Autism spectrum, and for teaching professionals to learn that they will be working with an ASD child. In fact it can be difficult for all parties concerned to know what to do first.

From my experience, and supported by the ASD Guidelines, visual aids help support the child's learning of 'both expressive and receptive communication. Most commonly used aids are visual symbols, photos, pictures, objects or written words' (p. 99, Ministries of Health and Education, 2008).

It is easy to assume that spoken language is the superior form of communication, and this may apply to the majority of individuals. I learnt to appreciate non-verbal forms of communication when I had success using visual aids at home with Isaac.

If a child is able to communicate verbally it can seem reasonable to think that they understand what they are being asked to do simply because they are talking.

Interestingly, ASD is not primarily a language disorder, but rather a disorder that affects how information is received and processed by the brain. One consequence of this disorder is the difficulty experienced when the person with ASD has to quickly understand spoken language with a slower processing ability. This speed difference in no way implies that the person with ASD is of lesser intelligence.

Individuals with ASD miss subtle social cues that others predominantly notice and apply. Typically people detect social nuances and cues within their environment, and have the ability to apply their observations in their decision making and behavioural responses. People with ASD are absolute (concrete) thinkers and do not have this natural ability to adapt.

For example, a teacher asks her class to put their hands up and she put hers up as well to demonstate what she wanted. The teacher then lowers her hand and the pupils instinctively understand they should do the same. However, the child with ASD may not follow the teacher's unspoken action and may need to be instructed personally by the teacher saying, "Kahu (naming the ASD pupil) you may put your hand down now please". Clear, specific instructions help the child with ASD understand what you want them to do when they possibly don't understand you are also including them.

Another example of missing social cues

Outside a retirement village an elderly person trips and falls. An adult stays to reassure the shaken senior and the child with ASD is told to go to the front desk in the retirement village to ask for help. After some time the child returns, flustered and without help, because when they had arrived at the desk there was no one there. On the other hand a neurotypical child would likely have thought to search the rest home if the desk was unattended, knowing that finding help was what was required. The child with ASD would know that help was required and was made anxious by the fact that help wasn't available. In this example the child with ASD feels angry with himself/herself and expresses being 'hopeless at helping' after it has been explained to them what else they could have done. Those with ASD are able to perceive that their understanding can be different to others and when this is pointed out they may be very hard on themselves which can be damaging to their confidence and self-worth.

People with ASD struggle to see cause and effect and lack the guiding intuition on what to do next. They often struggle with decision making when they don't notice cues or when they misinterpret situations which others may consider to be intuitive or common sense. Again, to help in these situations, clear instructions and, ideally, visual examples enable them to learn the desired task by rote, and give the ability to recall what to do if a similar situation happens again.

Another factor to consider is stress which has an impact on all children's ability to learn. Children with ASD are further impaired by stress because they are easily overloaded and overwhelmed by challenges and their brains 'shut down' quickly. Additional challenges they face can include, but are not limited to, social-emotional deficits; non-verbal deficits in communication required for [intuitive] social interaction; deficits in managing and maintaining relationships; restricted, repetitive patterns of behaviour; interest or activities; sensory sensitivities; fixations, requirements of routines and sameness (American Psychiatric Association, 2013, p. 50.).

The child with ASD will have difficulty retaining and maintaining what they are learning if they become stressed. I have noticed that the stressed ASD brain 'shuts down' and memory problems associated with this stress occur. For example, my child will quickly say he 'can't remember' the learning that he has just been exposed to, or say that his brain is 'sore', whereas he can recall information easily when he is not stressed. Visual aids at home and school support the child to focus on the task at hand, without adding unnecessary stress that spoken language, social interactions and expectations create for individuals with ASD (Smith, M., Segal, R., & Segal, J. 2014).

Note: Autism Spectrum Disorder (ASD) now includes disorders that were previously known as: infantile autism, childhood autism, Kanner's autism, high-functioning autism, atypical autism, pervasive developmental disorder not otherwise specified, childhood disintegrative disorder, and Asperger's disorder (American Psychiatric Association, 2013, p.53). ASD is a complex disorder and there are many aspects that make up the unique indications in each individual affected by ASD. For more comprehensive information about this please refer to DSM5™.