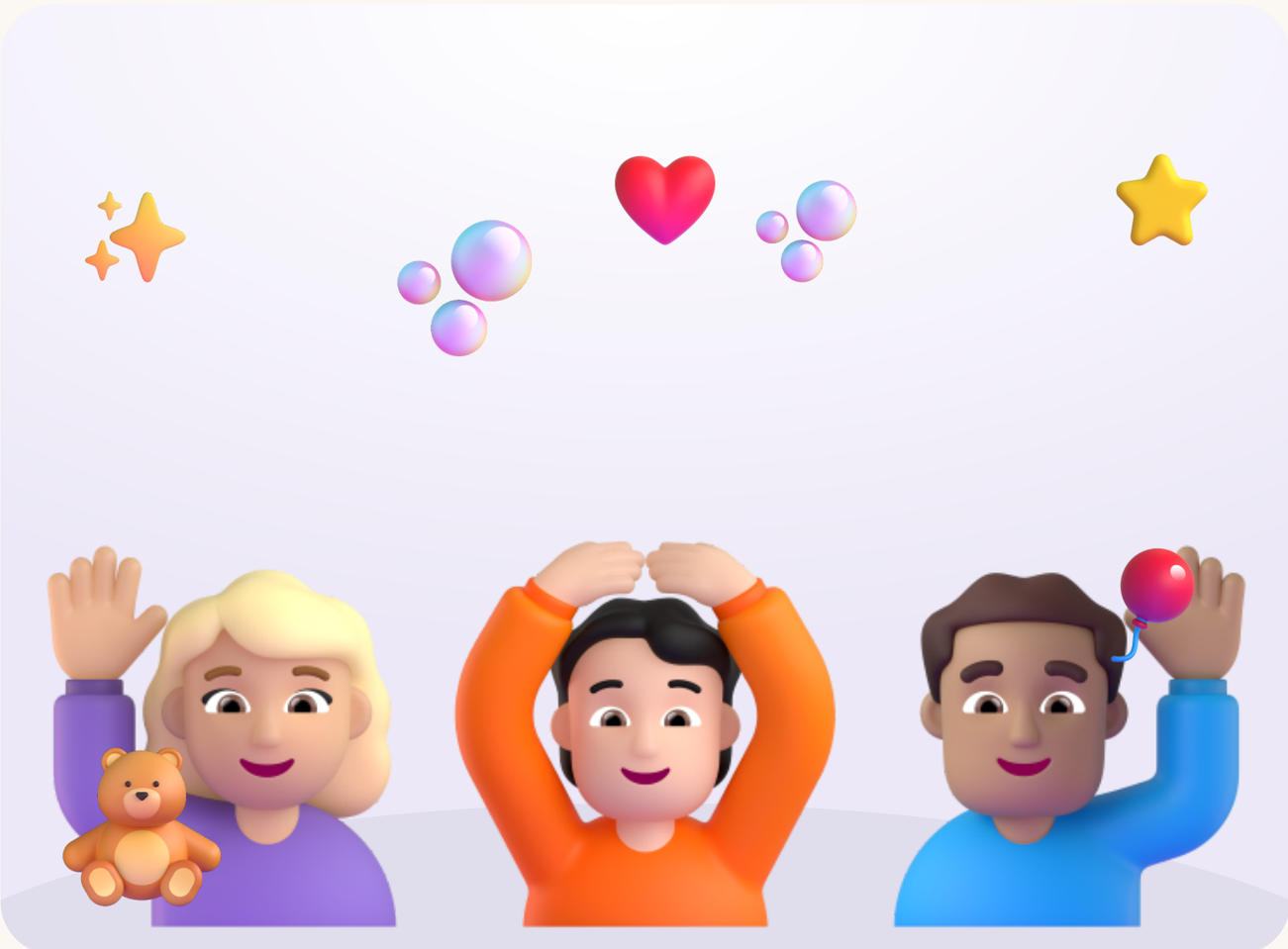
AN ILLUSTRATED HANDBOOK FOR FAMILIES AND EDUCATORS

Talking *Together*

Language and communication in autistic children: a step-by-step guide and 10 illustrated language games



3 support levels

4 communication stages

6 PECS phases

10 illustrated games

EVIDENCE-BASED · LEARNING THROUGH PLAY · FOR HOME AND SCHOOL

Contents

1 What is autism? Characteristics and support levels

2 How do autistic children learn language?

3 Which communication stage is your child at?

4 Evidence-based approaches: ABA, Naturalistic Teaching, PECS

5 Action plan by level: who, with what, how, how much?

6 Creating communication opportunities at home and school

7 Step-by-step illustrated language games (10 games)

8 Golden advice and next steps

References

Article: Understanding Autism: Diagnosis, Prevalence and Psychological Interventions (Assoc. Prof. Elvan Kiremitçi Canıöz) — English translation

How to use this book

Start by reading Chapters 1–3 to work out **which communication stage** your child is at today. Then choose the table that matches your child's level from the action plan in Chapter 5. The games in Chapter 7 are colour-coded by level:

- Beginner: joint attention and initiating communication
- Intermediate: teaching words and requesting
- Advanced: conversation and dialogue

This booklet is for information only; for diagnosis and an individual education plan, seek support from a child psychiatrist, a speech and language therapist and a special education specialist.

CHAPTER 01

What Is Autism?

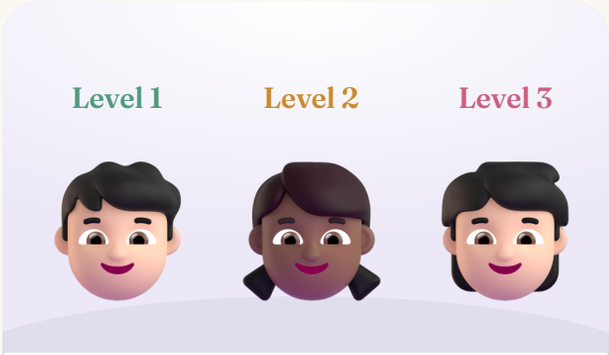
01

A different way of perceiving and learning

Autism Spectrum Disorder (ASD) is a **neurodevelopmental condition** that begins in early childhood and shows itself in the brain processing information, sounds and images differently from peers. In medicine (DSM-5–TR) it is classified as a neurodevelopmental disorder; it is not a contagious or temporary illness, but a lifelong, different way of developing.

Autistic children may find it hard to connect with people, make eye contact, start a conversation and share their feelings. Some repeat movements (hand-flapping, spinning) or have very intense interests in particular topics.

According to CDC data published in 2025, about 1 in 31 eight-year-olds in the United States has an autism diagnosis. Late talking is not "laziness" or "not wanting to": these children's brains take in language in different ways. With the right methods and patience, every child can make progress at their own pace.



Every child is different; support needs vary from level to level.

The three support levels of autism (DSM-5-TR)

Level 1
Requiring support

Social: Finds it hard to start conversations; wants friends but may not know how to act.

Behaviour: Dislikes changes to plans and routines.

Language: Speaks fluently with a wide vocabulary; finds jokes, idioms and hints hard to understand.

Level 2
Requiring substantial support

Social: Limited attempts to communicate; may respond in unexpected ways.

Behaviour: Becomes clearly distressed when routines change.

Language: May speak in simple sentences or have a marked delay; may repeat what they hear (echolalia).

Level 3
Requiring very substantial support

Social: Finds it very hard to form social bonds; may seem uninterested in others.

Behaviour: Intense rocking or jumping; strong reactions to change.

Language: May not speak at all; shows needs by crying or pulling an adult's hand.

The level shows support needs, not language level; it is set separately for social communication and for repetitive behaviours. Language status is specified separately in the diagnosis; the language examples above are only typical pictures.

How the signs affect talking

Social interest
A baby imitates sounds by watching the mother's face and lips. A child focused on a spinning wheel misses this natural language input.

Pointing
If a child doesn't point, or doesn't look where the adult points, the "Look, a cat" connection can't be made.

Sensory sensitivity
The hum of a fridge or a car horn may feel overwhelming; a parent's words get lost in the noise.

KEY CONCEPTS

DSM-5-TR	The American Psychiatric Association's manual for diagnosis and support levels, widely used around the world.
Neurodevelopmental condition	The brain's growth, learning and information-processing steps developing differently from peers.
Sensory sensitivity	Strong discomfort with, or under-responsiveness to, light, sound, touch or taste.

CHAPTER 02

How Do Autistic Children Learn Language?

02

Joint attention, understanding, echolalia and learning in chunks

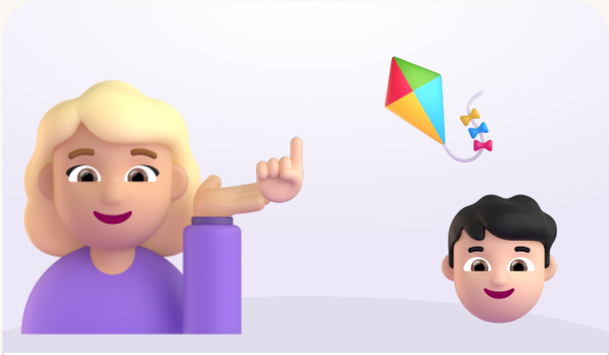
Joint attention: the hidden key to language

Before we can talk, we first need to **focus on the same thing together** with the other person.

Responding: when you say "Look, a plane!", the child looks at the plane in the sky, not at the tip of your finger.

Initiating: the child points to a dog just to share their delight, then looks at your face and smiles.

Joint attention skills are strongly linked to later language development.



The parent points, the child looks at the same place: joint attention.

The gap between understanding and speaking: a child may sing an advert jingle by heart, yet not respond to "Put your shoes on". The goal is not how many words they have memorised, but **how much they understand and whether they can use words for their own needs.**

Echolalia (repeating speech) is not a flaw; it is often an attempt to communicate

Immediate echolalia

Answers "Do you want water?" with "Do you want water?" This shows they heard you and want to join in, but don't yet know how to say "Yes, I want some".

Delayed echolalia

If they shout "Don't be scared, I'm here!" from yesterday's cartoon, they may be telling you they are scared right now.

Our job is not to silence the child, but to understand the need behind the phrase and turn it into real communication.

Two ways of learning

Mummy give me the red apple

Apple please

Apple

Building blocks (analytic)

First single words, then pairs, then full sentences. Most children learn this way.

Shall-we-go-to-the-park?

Chunks (gestalt)

Some autistic children use language in memorised blocks (songs, lines from shows). With support, they can learn to break the blocks up and use the words separately. *The staged model of this approach has not yet been confirmed by research.*

KEY CONCEPTS

Joint attention	A child's ability to look at the same object with another person and share the interest and excitement of the moment.
Echolalia	Repeating heard words or lines from screens with the same intonation, immediately or later.
Receptive language	The ability to understand spoken words and instructions.
Expressive language	Expressing wants and feelings through sounds, words, gestures or cards.
Gestalt language processing	A tendency to use language in chunks and memorised scenes; whether it is a separate learning type is scientifically debated.

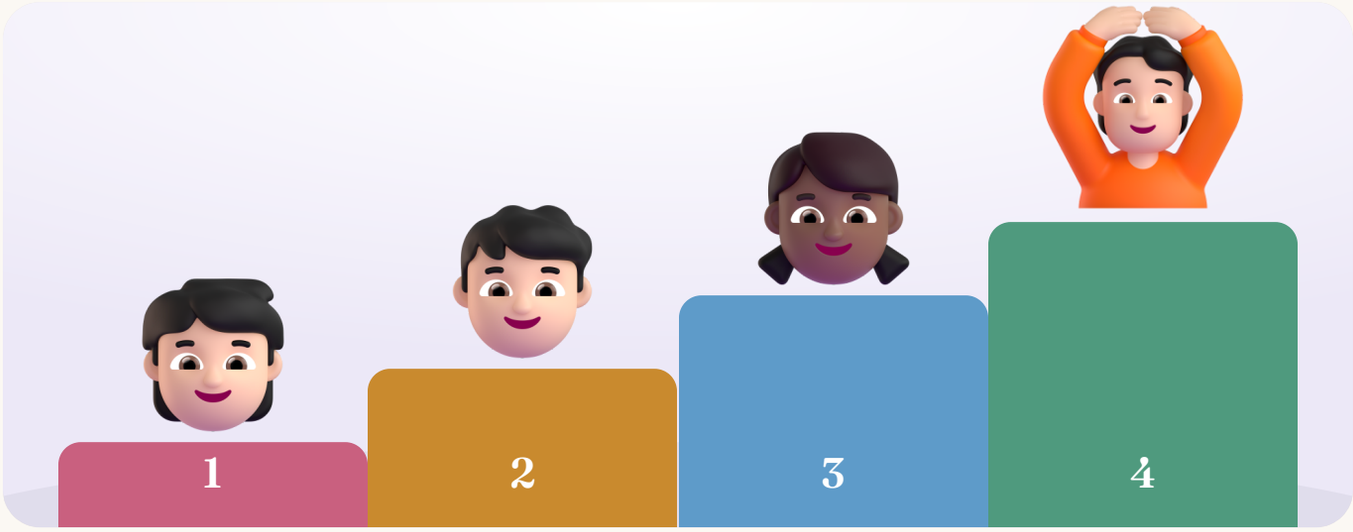
CHAPTER 03

Which Communication Stage Is Your Child At?

03

Four stages based on Hanen's "More Than Words" model

Setting goals far above a child's level leads to frustration; staying below it slows progress. First, work out where your child is today.



1 · Own agenda

What it looks like: Prefers to play alone; may use an adult's hand like a tool to open a door.

Goal: Help them enjoy your company and join in their play.

2 · Requester

What it looks like: Pulls your hand only when they need something (chocolate, water), with brief eye contact.

Goal: Turn moments of need into asking with a gesture, sound or card; taking turns.

3 · Early communicator

What it looks like: Points to share interesting things: "Look, woof woof!" Uses single words or cards.

Goal: Move from single words to 2–3 words and lengthen the conversation chain.

4 · Partner

What it looks like: Uses sentences; talks for minutes about favourite topics, may miss hints.

Goal: Listening, waiting for a turn and the social rules of language.

Step by step towards sentences

1 **Sounds and body**
crying, babbling

2 **First words**
"Water", "Come", "Mummy"

3 **Combining words**
"More water", "Daddy gone"

4 **Full sentences**
"I want to go to the park"

5 **Advanced language**
"I fell because…"

KEY CONCEPTS

Hanen model	A programme that teaches families to see their child's level and grow language in everyday play.
Pre-verbal communication	Showing intentions with looks, sounds, body and gestures before words arrive.
Utterance length	The average number of words or word parts in a child's sentences.

CHAPTER 04

Evidence-Based Approaches

04

ABA, Naturalistic Teaching (NDBI) and picture cards (PECS)

Applied Behaviour Analysis (ABA): breaking language into functions

Requesting (Mand)
Says "Water" when thirsty and gets water straight away: "If I talk, I get what I want."

Labelling (Tact)
Sees a cat and says "Cat"; "Well done, what a lovely cat!"

Echoing (Echoic)
The adult says "Apple", the child imitates "Apple".

Answering (Intraverbal)
Answers "What's your name?" with "Sam".

Structured table-top teaching can be effective for some skills; what is learned should be carried straight into the home and everyday play.

Naturalistic teaching: language in everyday life (EMT)

1. Follow their lead
Join in with whichever car they are playing with.

2. Get down to eye level
Sit on the floor or crouch so they can see your face.

3. Grow the sentence
"Car" → "Fast car!" Always one word more.

4. Wait 5 seconds
Don't give the answer yourself; leave room to think.

These techniques are shared elements of naturalistic developmental behavioural approaches (NDBI) such as the Early Start Denver Model (ESDM) and Pivotal Response Treatment (PRT).

PECS: Picture Exchange Communication

A common worry: "If they can use cards, they won't bother to talk." **What the science says:** research shows that PECS does not block speech and increases communication; in some children it can also support speech. A "WATER" card handed to a child who is crying because they can't explain can end a meltdown.



Picture cards can be a bridge to speech.

1 Picks up a card and puts it in the adult's hand

2 Goes to a distant adult to hand over the card

3 Chooses the right card from two

4 "I want" + "apple" sentence strip

5 Answers "What do you want?" with a card

6 Comments: "I see a cat"

KEY CONCEPTS

Mand	Expressing with a sound, word or card when hungry, thirsty or wanting a toy.
Tact	Naming something seen, heard or smelled to show it has been noticed.
PECS	A method that teaches a child who finds speech hard to communicate by exchanging picture cards with an adult.
Naturalistic teaching (NDBI)	Embedding language skills in everyday play chosen by the child.
Expansion	Repeating the child's word back with one word added.

CHAPTER 05

Action Plan by Level

05

Who will do what, with what, how and how much?

Level 1 (requiring support)

Focus: keeping a conversation going, taking turns, understanding figurative language and feelings.

	Parents	Teacher / educator	Child
What?	Explain metaphors, jokes and idioms at home; practise starting conversations and taking turns.	Run activities on keeping a conversation going, shared play with peers and understanding feelings.	Learns to listen to the other person instead of talking constantly about one interest.
With what?	Comic books, sequencing cards, a family conversation box, a feelings-faces chart.	Video modelling, social story booklets, peer board games.	Puzzle games, comics, group games with rules.
How?	Gently break up a long monologue: "I'm glad you told me that; what do you think your sister would say?"	Show a good conversation on video first, then have the child role-play it with a friend.	Asks a friend a question and listens to the answer for at least two turns.
How much?	Twice a day, 15–20 minutes of conversation time.	Regular individual language sessions and a peer play group.	Sample goal: keeping up a back-and-forth conversation for 3–4 turns.

Level 2 (requiring substantial support)

Focus: core vocabulary and two-word requests.

	Parents	Teacher / educator	Child
What?	Arrange the home so the child needs to communicate; grow single words into two-word phrases.	Teach core words (nouns and verbs) and carry them from table work into free play.	Expresses needs with 2 words or a card instead of pulling or shouting.
With what?	Clear locked boxes, high shelves, favourite toys, pictures of daily routines.	Picture-matching cards, action photos, PECS boards, talking buttons.	A communication card bag, a tablet, their toys.
How?	Doesn't hand things over at once; waits 5 seconds, models "Car please" and gives it when the child says it.	After card work, plays with cars on the rug to practise the word again.	Imitates the sound or word the adult says and gets what they want.
How much?	At least 20 communication opportunities a day, spread across meals, dressing and play.	Planned special education and language sessions at the intensity set by the specialist.	Sample goal: steady growth in vocabulary and spontaneous two-word requests.

Level 3 (requiring very substantial support / minimally verbal)

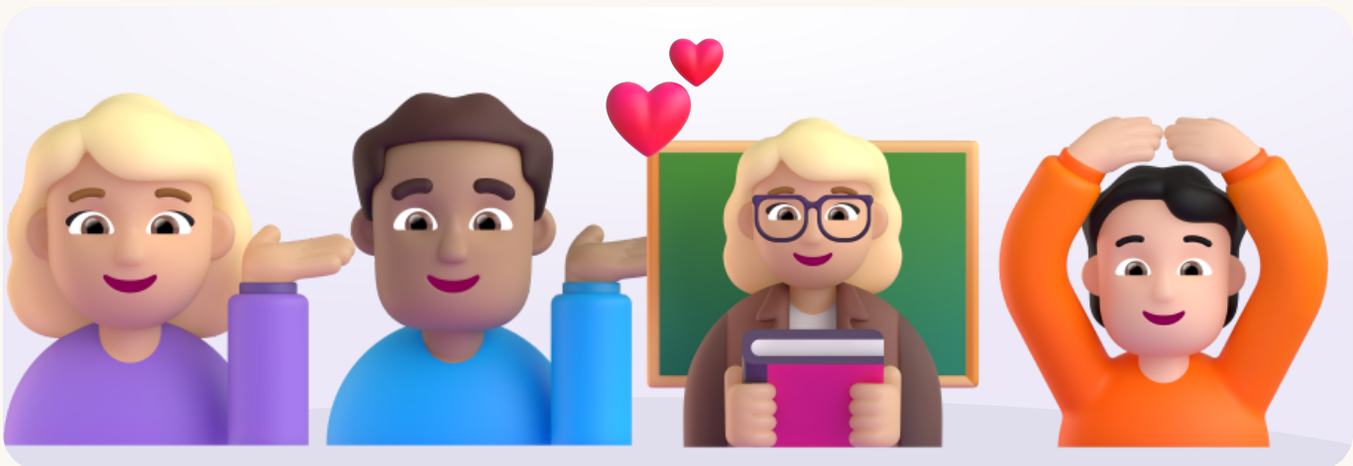
Focus: functional communication; asking with a card or button instead of crying or anger.

	Parents	Teacher / educator	Child
What?	Treats every small sound and look as an attempt to communicate; sets up a picture card (PECS) system at home.	Teaches the child to meet needs by handing over a card instead of crying or anger (functional communication).	Hands over a card to meet basic needs (water, toilet) instead of self-injury or screaming.
With what?	A sturdy Velcro card album, photos of real objects, big talking buttons.	A two-chair work table, highly motivating reinforcers (balloon, favourite food), a PECS album.	A communication album, single-message talking buttons.
How?	Never says “No talking, no treat”; when the child reaches for water, puts the card in their hand, says “Water” and gives the cup.	Two adults work together: one waits opposite with an open palm, the other guides the child’s hand from behind.	With help from the adult behind, picks up the card and places it in the teacher’s hand, then easily gets the reward.
How much?	Uses the card system consistently at every eating, drinking and toilet moment.	Does 20–30 card exchanges per session and records the level of independence.	Sample goal: handing over basic-needs cards without help; fewer moments of crying and anger.

These durations and goals are not research averages but sample starting goals; every child moves at their own pace. Set goals together with a specialist who knows your child.

KEY CONCEPTS

Functional Communication Training (FCT)	Teaching a child to express needs with a card or button instead of self-injury or crying.
Social story	A guide story that explains social rules and feelings with simple pictures and short sentences.
Modelling	Showing the child, live, the sentence we want them to say.



CHAPTER 06

Communication Opportunities at Home and School

06

Create “sweet obstacles” that invite talking

A child who can get everything without talking has no need to talk. A parent’s most important job at home is to create **sweet obstacles that invite communication**.

The 4-step communication loop

1. Observe and wait
2. Get face to face at eye level (5 sec)
3. Give a prompt (“Say open”)
4. Reward the smallest attempt straight away

Setting up “communication temptations”

- **In sight, out of reach:** put a favourite biscuit in a clear jar on a high shelf.
- **Missing piece:** give the yoghurt but not the spoon; the colouring page but not the crayon.
- **Small portions:** pour just a sip of juice; each time they say “More”.
- **Surprise the routine:** hand over the shoe before the sock: “Where’s the sock?”



A clear jar on the shelf: they can see it but not reach it, and say “Give!”

Gradually fading help (the prompt hierarchy)

1. Hand-over-hand, we give the card together
2. We guide gently at the elbow
3. We say the whole word: “Say ball”
4. We whisper the first sound: “B…”
5. No help: they say it themselves

KEY CONCEPTS

Environmental arrangement	Deliberately and carefully changing a familiar set-up so that a need to communicate arises.
Wait time	Waiting silently for 5 seconds after a question to give a chance to answer.
Prompt fading	Reducing help step by step until the child can do it alone.

CHAPTER 07

Step-by-Step Illustrated Language Games

07

10 games to play at home and in the classroom

Each game fits on one page: what you need, the goal, the timing; **4 illustrated steps**; a sample dialogue; a top tip and what to do if your child doesn't respond. Start with games at the level that suits your child's stage.

01	**Game 1: The Magic Bubble World** Joint attention, initiating communication and turn-taking	Beginner
02	**Game 2: Blanket Swing: "Stop–Go"** Turn-taking; asking with a sound or movement for an action to continue	Beginner
03	**Game 3: The Locked Jar Adventure** Saying "Open", "Give" and "Help" spontaneously	Intermediate
04	**Game 4: Ramp Race and Growing Sentences** Moving from single words to 2–3–word sentences	Intermediate
05	**Game 5: Feeding the Toy Animal** Subject + verb sentences and pretend (symbolic) play	Intermediate
06	**Game 6: Picture Restaurant and Ordering** Role play, polite phrases and multi-word requests	Intermediate
07	**Game 7: Guess What I Have!** Asking questions, listening to clues and describing	Advanced
08	**Game 8: Feelings Wheel and Comfort Theatre** Feeling words, cause-and-effect sentences and empathy	Advanced
09	**Game 9: The Barrier Drawing Mystery** Describing without seeing, detailed description and listening	Advanced
10	**Game 10: The Singing Tunnel (for Children Who Speak in Chunks)** Breaking up memorised phrases to build new sentences	Advanced

The same golden rules in every game

Eye level
Sit on the floor so your face can be seen.

5 seconds
Don't answer for them; wait.

One word more
Grow what your child says.

Instant reward
Celebrate the smallest attempt right away.

KEY CONCEPTS

Symbolic play	Imaginative "pretend" play, such as feeding a doll with an empty spoon or holding a banana to your ear like a phone.
Barrier game	A game with a screen in between, where you describe or find something the other person can't see just by talking and asking questions.
Breaking up chunks	A child who speaks in chunks splitting a memorised phrase and combining the parts with new words.

BEGINNER LEVEL GAME 01 / 10

01

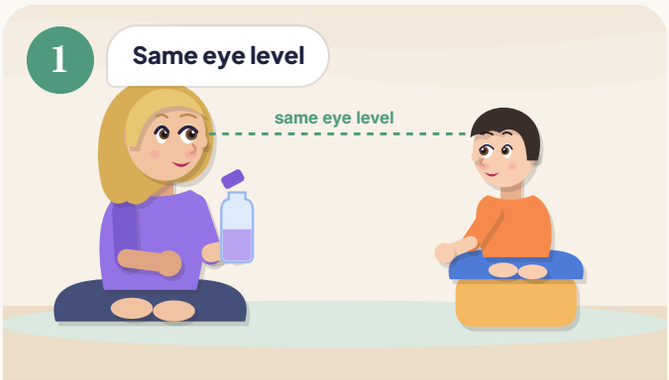
The Magic Bubble World

Joint attention, initiating communication and turn-taking

YOU WILL NEED
A bottle of bubble solution and a wand

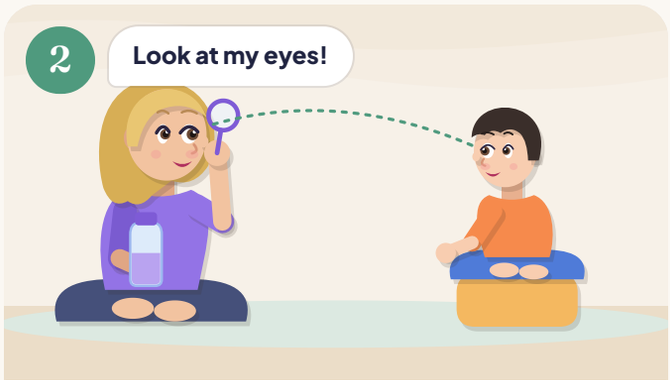
COMMUNICATION GOAL
Joint attention; asking for "Blow" / "Again" with a look, a sound or a word

TIME AND FREQUENCY
10–15 minutes a day, in short sessions spread across the day



Spark curiosity

Sit right in front of your child, at the same eye level. Open the bottle, but don't blow yet.



Bring the wand to your face

Hold the wand at the level of your nose, so your child's gaze travels from the wand to your eyes.



Wait

When your eyes meet, ask "Shall I blow?" and silently count to 5. A look, a smile or a sound counts as a yes.



Reward

Blow right away and pop the bubbles together, cheering "Pop! Pop!"

SAMPLE DIALOGUE

PARENT (Raises the wand to eye level and waits quietly)

CHILD (Looks at the wand, then at the parent's eyes)

PARENT "You looked! Great! 1, 2, 3… Blooow!"

CHILD (Claps) "Again!"

TOP TIP

A look, a sound, a reach or a gesture: blow right after any attempt to communicate. Never force eye contact.

IF THERE'S NO RESPONSE

If your child doesn't look at you, wiggle the wand gently right in front of your eyes. If they still don't look, let them touch the wand, then blow at once and celebrate.

BEGINNER LEVEL GAME 02 / 10

02

Blanket Swing: “Stop–Go”

Turn-taking; asking with a sound or movement for an action to continue

YOU WILL NEED
A strong, soft blanket; two adults (parents, or a teacher and an assistant)

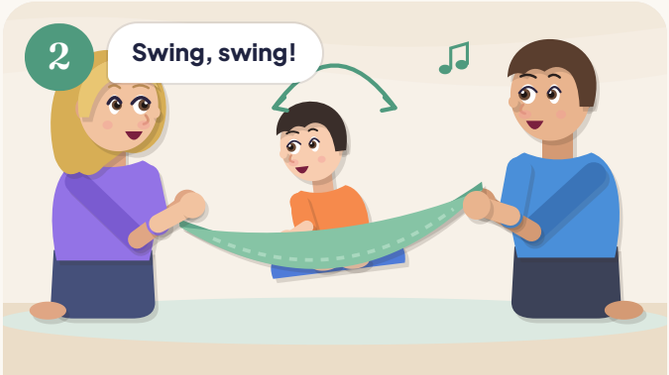
COMMUNICATION GOAL
Saying “Swing” or “Go”, or signalling with the body

TIME AND FREQUENCY
15 minutes a day, especially when the child needs movement



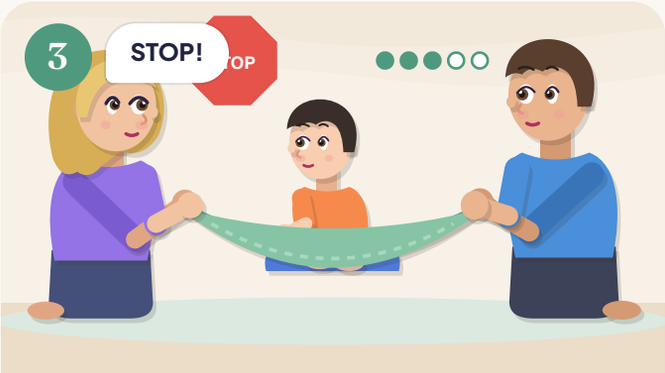
Get ready

Sit your child in the middle of the blanket. Two adults hold the corners and lift it only a few centimetres off a soft floor.



Find a rhythm

Swing gently while singing “Swing, swing, swing the blanket!” Watch your child enjoy it.



Stop suddenly

Say “...and STOOOP!” and hold the blanket still. Look into their eyes expectantly and wait 5 seconds.



Reward the response

The moment your child kicks, laughs or says “Swi!”, carry on at once: “We’re swinging!”

SAMPLE DIALOGUE

PARENT (Stops the blanket and waits with a smile)

CHILD (Kicks legs, looking at the adult) “Swi!”

PARENT “Yes! You said swing! Let’s swing!”

TOP TIP

Even the smallest sound or movement is communication; respond right away.

IF THERE’S NO RESPONSE

If your child stays silent when you stop, model it: say “Swing!” or help them wiggle the blanket, and reward the response immediately.

INTERMEDIATE LEVEL GAME 03 / 10

03

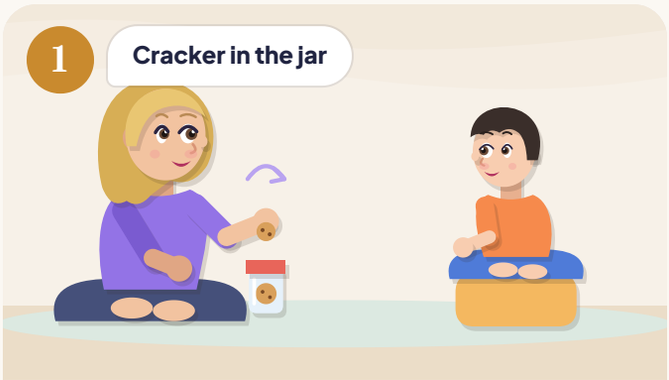
The Locked Jar Adventure

Saying “Open”, “Give” and “Help” spontaneously

YOU WILL NEED
A clear plastic jar with a hard-to-open lid; a favourite cracker or small car inside

COMMUNICATION GOAL
Asking with a single word or an “OPEN” card

TIME AND FREQUENCY
5–6 times a day at snack and play times



Show the object

Put a favourite cracker in the jar and close the lid tightly. Leave the jar where your child can see it.



Let them meet the problem

Your child tries to open it and can’t. Before they get upset, gently take the jar.



Give a prompt

Touch the lid and model “Open”. If your child says “Open” or hands you the “OPEN” card, they’ve done it.



Open it right away

Turn the lid saying “You said OPEN, I’m opening it!” and hand over the cracker. Let them discover that communication opens doors.

SAMPLE DIALOGUE

CHILD (Can’t open it, holds out the jar) “Uh uh…”

PARENT (Touches the lid) “Say open!”

CHILD “Open!”

PARENT “Well done! You said ‘open’, so I’m opening it!”

TOP TIP

For children who communicate with cards, stick an “OPEN” card on the jar.

IF THERE’S NO RESPONSE

If your child gets frustrated, make the first sound for them (“O…”) and open the lid at any attempt at a sound. Don’t push; try again next time.

INTERMEDIATE LEVEL GAME 04 / 10

04

Ramp Race and Growing Sentences

Moving from single words to 2–3–word sentences

YOU WILL NEED
A toy car ramp (or a sloped piece of cardboard), 3–4 cars in different colours

COMMUNICATION GOAL
Two-word phrases such as “Blue car” and “Car gone”

TIME AND FREQUENCY
20 minutes a day during free play

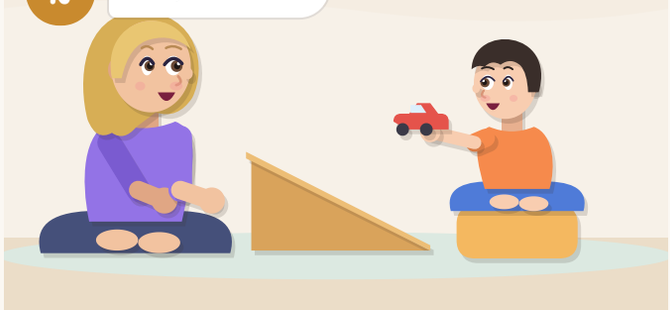
1 **Cars in the box**



Set the scene

Put the ramp on the floor. Keep the cars in a box and hand them over one at a time.

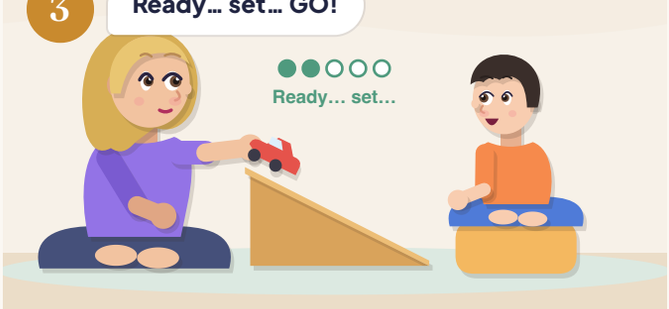
2 **Yes, a RED car!**



Grow the sentence

When your child says “Car”, add one word without correcting: “Yes, a RED car!”

3 **Ready… set… GO!**



Get ready to go

Hold the car at the top of the ramp: say “Ready… set…” and pause. When they say “Go”, let it roll: “The car WENT!”

4 **Blue car went!**



Hand over the turn

Put the blue car at the top and wait. After a few rounds, combinations like “Blue car went!” appear.

SAMPLE DIALOGUE

CHILD “Car!”

PARENT “Blue car! Shall the blue car go?”

CHILD “Blue car went!”

PARENT “What a great sentence! The blue car went zoooom!”

TOP TIP

Always say just one word more than your child said.

IF THERE’S NO RESPONSE

If your child keeps saying only “Car”, show two cars and offer a choice: “Red car or blue car?”

INTERMEDIATE LEVEL GAME 05 / 10

05

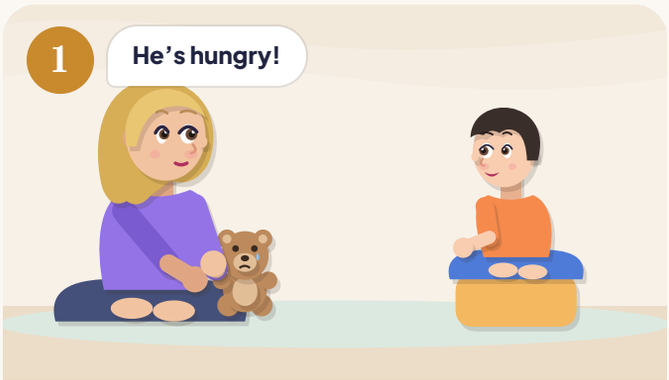
Feeding the Toy Animal

Subject + verb sentences and pretend (symbolic) play

YOU WILL NEED
A plush teddy or doll with an open mouth, a toy plate and spoon

COMMUNICATION GOAL
Sentences such as “Teddy is eating”, “Give food”, “Teddy is sleeping”

TIME AND FREQUENCY
10–15 minutes a day, close to mealtime



Act out the problem

Hold the teddy in your lap and make a whimpering sound: “Teddy is very hungry, he wants food.”



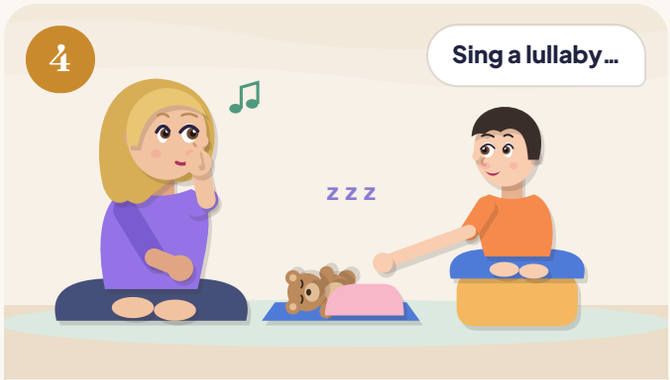
Hand over the spoon

Give your child the spoon and ask: “What shall we do for Teddy?” Wait 5 seconds.



Model the sentence

When your child holds the spoon to Teddy, say: “Teddy is eating!” Make funny chewing sounds.



Extend the play

Say “Yum yum, he’s full!” Then add a new action: “Now let’s put Teddy to sleep. Sing a lullaby.”

SAMPLE DIALOGUE

PARENT “Teddy is hungry. What shall we do?”

CHILD (Holds out the spoon) “Food!”

PARENT “Teddy is eating! Yum yum!”

CHILD “Teddy eating!”

TOP TIP

Pretending an empty spoon is full builds imagination and language together.

IF THERE’S NO RESPONSE

If your child isn’t interested, use their favourite character or toy. Feed it first yourself, then put the spoon in their hand.

INTERMEDIATE LEVEL GAME 06 / 10

06

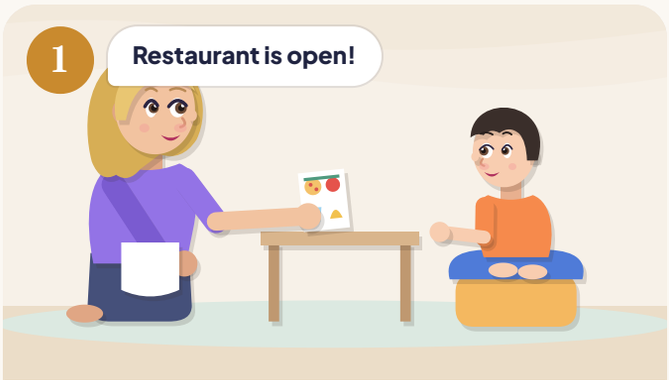
Picture Restaurant and Ordering

Role play, polite phrases and multi-word requests

YOU WILL NEED
A picture menu of foods, a toy tray and play kitchen items

COMMUNICATION GOAL
Phrases such as “I want pizza”, “Please”, “Thank you”

TIME AND FREQUENCY
Before meals at home, or in the classroom play corner



Set the table

Put the picture menu on the table. You are the waiter; your child is the customer.



Take the order

Show the menu and say: “Welcome! What would you like to eat?”



Help build the sentence

When your child touches a picture, model it: “I want pizza.” Wait for them to repeat.



Polite phrases

As you bring the tray, say “Enjoy your meal!” and reinforce your child saying “Thank you”.

SAMPLE DIALOGUE

PARENT (Waiter) “What would you like to drink?”

CHILD (Points to the juice picture) “Juice please!”

PARENT “Here’s your juice!”

CHILD “Thank you!”

TOP TIP

Then swap roles: your child is the waiter and you order.

IF THERE’S NO RESPONSE

If your child isn’t speaking yet, start with them choosing a picture card from the menu and handing it to you (a card exchange, as in PECS).

ADVANCED LEVEL GAME 07 / 10

07

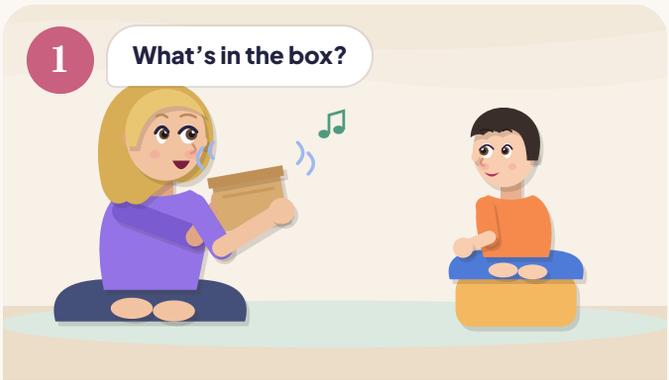
Guess What I Have!

Asking questions, listening to clues and describing

YOU WILL NEED
A cardboard box or cloth bag; household items, toys or animal cards

COMMUNICATION GOAL
Question frames such as “What colour?”, “Is it big?”, “Can you eat it?”

TIME AND FREQUENCY
3–4 times a week, 20 minutes



Create a mystery

Put an object your child knows (e.g. an apple) into the box and close it. Shake the box to make a sound.



Give a clue

“There’s something red and sweet in the box. Guess what it is!”



Prompt a question

Instead of guessing straight away, ask your child to ask a question: “Ask me: ‘Can you eat it?’”



Swap roles

Once they guess right, your child hides the object this time and you ask the questions.

SAMPLE DIALOGUE

PARENT “There’s an animal in the box! Ask me: ‘Does it fly?’”

CHILD “Does it fly?”

PARENT “No, but it says quack quack!”

CHILD “Duck!”

TOP TIP

You can also play with the same animal cards by putting a cardboard screen between you.

IF THERE’S NO RESPONSE

If the clues are hard to follow, lift the lid a little and show a small part of the object.

ADVANCED LEVEL GAME 08 / 10

08

Feelings Wheel and Comfort Theatre

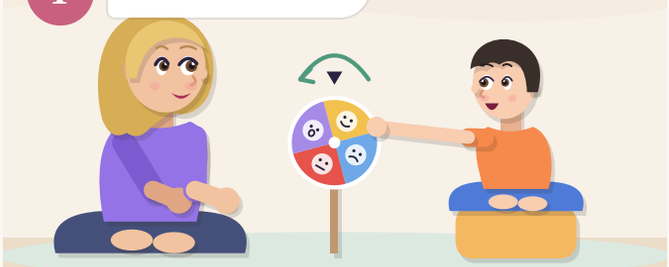
Feeling words, cause-and-effect sentences and empathy

YOU WILL NEED
A spinning wheel with happy, sad, angry and scared faces; a doll or teddy

COMMUNICATION GOAL
Saying "Sad, because his ice cream fell" and "Don't be sad"

TIME AND FREQUENCY
15–20 minutes a day of pretend play

1 How does he feel?



Spin the wheel

Your child spins the wheel. Tell a short story; let the wheel stop on the "sad" face.

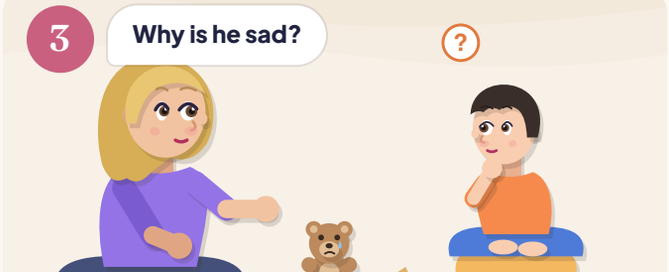
2 Oh no, it fell!



Act out the event

Make the toy drop its ice cream: "Oh no! His ice cream fell on the floor!"

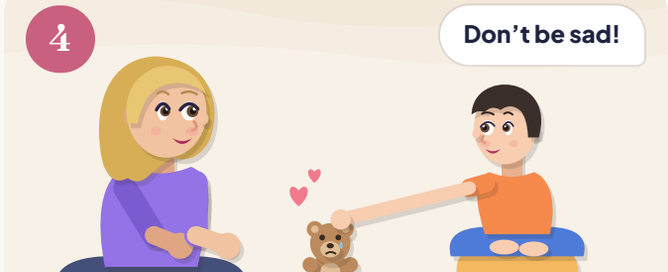
3 Why is he sad?



Ask why

"How do you think he feels? Why is he sad?" Wait for an answer starting with "Because…".

4 Don't be sad!



Comfort him

"What could you say to him?" Model it: "Don't be sad, I'll get you a new one." Act it out together.

SAMPLE DIALOGUE

PARENT "Toby the teddy is crying! Why is he sad?"

CHILD "Because his ice cream fell!"

PARENT "Well done! What shall we say to Toby?"

CHILD "Don't be sad, Toby!" (Hugs him)

TOP TIP

Use exaggerated facial expressions; your child learns to read feelings from faces.

IF THERE'S NO RESPONSE

If abstract feelings are hard, first play a game matching feeling-face cards to your own face.

ADVANCED LEVEL GAME 09 / 10

09

The Barrier Drawing Mystery

Describing without seeing, detailed description and listening

YOU WILL NEED
A cardboard screen, paper and crayons; a simple ready-made picture

COMMUNICATION GOAL
Instructions such as "Draw a yellow sun and put a blue house next to it"

TIME AND FREQUENCY
Twice a week, 25 minutes



Set up the barrier

Place a piece of cardboard on the table so neither of you can see the other's paper.



Your child describes

Give your child a ready-made picture (e.g. a yellow sun and a blue house). They describe the picture you can't see.



You draw and ask

Draw what you hear. When something isn't clear, ask: "Which colour should I use?"



Compare

Remove the barrier and put the two pictures side by side. Celebrate the similarities and the funny differences together.

SAMPLE DIALOGUE

CHILD "Draw a circle!"

PARENT "Done! What colour should I make it?"

CHILD "Make it yellow, it's a sun!"

PARENT "Great! What shall I draw next to the sun?"

TOP TIP

Describe first yourself and let your child draw; then swap roles.

IF THERE'S NO RESPONSE

If your child struggles, remove the barrier for the first rounds and show them how to describe.

ADVANCED LEVEL GAME 10 / 10

10

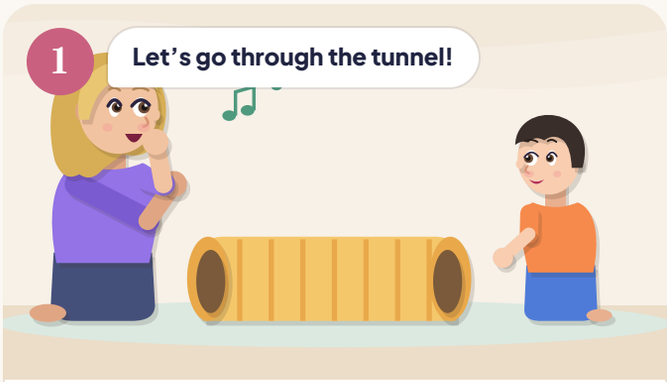
The Singing Tunnel (for Children Who Speak in Chunks)

Breaking up memorised phrases to build new sentences

YOU WILL NEED
A fabric play tunnel (or a blanket draped over two chairs)

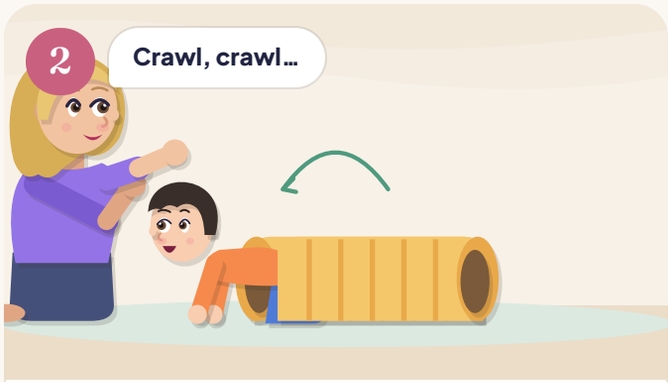
COMMUNICATION GOAL
Flexible frames such as "Let's go through the tunnel… / run / jump"

TIME AND FREQUENCY
10 minutes a day, as a movement game



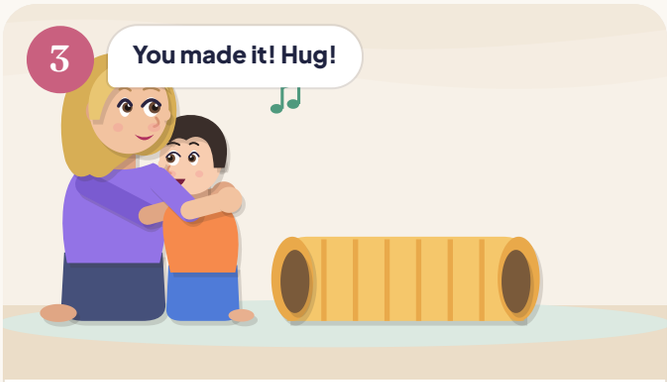
Sing the phrase

You are at one end of the tunnel, your child at the other. Call out in a sing-song voice: "Let's-go-through-the-tunnel-quick!"



Your child comes through

Your child crawls through the tunnel towards you. Repeat this a few times.



Hug

When your child comes out, give them a hug. Sing the phrase with the same tune every time.



Break the phrase

Once the phrase is familiar, say "Let's go through the…" and stop. Wait for them to say "…tunnel!" or "…run!"

SAMPLE DIALOGUE

PARENT "Let's go through the…" (waits)

CHILD "…tunnel!"

PARENT "Let's go through the tunnel… jumping!"

CHILD "Jumping!"

TOP TIP

Add a different action to the end of the phrase each time; your child learns to separate the parts.

IF THERE'S NO RESPONSE

If your child doesn't finish the phrase, whisper the first sound ("tun…"), and hug them when they finish it.

CHAPTER 08

Golden Advice

08

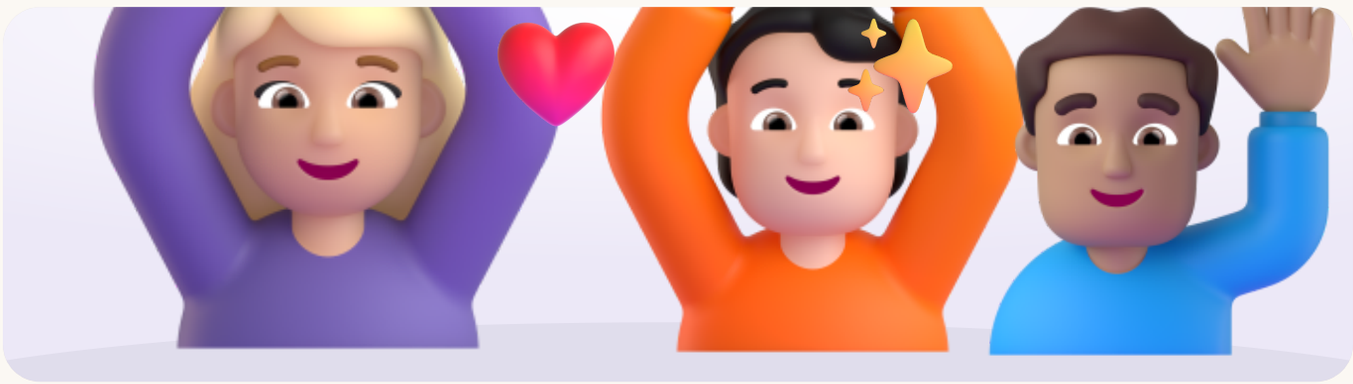
Common mistakes and suggestions for the future

Avoid the "therapist parent" trap
Quizzing your child all day — "Say this, what colour is that?" — puts them off communicating. Above all you are their loving parent; language work is small opportunities hidden inside loving play.

Don't keep saying "Say it!"
Pressure creates anxiety, and language isn't learned through anxiety. Model it once, calmly and cheerfully, then wait 5 seconds.

Don't ban echolalia
Instead of "Stop that nonsense!", try to understand which feeling the repetition stands for and give the right words: "All done, you want to go."

Respect their own pace
Every child's development is like a fingerprint. Don't compare: handing over a card independently is already a big victory.



Modules that could be added to the booklet

Bilingual homes
Research shows that growing up bilingual does not add extra delay to language development; families are not advised to give up their own language.

Tablets and AAC
Step-by-step set-up of talking (AAC) apps in the family's home language.

Peer communication
Games for mixing with other children at the park and at nursery.

Sensory calming
Sensory activities that calm the child (limited evidence; plan them with a specialist).

Topics that need more research

Most research on autism and language has been done with English-speaking children. Languages such as Turkish are agglutinative ("ev-im-de-ki-ler": "the ones in my house"). How autistic children learn suffixes in such languages, and how children who speak in chunks break up phrases in them, needs more study; language-specific card and material sets should be developed.

KEY CONCEPTS

Neurodiversity	A view that sees autism not as an illness but as a natural variation of the human brain that deserves respect.
Therapist trap	A parent forgetting their role as the child's safe haven and turning into a teacher who gives lessons all the time.
Bilingualism	A child growing up exposed to two languages at the same time in their family or surroundings.

References

1. American Psychiatric Association. (2022). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., text rev.; DSM-5–TR). Washington, DC: APA.
2. Blanc, M. (2012). *Natural Language Acquisition on the Autism Spectrum*. Communication Development Center.
3. Bondy, A., & Frost, L. (1994). The Picture Exchange Communication System. *Focus on Autistic Behavior, 9*(3), 1–19.
4. Dawson, G., Rogers, S., Munson, J., et al. (2010). Randomized, controlled trial of an intervention for toddlers with autism: the Early Start Denver Model. *Pediatrics, 125*(1), e17–e23.
5. Flippin, M., Reszka, S., & Watson, L. R. (2010). Effectiveness of the Picture Exchange Communication System (PECS) on communication and speech for children with autism spectrum disorders: A meta-analysis. *American Journal of Speech-Language Pathology, 19*(2), 178–195.
6. Hambly, C., & Fombonne, E. (2012). The impact of bilingual environments on language development in children with autism spectrum disorders. *J. Autism and Developmental Disorders, 42*(7), 1342–1352.
7. Hancock, T. B., & Kaiser, A. P. (2002). The effects of trainer-implemented enhanced milieu teaching on the social communication of children with autism. *Topics in Early Childhood Special Education, 22*(1), 39–54.
8. Hutchins, T. L., Knox, S. E., & Fletcher, E. C. (2024). Natural language acquisition and gestalt language processing: A critical analysis of their application to autism and speech language therapy. *Autism & Developmental Language Impairments, 9*.
9. Kasari, C., Paparella, T., Freeman, S., & Jahromi, L. B. (2008). Language outcome in autism: Randomized comparison of joint attention and play interventions. *J. Consulting and Clinical Psychology, 76*(1), 125–137.
10. Koegel, R. L., & Koegel, L. K. (2006). *Pivotal Response Treatments for Autism*. Paul H. Brookes.
11. Mundy, P., & Newell, L. (2007). Attention, joint attention, and social cognition. *Current Directions in Psychological Science, 16*(5), 269–274.
12. Prizant, B. M. (1983). Language acquisition and communicative behavior in autism: Toward an understanding of the "whole" of it. *J. Speech and Hearing Disorders, 48*(3), 296–307.
13. Prizant, B. M., & Duchan, J. F. (1981). The functions of immediate echolalia in autistic children. *J. Speech and Hearing Disorders, 46*(3), 241–249.
14. Schreibman, L., Dawson, G., Stahmer, A. C., et al. (2015). Naturalistic Developmental Behavioral Interventions. *J. Autism and Developmental Disorders, 45*(8), 2411–2428.
15. Shaw, K. A., Williams, S., Patrick, M. E., et al. (2025). Prevalence and early identification of autism spectrum disorder among children aged 4 and 8 years — ADDM Network, 16 sites, United States, 2022. *MMWR Surveillance Summaries, 74*(2), 1–22.
16. Skinner, B. F. (1957). *Verbal Behavior*. New York: Appleton-Century-Crofts.
17. Steinbrenner, J. R., Hume, K., Odom, S. L., et al. (2020). *Evidence-Based Practices for Children, Youth, and Young Adults with Autism*. FPG, UNC-Chapel Hill.
18. Sussman, F. (2012). *More Than Words* (2nd ed.). Toronto: The Hanen Centre.
19. Tager-Flusberg, H., et al. (2009). Defining spoken language benchmarks for children with ASD. *JSLHR, 52*(3), 643–652.
20. Trevisan, D. A., Roberts, N., Lin, C., & Birmingham, E. (2017). How do adults and teens with self-declared autism spectrum disorder experience eye contact? A qualitative analysis of first-hand accounts. *PLoS ONE, 12*(11), e0188446.



Talking Together: step by step, with patience, play and love.

3D images: Microsoft Fluent Emoji (MIT License). Translated from the Turkish edition "Birlikte Konuşuyoruz".

UNDERSTANDING AUTISM: DIAGNOSIS, PREVALENCE AND PSYCHOLOGICAL INTERVENTIONS

Assoc. Prof. Dr. Elvan KİREMİTÇİ CANIÖZ
Balıkesir University, Department of Psychology

Autism

Autism is a neurodevelopmental condition that begins in early childhood and stays with the person throughout their life. At the root of autism are differences in the development of the brain and in the way it processes information. Autism is not an illness, it is a difference; it is not a condition that arises from the way parents raise their child.

The official name used in diagnostic systems today is Autism Spectrum Disorder, ASD for short (American Psychiatric Association [APA], 2022; World Health Organization [WHO], 2019).

DSM-5–TR makes the diagnosis by looking at two core areas (APA, 2022):

1. Persistent difficulties in social communication and interaction. In this area, there is difficulty in reciprocal social-emotional interaction; a different way of using and understanding non-verbal communication such as eye contact, gestures and facial expressions; and finally, difficulty in forming, maintaining and making sense of relationships.

2. Restricted, repetitive patterns of behaviour, interests and activities. Under this heading, it is enough to see at least two of four features: repetitive movements or speech such as hand-flapping or echolalia (repeating what is heard); sticking rigidly to routines and resisting change; very narrow and intense interests; and over- or under-sensitivity to sound, light, texture or smell.

For a person to be diagnosed with autism, the symptoms must have begun in the early developmental period. However, these symptoms are not always immediately noticeable; in some children they only become clear when social expectations increase and more is asked of the child than they can cope with. These symptoms have a clinically significant effect on the person's daily functioning (APA, 2022).

History

The first person to formally describe autism, in 1943, was Leo Kanner. The children Kanner observed clearly avoided contact with others and wanted every object around them to stay the same (Kanner, 1943). The following year, Hans Asperger (1944) described a group that behaved somewhat differently, highlighting children whose language and intellectual development were relatively good but whose social interactions were markedly different. Asperger's writings remained unknown in the English-speaking world for a long time. It was Lorna Wing's 1981 article that introduced him to the field, and the name "Asperger syndrome" came into use after this article (Wing, 1981).

Autism Spectrum Disorder

The word "spectrum" is used to express that autism does not appear in the same way or with the same intensity in everyone. Wing and Gould (1979) showed that difficulties in social interaction, communication and imagination (the Wing triad) do not fit into boxes separated by sharp lines, but are spread along a continuum. The understanding that comes to mind today when we say spectrum largely stems from this study.

The formal change in diagnosis came in 2013 with the publication of DSM-5. Until then, according to the published diagnostic reference manual, autistic disorder, Asperger's disorder, childhood disintegrative disorder and pervasive developmental disorder not otherwise specified had been considered separate diagnoses; with DSM-5 these were brought together under the heading "Autism Spectrum Disorder" (APA, 2022; WHO, 2019). For this reason, "Asperger syndrome" is no longer considered an official diagnosis, although the term is still used in everyday language.

Three dimensions are generally mentioned when describing differences within the spectrum:

1. Level of support need. DSM-5-TR sets a separate level of support need: "requiring support" (Level 1), "requiring substantial support" (Level 2) and "requiring very substantial support" (Level 3) (APA, 2022).

2. Accompanying features. The clinician must also examine whether there is intellectual disability, language disorder, or a known genetic or medical condition. Someone who does not speak at all and someone who does very well at school but struggles with friendships can receive the same diagnosis.

3. Co-occurring diagnoses. ADHD, anxiety disorders, epilepsy, sleep problems and digestive (gastrointestinal) problems are common alongside autism (Lord et al., 2018, 2020).

It is wrong to imagine the spectrum as a ruler with "mild" autism at one end and "severe" at the other. The same person may be very strong in one area while needing intensive support in another. To understand the person, we need to look not at a single label but at their individual profile.

Prevalence

In terms of prevalence, it is estimated that about one in every 100 children worldwide is on the autism spectrum (Zeidan et al., 2022). In the USA, the most recent report published by the monitoring network of the Centers for Disease Control and Prevention gives the rate of autism spectrum disorder among 8-year-old children as about 1 in 31 (Shaw et al., 2025). However, the difference between these figures and the increase over the years point not so much to autism actually becoming more common, but to the widening of diagnostic criteria, increased awareness, and differences between countries in access to screening and services.

When autism spectrum disorder is compared by sex, boys are diagnosed about 3-4 times more often than girls (Loomes et al., 2017). However, for this comparison, because of situations such as girls and women not showing their symptoms in social settings, diagnosis is often delayed or never made.

Diagnosis and Support

The process of diagnosing autism spectrum disorder relies on developmental history and direct observation. The most commonly used tools for diagnosis are the Autism Diagnostic Observation Schedule (ADOS-2) and the Autism Diagnostic Interview (ADI-R). A reliable diagnosis can usually be made at around 2 years of age (Lord et al., 2020).

There is no cure for autism. The aim is to support the person's communication, independence and quality of life. Early and intensive developmental-behavioural interventions, speech and language therapy, occupational therapy, family education and adaptations in education are among the evidence-based approaches (Lord et al., 2018).

Points to Consider in the Psychological Intervention Process

- **Individual, multi-faceted assessment.** Every person's characteristics and needs are different. Therefore, the intervention plan should be prepared according to the person's needs and tailored to them. At the start of the intervention process, a comprehensive psychosocial and behavioural assessment should be carried out first. This assessment looks at difficulties in social communication and repetitive behaviours. Accompanying problems such as anxiety should also be addressed at this stage (Hai et al., 2025; Zaboski

- **Behavioural interventions.** One of the approaches with the strongest research support is applied behaviour analysis (ABA). ABA has been found effective in developing autistic children's social skills and self-care skills. Cognitive behavioural therapy (CBT) and speech and language therapy are also among the commonly used methods. CBT has been found to be particularly helpful in managing anxiety and obsessive thoughts (Hai et al., 2025; Vause et al., 2017).
- **Coping with anxiety and accompanying problems.** Anxiety symptoms are common in autism. When these symptoms are not addressed, they can worsen social difficulties and other behavioural problems. Therefore, anxiety symptoms need to be assessed correctly. In addressing these symptoms, methods such as CBT adapted for autism are used. Medication should be used only when it is truly needed, and with care (Zaboski and Storch, 2018).
- **Involvement of the family and the environment.** Active involvement of the family in the intervention process makes a big difference. Family support becomes even more important especially in eating problems or marked food selectivity, and support given at home makes the process easier (Blennerhassett et al., 2025). In these cases, family-based treatments are recommended. These approaches help parents feel more competent in coping with their children's symptoms
- **Early diagnosis and early intervention.** The earlier intervention begins, the more positive the developmental gains. Reliable screening tools should be used so that the first signs in children can be noticed at 18–24 months. Children who are identified early can also start suitable education and therapy programmes early (Abualait et al., 2024).
- **New technologies and innovative approaches.** Play-based therapies are increasingly used to support social interaction and skills through play. Methods such as non-invasive brain stimulation (non-invasive brain modulation), on the other hand, target neuroplasticity. These methods have the potential to improve behavioural and cognitive functions (Eshraghi et al., 2023; Prasad and Bhatia, 2025).
- **Teamwork and regular monitoring.** The intervention team usually includes psychologists, speech and language therapists, physicians, educators and the family working together. The intervention process is not static; the plan is updated through regular assessments as the person's needs change (Hai et al., 2025).

References

Abualait, T., Alabbad, M., Kaleem, I., Imran, H., Khan, H., Kiyani, M. M., & Bashir, S. (2024). Autism Spectrum Disorder in Children: Early Signs and Therapeutic Interventions. *Children (Basel, Switzerland)*, *11*(11), 1311. https://doi.org/10.3390/children11111311

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

Asperger, H. (1944). Die „Autistischen Psychopathen" im Kindesalter. *Archiv für Psychiatrie und Nervenkrankheiten, 117*, 76–136.

Brennan, J., Ward, O.F., Tomeny, T.S. *et al.* A Systematic Review of Parental Self-Efficacy in Parents of Autistic Children. *Clin Child Fam Psychol Rev* **27**, 878–905 (2024). https://doi.org/10.1007/s10567–024–00495–2

Eshraghi, A., Griff, J., Langlie, J., Bencie, N., Cromar, Z., Mittal, J., Memis, I., Wallace, S., Marcillo, A., & Mittal, R. (2023). Recent advancements in noninvasive brain modulation for individuals with autism spectrum disorder. *Neural Regeneration Research*, *18*(6), 1191, 1191–1195. https://doi.org/10.4103/1673–5374.360163

Hai, Y., Bai, S., Qiao, H., Li, D., Wang, D., & Xia, M. (2025). A Review of Therapeutic Approaches for Autism Spectrum Disorder. *Brain Sciences*, *15*(12), 1280. https://doi.org/10.3390/brainsci15121280

Kanner, L. (1943). Autistic disturbances of affective contact. *Nervous Child, 2*, 217–250.

Lord, C., Elsabbagh, M., Baird, G., & Veenstra-VanderWeele, J. (2018). Autism spectrum disorder. *The Lancet, 392*(10146), 508–520.

Lord, C., Brugha, T. S., Charman, T., Cusack, J., Dumas, G., Frazier, T., ... Veenstra-VanderWeele, J. (2020). Autism spectrum disorder. *Nature Reviews Disease Primers, 6*, 5.

Loomes, R., Hull, L., & Mandy, W. P. L. (2017). What is the male-to-female ratio in autism spectrum disorder? A systematic review and meta-analysis. *Journal of the American Academy of Child & Adolescent Psychiatry, 56*(6), 466–474.

Ozsahin, I., Mustapha, M. T., Albarwary, S., Sanlidag, B., Ozsahin, D. U., & Butler, T. A. (2021). An investigation to choose the proper therapy technique in the management of autism spectrum disorder. *Journal of Comparative Effectiveness Research*, *10*(5), 423–437. https://doi.org/10.2217/cer-2020-0162

Prasad, D., & Bhatia, S. (2025). *Autism Spectrum Disorder Diagnosis: A Comprehensive Review of Machine Learning Approaches* (pp. 89–101). Wiley. https://doi.org/10.1002/9781394280735.ch5

Shaw, K. A., Williams, S., Patrick, M. E., Valencia-Prado, M., Durkin, M. S., Howerton, E. M., Ladd-Acosta, C. M., Pas, E. T., Bakian, A. V., Bartholomew, P., Nieves-Muñoz, N., Sidwell, K., Alford, A., Bilder, D. A., DiRienzo, M., Fitzgerald, R. T., Furnier, S. M., Hudson, A. E., Pokoski, O. M., Shea, L., … Maenner, M. J. (2025). Prevalence and Early Identification of Autism Spectrum Disorder Among Children Aged 4 and 8 Years - Autism and Developmental Disabilities Monitoring Network, 16 Sites, United States, 2022. *Morbidity and mortality weekly report. Surveillance summaries (Washington, D.C. : 2002)*, *74*(2), 1–22. https://doi.org/10.15585/mmwr.ss7402a1

Vause, T., Neil, N., Jaksic, H., Jackiewicz, G., & Feldman, M. (2017). Preliminary Randomized Trial of Function-Based Cognitive-Behavioral Therapy to Treat Obsessive Compulsive Behavior in Children With Autism Spectrum Disorder. *Focus on Autism and Other Developmental Disabilities*, *32*(3), 218–228. https://doi.org/10.1177/1088357615588517

Wing, L. (1981). Asperger's syndrome: A clinical account. *Psychological Medicine, 11*(1), 115–129.

Wing, L., & Gould, J. (1979). Severe impairments of social interaction and associated abnormalities in children: Epidemiology and classification. *Journal of Autism and Developmental Disorders, 9*(1), 11–29.

World Health Organization. (2019). *International classification of diseases for mortality and morbidity statistics* (11th rev.; 6A02 Autism spectrum disorder).

Zaboski, B. A., & Storch, E. A. (2018). Comorbid autism spectrum disorder and anxiety disorders: a brief review. *Future Neurology*, *13*(1), 31–37. https://doi.org/10.2217/fnl-2017-0030

Zeidan, J., Fombonne, E., Scorah, J., Ibrahim, A., Durkin, M. S., Saxena, S., Yusuf, A., Shih, A., & Elsabbagh, M. (2022). Global prevalence of autism: A systematic review update. Autism Research, 15(5), 778–790. https://doi.org/10.1002/aur.2696