AN ILLUSTRATED HANDBOOK FOR FAMILIES

Language at Home, at School, in Life

A step-by-step guide for families of autistic children, from the home and school environment to language teaching methods



19 chapters

4 communication stages

12 week home plan

28 cut-out cards

Language Acquisition Support for Individuals with Autism

OBİ-DİL · Language Acquisition Support for Individuals with Autism
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Language Acquisition Support for Individuals with Autism

Language at Home, at School, in Life

A Handbook for Families of Autistic Children

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Important note

This book has been prepared to inform families and to support daily life at home. It does not replace a medical diagnosis, an individual assessment or an education programme run with a professional. Make decisions about your child together with your child and adolescent psychiatrist, speech and language therapist and special education specialist.

The suggestions in this book are based on published research. Sources are given in the "What does the research say?" boxes in each chapter and in the reference list at the end of the book. Children's names and case examples are fictional.

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GETTING STARTED

What does this book offer you?

You do not have to be your child's language teacher. But you are the person who spends the most time with your child and knows them best. This book shows you how to turn the day you are already living (breakfast, bath time, the walk to the shop) into chances to communicate.

Research shows that communication strategies used by the family in daily life support the social communication and language of autistic children. You do not need a special room, expensive materials or hours of work at a table. What you need is to repeat a few simple habits every day.

The four parts of the book

PART 1

Understanding

What is autism, how does language develop, where is my child now?

PART 2

Preparing the environment

Home, visual supports, school and how they work together.

PART 3

Language teaching methods

From core principles to conversation, from alternative communication to bilingualism.

PART 4

Everyday practice

Routines, play, challenging behaviour and the family itself.

How should I read it?

1

Chapter 3 first

Work out which of the four communication stages your child is at.

2

Then the environment

Choose two of the home arrangements in Chapters 4 and 5 and put them in place.

3

Pick one principle

Try one of the six principles in Chapter 8 for a week.

4

Follow the plan

The 12-week plan in the appendices takes you forward step by step.

The boxes on the pages

TRY IT AT HOME TODAY

WHAT DOES THE RESEARCH SAY?

CAUTION

OBİ-DİL LINK

THREE THINGS TO REMEMBER

Every child is different. The ages and time spans given here are averages. Go by your own child's pace.

Communication is bigger than speech. A look, a gesture, a picture card, a device and a word are all communication, and all of them are valuable.

Little but every day. Five minutes three times a day works better than one hour once a week.

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PART 1

Understanding

The first step in helping is to see how your child perceives the world and which step of communication they are standing on.



1 Getting to know autism

2 Language and communication in autism

3 Which stage is my child at?

CHAPTER 1 · UNDERSTANDING

01 Getting to know autism

Not an illness, but a different path of development

IN THIS CHAPTER

- The two core features of autism, how common it is, its causes
- What does “spectrum” mean? Common myths
- How can I tell if my child is autistic?
- What should I do once I have concerns, and after diagnosis?
- State education services in Türkiye
- Special education and rehabilitation centres
- Nursery and kindergarten
- Associations and foundations

Autism spectrum disorder (ASD) is a difference in the way the brain develops. It begins in early childhood and lasts throughout life. It is not contagious, it is not temporary and it is nobody's “fault”.

According to DSM-5-TR, the most widely used manual in the world, the diagnosis is made by looking at features in two areas. The diagnosis is not made with a blood test or a brain scan. It is made by a specialist doctor who observes the child's behaviour and talks with the family.

1 · Social communication and interaction

- Difficulty starting and keeping up two-way interaction
- Using non-verbal communication such as eye contact, gestures and facial expressions differently
- Difficulty making friends and sharing play in ways expected for their age

2 · Restricted, repetitive behaviour and interests

- Repeated movements, use of objects or speech (echolalia)
- Insisting on sameness, holding tightly to routines
- Very intense, narrow interests
- Over- or under-sensitivity to sensory input such as sound, light and touch

How common is it?

1 in 31
The proportion of 8-year-old children in the USA with an autism diagnosis (2022 data).

1 in 100
The median estimate of studies worldwide. There are large differences from country to country.

3 to 1
The ratio of boys to girls. In girls the signs may be noticed later.

The main reasons the numbers have risen over the years are broader diagnostic criteria, greater awareness and more widespread screening.

WHAT DOES THE RESEARCH SAY?

Causes: A study of more than two million children from five countries found that about 80% of the individual differences in autism are explained by hereditary factors. **Vaccines do not cause autism:** A meta-analysis covering more than 1.2 million children found no link between vaccines and autism. The way parents bring up their child is not a cause of autism either.

Shaw et al., 2025; Zeidan et al., 2022; Loomes et al., 2017; Bai et al., 2019; Taylor et al., 2014

What does "spectrum" mean?

The spectrum is not a single line running "from mild to severe". Each child's strengths and the areas where they need support form a different **profile**. Two children with the same diagnosis may be nothing like each other.

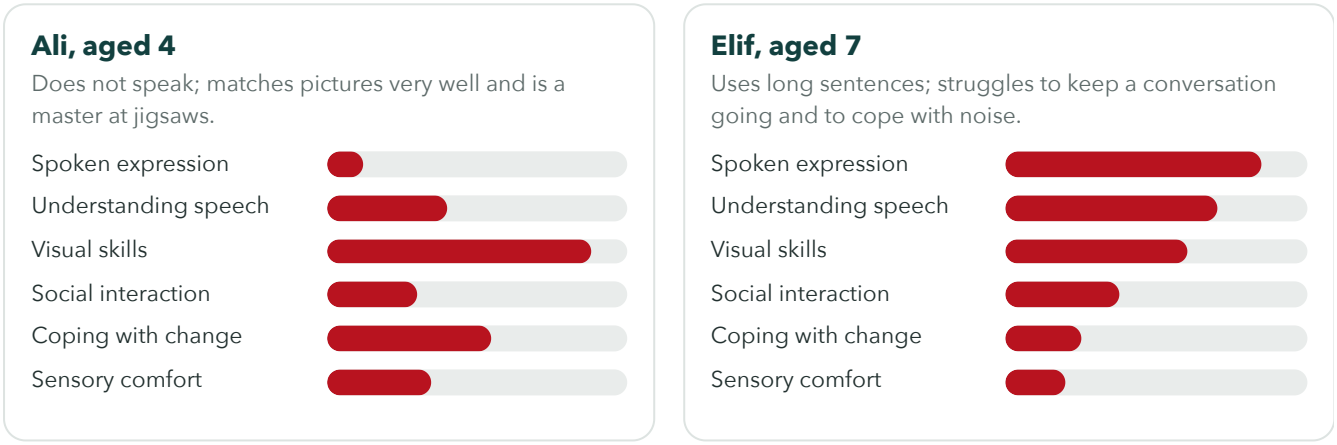


Figure 1.1 Two different profiles (fictional example). The longer the bar, the more comfortable the child is in that area. You can draw up your own child's profile with the form in Chapter 3.

Three levels of support

Level	What does it mean?
Level 1	Requires support. The child usually speaks; they find it hard to start a conversation, to be flexible and to plan.
Level 2	Requires substantial support. Difficulties in verbal and non-verbal communication are noticeable even with support in place.
Level 3	Requires very substantial support. The child very rarely starts communication; change causes intense distress.

A level is not a "label". It describes the support needed at that time, is set separately for each of the two areas and can change over time. Language level and intellectual development are stated separately in the diagnosis.

Common myths

You will hear many things about autism from the people around you, from social media and sometimes from well-meaning relatives. Each of the sixteen common beliefs below has been tested by research. You can copy this page and share it with grandparents and teachers.

Myth	What does the research show?	Source
✗ Vaccines cause autism.	A meta-analysis covering more than 1.2 million children found no link at all between vaccines and autism. Delaying vaccination does not protect the child; it leaves them open to disease.	Taylor et al., 2014
✗ A cold mother or a distant father causes autism.	This view was disproved decades ago. About 80% of the differences in autism are explained by hereditary factors.	Bai et al., 2019
✗ Television and tablets cause autism.	There is no evidence that screens cause autism. However, long and solitary screen use can harm language and development in any child, so it should be limited.	Madigan et al., 2019; Christakis et al., 2009
✗ Autism has spread like an epidemic in recent years.	The main reasons for the rise are broader diagnostic criteria, more widespread screening and greater awareness.	Shaw et al., 2025; Zeidan et al., 2022
✗ Autism is only seen in boys.	It is seen in girls too (about 3 boys to 1 girl). Because the signs are less obvious in girls, diagnosis is often delayed.	Loomes et al., 2017
✗ Autistic children do not feel love or form attachments.	They become attached to their parents and love them; the way they show it may be different.	Rutgers et al., 2004
✗ He makes eye contact and hugs; it can't be autism.	Autism is a spectrum. Children who make eye contact, hug and speak can also be diagnosed. The diagnosis is not based on a single behaviour.	APA, 2022
✗ They all have an intellectual disability. / They are all geniuses.	Both are wrong. About 40% of diagnosed children also have an intellectual disability; the rest are of average or above-average intellectual ability. Exceptional talent is seen in a minority.	Shaw et al., 2025
✗ If he doesn't speak, he doesn't understand.	Understanding and speaking are separate skills. Many children who do not speak understand more of what is said than people think.	Tager-Flusberg & Kasari, 2013
✗ Boys talk late; you just have to wait.	Waiting wastes time. If there are no single words at 16 months or no two-word phrases at 24 months, an assessment should be requested.	Filipek et al., 1999
✗ If he hasn't spoken by the age of five, he never will.	70% of children with a severe language delay at the age of four began speaking in phrases by the age of eight.	Wodka et al., 2013
✗ If he uses picture cards or a device, he won't bother to speak.	Alternative communication does not hold speech back; in most children it increases speech production a little.	Schlosser & Wendt, 2008
✗ Two languages will confuse him; only one should be spoken at home.	The language development of autistic children growing up in a bilingual setting is not behind that of their monolingual peers.	Hambly & Fombonne, 2012
✗ He will grow out of it by himself.	Autism lasts throughout life. The signs can ease markedly with education. There is also a small group who no longer meet the diagnostic criteria, but this is linked to early and intensive support, not to waiting.	Fein et al., 2013
✗ He's just spoilt; a bit of discipline will sort it out.	Challenging behaviour is mostly the result of not being able to express oneself. What reduces the behaviour is not punishment but teaching a way of communicating that does the same job.	Carr & Durand, 1985

Myth	What does the research show?	Source
✗ Special diets, chelation or oxygen therapy cure autism.	These methods have not been shown to affect the core features of autism, and some are dangerous. Guidelines recommend against using them.	NICE, 2013

💡 **HOW DO I TEST A PIECE OF INFORMATION?**

- Who is saying it? Do they have expertise, or something to gain?
- Does it use words like "miracle", "guaranteed" or "100%"?
- Is it based only on individual family stories?
- What do ministry, university or professional association sources say?
- Is a product or a paid programme being sold?
- If you are not sure, ask your child psychiatrist.

For reliable sources, mobile apps and book suggestions, see Appendix F.

How can I tell if my child is autistic?

There is no single sign of autism. What matters is that the child's **social communication behaviours** are fewer or different for their age. Families usually first become concerned between 12 and 24 months. If you see several of the signs below together and all the time, ask for an assessment. A single sign does not mean a diagnosis.

Age	Signs to look out for
6–12 months	Rarely looks at you and smiles. Does not turn towards your voice or face when you call. There is no back-and-forth exchange of sounds (cooing games). Does not hold out their arms to be picked up.
12 months	Does not turn when their name is called. Does not babble ("ba-ba", "da-da"). Has no gestures such as waving, reaching or showing. Does not join in peekaboo.
16–18 months	Does not say single words. Does not point to what they want; does not show you things that interest them. Does not look where you point. Does not copy simple actions. Does not play "pretend" games such as talking on a toy phone.
24 months	Does not use meaningful two-word phrases of their own accord (words that are only repeated do not count). Shows no interest in other children. Uses toys not for their purpose but by lining them up or spinning them.
3–5 years	Does not set up play with peers; plays alone. Speech relies on repetition; conversation is one-sided. Becomes very distressed when a routine changes. Reacts strongly to certain sounds, textures or foods. Has repeated movements such as hand-flapping, walking on tiptoe or rocking.
School age	Finds it hard to make and keep friends. Has difficulty understanding jokes, hints and facial expressions. Shows intense interest in a very narrow topic. Holds tightly to rules and sameness.

In girls the signs may be less obvious: they fit in by copying their peers and their interests are similar to those of other girls their age, so diagnosis may be delayed.

⚠️ FIVE SITUATIONS WHERE YOU SHOULD SEEK HELP WITHOUT WAITING

- No babbling, pointing or other gestures at 12 months
- No single words at 16 months
- No two-word phrases of their own accord at 24 months
- Not responding consistently to their name
- **At any age**, losing words or social skills they had already gained

Do not wait because someone says “Boys talk late” or “His father was just the same”. Even if the assessment does not point to autism, the cause of the language delay will have been found early.

Filipek et al., 1999; Zwaigenbaum et al., 2015

Conditions that can be mistaken for autism

Similar signs can also be seen in hearing loss, developmental language disorder, global developmental delay, lack of stimulation due to heavy and solitary screen use, or severe neglect. Telling them apart is the specialist's job, not the family's. This is why a **hearing test** is always part of the assessment.

How are screening and diagnosis carried out?



Screening

In Türkiye, under the Ministry of Health screening programme, family doctors assess children aged 18–36 months for autism risk. The most widely used tool in the world is the M-CHAT-R/F, a 20-question parent form designed for 16–30 months.

Screening does not give a diagnosis; it only says “this needs a closer look”.



Diagnosis

The diagnosis is made by a child and adolescent psychiatrist. Specialists in child neurology and developmental paediatrics may also take part in the assessment.

It consists of a detailed interview with the family, observation of the child at play and developmental tests.



When?

A diagnosis made by experienced specialists at around the age of 2 is largely stable. A diagnosis can be made earlier if the signs are clear, or at school age if they are mild.

Take short videos of play filmed at home to the appointment.

🏠 PREPARE BEFORE THE APPOINTMENT

- The age when you first became concerned and the behaviours that worried you
- Ages of first smile, sitting, walking and first word
- Has any skill been lost, and when?
- Pregnancy, birth and illnesses the child has had
- Any similar developmental history in the family
- 2–3 minute videos of play and mealtimes filmed at home
- Observations from the nursery or school teacher
- The questions you want to ask (in writing)

What should I do once I have concerns, and after diagnosis? The route in Türkiye

1 Family doctor
Explain your concern; ask for screening and a referral to child psychiatry. Have a hearing test done.

2 Child psychiatry
Diagnostic assessment. Appointments at state and university hospitals are made through MHRS, the central booking system.

3 ÇÖZGER report
The health board of an authorised hospital issues a Special Needs Report for Children (ÇÖZGER).

4 RAM
Take the report to the Guidance and Research Centre (RAM) in your district: educational assessment, support education report, school placement.

5 Education begins
Support education, pre-school or school; speech and language therapy; the activities in this book at home.

- **Do not put education on hold while you wait for a diagnosis.** Appointments and reports can take months. You can start the activities in Chapters 4, 5 and 8 of this book today. None of them needs a diagnosis and none can harm any child.
- **Keep the originals of reports and hand over photocopies.** Start a file: reports, test results, education plans and your own observation notes.
- **Ask about co-occurring conditions.** Sleep, feeding and digestive problems, epilepsy and attention difficulties often occur alongside autism and are dealt with separately.
- **Medication does not treat autism.** The doctor may suggest medication for co-occurring problems such as sleep or severe restlessness. The main support for autism is education.
- **Get in touch with a family association.** Families who have been down the same road will give you practical information and encouragement.

State education services in Türkiye

Special education services come under the Ministry of National Education (Millî Eğitim Bakanlığı, MEB) and are **free of charge**. The special education assessment board at the RAM decides, together with the family, which setting is suitable. The decision is not permanent; it can be reviewed every year in line with the child's development.

Institution / service	Age	What does it offer?
Guidance and Research Centre (RAM)	All ages	Educational assessment, support education report, school placement, guidance for the family. It is the gateway to all educational rights.
Early childhood education	0–36 months	Early support centred on family training; at home or in a centre. The RAM refers you.
Special education kindergarten and reception class	37–66 months	Pre-school education with a special education teacher in a small class. Pre-school education at this age is compulsory for children with special educational needs.
Inclusive (mainstream) placement	Pre-school to upper secondary	Education in the same class as peers, with an individualised education programme (IEP; "BEP" in Türkiye) and a resource room.
Special education class	Primary to upper secondary	A small class with a special education teacher inside a mainstream school; the child joins peers for some lessons and activities.
Special education practice school	Levels I, II and III	A separate school for pupils with intensive support needs; the programme centres on daily living and communication skills.
Special education vocational school	Upper secondary age	Preparation for work and independent living.
Education at home and in hospital	School age	A teacher is assigned to pupils who cannot attend school for health reasons.

On the health side, diagnosis and follow-up take place in the child and adolescent mental health outpatient clinics of state and university hospitals. For social entitlements (home care support, disability identity card, travel discounts and so on), apply to the Provincial Directorate of Family and Social Services (Aile ve Sosyal Hizmetler İl Müdürlüğü) or call the Alo 183 helpline. Institution names and age limits may be updated when regulations change; please confirm with the RAM.

Special education and rehabilitation centres in Türkiye

These are centres licensed by the MEB and run by private individuals and organisations. Your child receives individual and group education there **in addition** to attending school or nursery. Once you have a "support education report" from the RAM, the fee for the education stated in the report is paid directly to the centre from the state budget, up to a set monthly amount. You choose the centre and you can change it.

Questions to ask when choosing a centre

- ☐ Does it have an MEB licence and permission to run a support education programme for autism?
- ☐ What is the profession and autism experience of the person who will work with my child?
- ☐ Is there a speech and language therapist on the staff?
- ☐ Is the session really one-to-one, and how many minutes does it last?
- ☐ Can I watch the session (through a window, on camera or in the room)?
- ☐ Are goals given in writing and measured regularly?

- [ ] Am I taught what to do at home?
- [ ] Do the teachers change often?
- [ ] Do they keep in touch with the teacher at school?
- [ ] Is an extra fee asked for sessions paid for by the state?

> ⚠ **CAUTION**
>
> If you are asked to sign when your child has not attended the session at all, if sessions are cut short or if you are given no information, change the centre and report the situation to the RAM or to the provincial/district directorate of national education. A good centre does not keep you waiting at the door; it invites you in.

Nursery and kindergarten in Türkiye

Being with peers is a powerful learning opportunity for young autistic children: there are children of the same age to imitate, to play with and to wait their turn with. But this opportunity does not work by itself; the setting needs to be prepared.



State kindergarten and reception class

These come under the MEB. The child is placed as an inclusion pupil by decision of the RAM; an IEP is drawn up and class size is limited by regulation.



Private nursery and day-care centre

Private settings licensed by the Ministry of Family and Social Services or by the MEB. Admission conditions and the support available vary from one setting to another.



Municipal and public nurseries

Some municipalities and public bodies run nurseries; some of these give priority to children with special needs or have a separate unit. Ask your municipality.

When choosing a nursery

- [ ] Have they worked with a child with special needs before?
- [ ] How many children and how many adults are in the class?
- [ ] Is the daily routine fixed and shown in pictures?
- [ ] Is there a quiet corner where the child can calm down?
- [ ] Do they accept the cards and communication tool the child uses?
- [ ] Is the teacher open to putting the therapist's suggestions into practice?
- [ ] Is a shadow teacher or support worker allowed if needed?
- [ ] Will I be able to find out every day how the day went?

Getting started: Begin with short stays in the first week and increase the time gradually. Give the teacher the "Get to know me" page in Chapter 6. Make a social story with photographs of the nursery (Chapter 12). Under the Law on Persons with Disabilities (Engelliler Hakkında Kanun), the education of disabled

people cannot be prevented on any grounds. If your child is turned away only because of their diagnosis, you can apply to the provincial directorate of national education or of family and social services.

Associations and foundations in Türkiye

Civil society organisations provide family training, advice lines, advocacy for rights and solidarity between families. Those listed below are a selection of nationally known organisations; many provinces also have local autism associations.

Organisation	Main activities
Tohum Otizm Vakfı (Tohum Autism Foundation; İstanbul, 2003)	Early diagnosis and special education; training for families and teachers; free online training content and publications; screening work with the Ministry of Health.
Otizm Dernekleri Federasyonu (Federation of Autism Associations, ODFED)	The umbrella organisation of autism associations in Türkiye; advocacy and policy work. The federation can tell you which member association is nearest to you.
Türkiye Otistiklere Destek ve Eğitim Vakfı (Foundation for the Support and Education of Autistic People in Türkiye, TODEV)	Education and living centres; skills and job training for young people and adults.
Anadolu Otizm Vakfı (Anatolia Autism Foundation, ANOV)	Family support and awareness work; education programmes.
Otizm Vakfı (Autism Foundation)	Special education, family counselling and awareness events.
İLGİ Otizm Derneği (İLGİ Autism Association; Ankara)	Family solidarity, education and work for autistic adults.
Local autism associations	Family groups and events at province and district level; contact with local institutions.
University practice and research units	Assessment and education units attached to departments of special education, child psychiatry and speech and language therapy.

This list is not a recommendation or an endorsement; please check each organisation's current services on its own official website. If an association or centre promises a "guaranteed cure", remember the warning signs in Chapter 7.

KEY POINTS

- Autism is a difference in development; the family is not the cause.
- Each child's profile is their own.
- Early and regular support develops the child's communication and adaptive skills; there is no reason to wait.
- Road map: family doctor → child psychiatry → ÇÖZGER → RAM → education. Start at home while you wait for the diagnosis.

02 Language and communication in autism

Speech is only the visible tip of the iceberg

IN THIS CHAPTER

- The difference between communication, language and speech
- The steps of language development
- What develops differently in autism?
- What does echolalia tell us?
- What does research say about the future?

Three terms: communication, language, speech

Communication

Getting a message across to someone else. Crying, pulling by the hand, looking, pointing, handing over a card and speaking are all communication.

Language

The shared system made up of words and rules. **Receptive language** is understanding; **expressive language** is getting your message out.

Speech

Producing language with sounds. It is not the only route for language; language is also used through signs, pictures and devices.

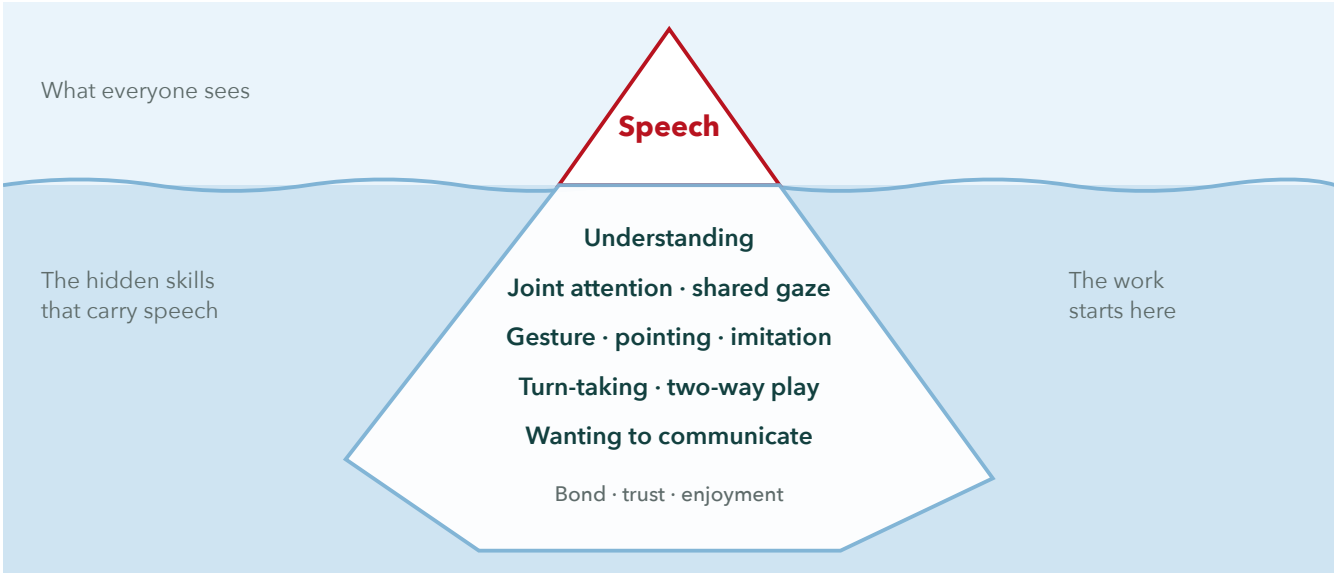


Figure 2.1 The communication iceberg. Words are built on the skills below the waterline. Telling a child "say it!" is like pulling at the tip of the iceberg; as the part underneath grows, the tip rises by itself.

The steps of language development



Figure 2.2 The language staircase in typical development. Ages are averages. Autistic children usually climb the same steps later and in a different order; what matters is not age but *which step the child is on right now*.

What develops differently in autism?

Area	What does it look like at home?	Why does it matter for language?
Joint attention	Does not look where you point; does not show you things that interest them.	Words are learned in moments when two people look at the same thing together.
Gesture and pointing	Takes your hand and moves it to the object instead of pointing.	Pointing is a forerunner of first words.
Imitation	Does not copy games such as clapping or peekaboo.	A child who imitates actions will also imitate sounds and words.
Understanding	Does not always turn to their name; cannot follow an instruction without a prompt.	A child cannot use a word they do not understand.
Echolalia	Repeats your question or a line from a cartoon word for word.	It is often an attempt to communicate; language can be built on it.
Use (pragmatics)	Speaks only to ask for things; conversation is one-sided; takes figures of speech literally.	The social rules of language need to be taught separately.
Voice and melody	Speaks in a flat or sing-song voice; mixes up "I" and "you".	It affects how well the child is understood and how conversation flows.

⚠️ **CAUTION: LOSS OF WORDS ALREADY GAINED**

In about one third of autistic children, a loss of words or social skills that were used before is reported, mostly between 15 and 24 months. If you notice a loss like this, see your paediatrician and a child psychiatrist without waiting. A **hearing test** should be done for every child with a language delay.

Barger et al., 2013

Echolalia: what repetition tells us

Echolalia is the repetition of words that have been heard, either straight away or later. For a long time it was seen as "meaningless", but detailed observation has shown that most of these repetitions have a function.

What did the child say?	What might they mean?	What can you say?
"Do you want water?" (repeats your question)	"Yes, I do."	Say it as the child would: "I want water." Give the water.
"Come on, we're going!" (on seeing their shoes)	"I want to go outside."	"Let's go outside. Shoes on."
A line from a cartoon (after falling over)	"It hurts / I was scared."	"You fell. It hurts. Let me kiss it better."

The rule is simple: **do not silence the child, find the meaning, and model the short, correct sentence the child could say.** The details are in Chapter 11.

What do we know about the future?

🔍 **WHAT DOES THE RESEARCH SAY?**

- About **25–30%** of autistic children use very few words or do not speak at all at school age.
- In a study that followed 535 children with a severe language delay at the age of 4, **70%** began speaking in phrases and **47%** fluently by the age of 8. The belief that "a child won't speak after the age of 5" is not true.
- A review that brought together 54 follow-up studies showed that language development varies a great deal from child to child, but that as a group the children made progress over time.
- Early **joint attention** and **play** skills predict later language development; when these skills are worked on, language moves forward too.

Tager-Flusberg & Kasari, 2013; Wodka et al., 2013; Brignell et al., 2018; Mundy et al., 1990; Kasari et al., 2008

🏠 TRY IT AT HOME TODAY: A 10-MINUTE OBSERVATION

When you play with your child today, do not try to teach anything; just watch and take notes: **What did they do to ask you for something?** (cried, pulled your hand, looked, pointed, made a sound, said a word) **What did they do to show you something?** These notes are the first lines of the form in Chapter 3.

KEY POINTS

- Communication begins before speech and is bigger than speech.
- Words are built on joint attention, gesture, imitation and understanding.
- Echolalia is a bridge, not a barrier.
- Language development continues at school age too.

CHAPTER 3 · UNDERSTANDING

03 Which stage is my child at?

A four-stage communication road map



IN THIS CHAPTER

- The OBİ-DİL four-stage road map
- What does the child do at each stage, and what is the goal?
- Home observation form
- Choosing the right goal: “one step up”

Setting a goal far above the child's level tires both of you; staying below it wastes time. So the first job is to see where your child stands today.

The four stages below are based on the road map in the OBİ-DİL project's “Language Acquisition and Autism Outcomes” guide. You look not at age but at **what the child does today**. A child may show features of two stages at once; go by the stage that fits most often.

STAGE 1

Pre-language foundations

What does it look like? Mostly plays alone. Shows what they want by crying or by moving your hand to the object. Does not always turn to their name.

Goal: Enjoying being together, joint attention, turn-taking, imitation, pointing.

Chapters 8, 9 · “Own Agenda” stage in the Hanen model

STAGE 2

First words and symbols

What does it look like? Looks, reaches, points and makes sounds to ask for things; uses a few words, signs or picture cards.

Goal: Starting with 10–15 functional words or symbols; as well as requesting, showing, refusing and greeting.

Chapters 10, 13, 14 · “Requester” stage

STAGE 3

Combining words

What does it look like? Has dozens of words and is starting to put two words together. Echolalia is common. Answers simple questions.

Goal: Two- and three-word sentences, action words and word endings, asking questions, listening to short stories.

Chapters 11, 17 · “Early Communicator” stage

STAGE 4

Conversation and expressing feelings

What does it look like? Uses sentences; talks at length about a favourite topic but finds it hard to listen to the other person, wait their turn and say how they feel.

Goal: Two-way conversation, feeling words, telling what happened, generalisation to different people and settings.

Chapter 12 · “Partner” stage

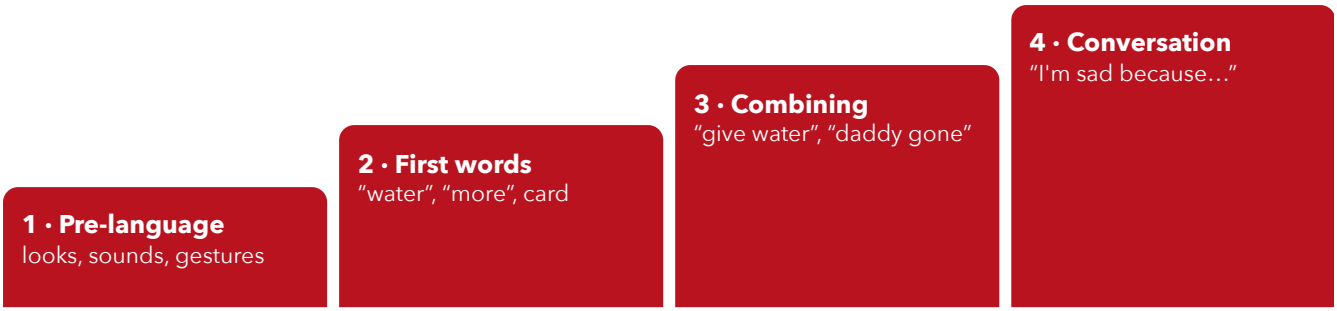


Figure 3.1 The four stages. Each stage is built on the one before; rather than skipping a stage, make it solid.

Which stage? A quick checklist

Tick the things your child does **on most days, of their own accord**. The highest stage with the most ticks is your child's current stage.

Stage 1

- ☐ Reaches for what they want or moves my hand to it
- ☐ In games such as tickling or swinging, looks at me or wriggles as if to say "again"
- ☐ Looks at my face briefly during a favourite game
- ☐ Sometimes turns on hearing their name

Stage 2

- ☐ Points with a finger to an object that is out of reach
- ☐ Brings or holds up something to show it to me
- ☐ Uses at least 3–5 words, signs or cards meaningfully
- ☐ Understands instructions such as "give", "come", "sit"

Stage 3

- ☐ Has close to 50 words/symbols or more
- ☐ Combines two words ("mummy come")
- ☐ Answers the questions "What's this?" and "Who?"
- ☐ Repeats sentences they have heard, sometimes in the right place

Stage 4

- ☐ Uses sentences of three or more words
- ☐ Tells about something that happened during the day
- ☐ Asks questions ("Where are we going?")
- ☐ Takes at least two turns in a conversation

Home observation form

Watch for ten minutes a day over three days. **Which way** does your child use for each purpose? Put a ✓ in the box. This form is the most valuable information you can share with your therapist.

What for?	Crying / shouting	Pulling my hand	Looking / reaching	Pointing / gesture	Sound	Word	Card / device
Asking for something							
Refusing, "no"							
Asking for help							
Getting my attention							
Showing something							
Greeting							
Asking a question							
Expressing a feeling							

How to read it: If the ticks cluster in the columns on the left, the goal is to teach the child to express the same purpose in the way one column to the right. Rows left empty show communication purposes that are not yet used at all; these are new goals.

The right goal: one step up

What does the child do now?	One step up	A goal too far (not for now)
Asks by crying	Asking by reaching or by moving your hand	Saying "I want water"
Moves your hand	Pointing, handing over a card or making a sound	Using a sentence
Single word: "ball"	Two words: "throw ball", "big ball"	"Can you throw the ball to me?"
Uses short sentences	Adding a reason, a feeling or a question to the sentence	Telling a long event in order

🔗 **OBİ-DİL LINK**

For the academic basis of the stages, see the project's "Language Acquisition and Autism Outcomes" guide. For ten illustrated games suited to each stage, see the book "Birlikte Konuşuyoruz" (Talking Together). Both are published on the project website.

KEY POINTS

- The goal is just one step above what the child does today.
- Fill in the observation form again every three months; it is the best way to see progress.
- A stage is not a judgement; it is a starting point.

PART 2

Preparing the environment

A predictable, calm environment that invites communication is half of the teaching. We set up the home first, then the school, then the bridge between the two.



4	The home environment
5	Visual supports
6	The school environment
7	The home–school–therapy triangle

CHAPTER 4 · PREPARING THE ENVIRONMENT

04 The home environment

A predictable, calm home that invites talking



IN THIS CHAPTER

- The four principles of a good home environment
- Room-by-room suggestions
- Adjusting for sensory differences
- Screens, sleep and safety
- A layout that creates chances to communicate

You do not need to refurnish your home. The aim is to make sure of four things: your child **knows in advance** what will happen, their senses are **comfortable**, they have **a reason** to communicate with you, and they are **safe**.



Predictability
Everything has its place and every task has its order. Changes are announced in advance.



Sensory comfort
Noise, light and crowds stay at a level your child can cope with.



Chances to communicate
Favourite things are in sight but out of reach without help; your child comes to you to ask.



Safety
Doors, windows, medicines and water sources are under control.

The home plan, room by room



Figure 4.1 A sample home plan. Do not set everything up at once: start with the play corner (1) and the calm corner (6), then the kitchen (2).

A layout that invites communication

A child who can reach everything alone has no need to say anything to anyone. Small changes create dozens of natural chances to communicate during the day.

Arrangement	How to do it	The chance it gives your child
In sight but out of reach	A favourite toy sits in a clear box on a shelf at your eye level.	Asking by looking, pointing or saying its name
Hard-to-open container	Crackers in a clear jar with a tight lid.	Saying "open" or "help", or handing you the jar
A little at a time	Give fruit slice by slice and water sip by sip.	Saying "more" 5–6 times in the same meal
Missing piece	Give yoghurt without a spoon, or colouring paper without a crayon; then wait.	Noticing what is missing and asking for it
Offering choices	Hold one object in each hand: "Apple or banana?"	Making a choice, by pointing or with words
Small surprises	Try to put a sock on a hand; stop in the middle of a familiar song.	Protesting, correcting, filling in the gap

⚠ **CAUTION: CREATING A CHANCE IS NOT THE SAME AS DEPRIVING**

Wait five seconds. If your child makes no attempt, model what you hoped they would say and **give** them the object. Saying "You won't get it unless you say it" does not make a child enjoy communicating; it only increases anger. Basic needs (water, food, the toilet) are never made conditional.

Adjusting for sensory differences

Unusual responses to sensory input are among the diagnostic criteria for autism and are seen in the great majority of autistic children. An overloaded child cannot learn; they need to feel comfortable first.

Sense	If over-sensitive (avoids)	If under-sensitive (seeks)
Sound	Covers their ears. → Run the vacuum cleaner when they are out; keep headphones to hand; speak in a calm voice.	Holds a noisy toy against their ear. → Use music and rhythm games for communication.
Light	Squints. → Warm yellow light instead of fluorescent; curtains.	Gets absorbed in lights and spinning objects. → Use these objects in play in a way that lets you join in.
Touch	Labels, seams and messy hands bother them. → Cut out labels; warn before you touch.	Loves tight hugs and being squeezed. → A "sandwich" game between cushions, a weighted blanket.
Taste, smell	Eats very few foods. → Introduce a new food at the edge of the plate, without pressure.	Sniffs everything and puts it in their mouth. → Safe chewing objects; put small parts away.
Movement	Is afraid of swings and stairs. → Start slowly, with their feet on the ground.	Jumps and spins all the time. → 5 minutes of jumping, pushing and carrying before sitting down to work.

Screens, sleep and safety



Screens

- No television on in the background
- Ages 2–5: no more than 1 hour a day, good-quality content, watched **together**
- No screens at meals or in the hour before bed
- Pause and talk while watching: "Who fell over?"



Sleep

- The same bedtime and wake-up time every day
- The same 4 steps every evening: bath, pyjamas, book, lights out
- A picture schedule of these steps
- If the problem continues, talk to your doctor



Safety

- A high lock or an alarm on the front door
- A wristband with your child's name and your phone number
- Window locks; medicines and cleaning products in a locked cupboard
- Swimming lessons; close supervision near water

🔍 WHAT DOES THE RESEARCH SAY?

- While the sound of a television can be heard at home, the number of words adults say to the child, the child's own vocalisations and back-and-forth conversational turns all go down.
- Young children with 4 toys in the room played with each toy for longer and in more varied ways than children with 16 toys.
- In a study of 1,218 families with an autistic child, about half of the children were reported to have tried to leave a safe place at least once after the age of 4.
- Sleep problems are seen in more than half of autistic children; a regular bedtime routine is the first-line recommendation.

Christakis et al., 2009; Dauch et al., 2018; Anderson et al., 2012; Richdale & Schreck, 2009; AAP, 2016; Ben-Sasson et al., 2009

🏠 TRY IT AT HOME TODAY: FEWER TOYS

Sort the toys in the play area into three boxes. Leave one box out and put two away. Put your child's two favourite toys in a clear box and place it on a shelf where they can see it but cannot reach it. For one week, note down what they do to ask for them.

Home environment checklist

- [ ] There is a play corner with clear edges
- [ ] Fewer toys are left out
- [ ] Boxes are labelled with photos
- [ ] 2–3 favourite things are in sight but out of reach
- [ ] Television is off during play and meals
- [ ] The calm corner is ready
- [ ] The bedtime sequence is the same every evening
- [ ] The front door and windows are secure
- [ ] My child carries identification
- [ ] Everyone at home follows the same set-up

CHAPTER 5 · PREPARING THE ENVIRONMENT

05 Visual supports

Words fly away, pictures stay

IN THIS CHAPTER

- Why do visual supports work?
- From object to written word: the right symbol level
- Five basic tools
- Making and teaching them, step by step
- Common mistakes

A spoken word is gone in a second; a picture stays there until your child has looked at it and understood. Most autistic children process what they see more easily than what they hear.

Visual supports do not replace speech. They make it easier to understand what is said, reduce uncertainty and the anxiety that comes with it, and let your child do things without depending on an adult. We all use calendars, shopping lists and road signs; your child's are just a little more concrete.

Choosing the right symbol level

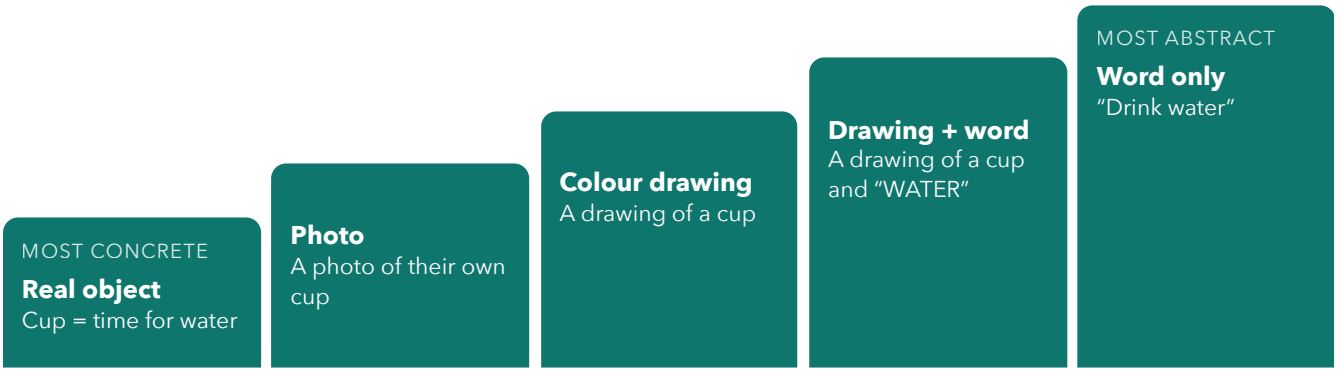


Figure 5.1 The symbol ladder. Start from the step your child recognises with confidence. If they cannot match a picture to the object, start with photos; if that does not work either, start with real objects. Write the word on every card; it lays the ground for reading.

Five basic tools

1 · Daily schedule

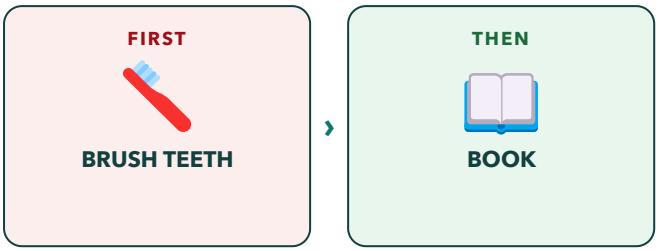
It shows the order of the day, or of one part of the day. When an activity is finished, its card is taken off and dropped in the "finished" box.



Figure 5.2 A morning schedule. The faded cards are tasks already done. For young children and beginners, 2–3 cards are enough.

2 · First-then card

It shows that something your child likes will come after a task they do not much like. It is the simplest and most effective tool.



Show the card, trace it with your finger and always use the same short sentence: **"First teeth, then book."** Always give the "then", and give it straight away; if the promise is not kept, the card loses its power.

3 · Choice board

It offers two to six options. Your child chooses by pointing to what they want, handing over the card or saying its name. The right to choose is one of the strongest tools for reducing tantrums.



4 · Timer and countdown

"In five minutes" is an abstract phrase. A sand timer, a kitchen timer or a timer with a shrinking coloured disc makes time visible. Use it before transitions: "When the sand runs out, we leave the park." Give one more warning two minutes before the end.

5 · Step cards

They break a task into small steps: washing hands, getting dressed, using the toilet. They are hung at eye level in the place where the task is done.



Making and teaching: five steps

1 · Choose
Pick the single hardest moment of the day. Take the photos you need or cut the pictures out of Appendix C.

2 · Prepare
Cut the cards to 6–8 cm, strengthen them with tape or laminate, and stick Velcro on the back.

3 · Show
Before starting the task, show the card and name it in few words: "First wash hands."

4 · Do it together
Guide their hand if needed; drop the finished card in the "finished" box together.

5 · Every day
For two weeks, everyone uses it every day in the same way. Then reduce your help.

✅ HELPS

- Teaching the card at a calm time
- Hanging the schedule at your child's eye level
- Showing changes on the schedule (a "no park" card)
- A small portable schedule for outings
- Saying the word as you show the card

❌ DOESN'T HELP

- Bringing the card out only in a crisis
- Hanging 20 cards on one wall
- Using the schedule as a threat
- Taking it away at once because "they understand now"
- Using it at home but not at school

🔍 WHAT DOES THE RESEARCH SAY?

In the report of the National Clearinghouse on Autism Evidence and Practice (NCAEP), which screened 972 studies from 1990 to 2017, visual supports are listed as **one of 28 evidence-based practices** for autism. A systematic review of visual activity schedules also confirmed that this tool supports independent behaviour and transitions. Physical organisation and visual schedules are also at the heart of the structured teaching (TEACCH) approach.

Steinbrenner et al., 2020; Knight et al., 2015; Mesibov et al., 2005

🏠 TRY IT AT HOME TODAY: YOUR FIRST FIRST-THEN CARD

Divide a sheet of paper in two; write "FIRST" on the left and "THEN" on the right. This evening, draw or stick on a picture of one task your child finds hard (e.g. putting on pyjamas) and of something they like that will follow straight after (e.g. a book). Use the same card, with the same two words, seven evenings in a row.

06 The school environment

Finding a place in class, having a say in class



IN THIS CHAPTER

- School options and the IEP
- What does a well-organised classroom look like?
- Working with the teacher
- Break time, transitions and peers
- The "All about me" page

School is where your child has to use language the most and can learn the most from peers. A good school environment rests on the same principles as at home: predictability, sensory comfort and chances to communicate.

The road to school (Türkiye)

1 Assessment
The Guidance and Research Centre (RAM) carries out an educational assessment and recommends the most suitable setting.

2 Placement
Inclusive (mainstream) placement, a special education class or a special education school.

3 IEP
An individualised education programme (IEP; "BEP" in Türkiye) is drawn up. The family is a member of the IEP team.

4 Support
A resource room, adaptations in the classroom and support education outside school.

5 Monitoring
Goals are reviewed during the term and changed if necessary.

The basic principle in placement is the *least restrictive* environment that meets the child's needs. For the procedures in other countries, see Appendix F.

Preparing for the IEP meeting: questions to ask

- [ ] What are this term's communication goals? (no more than 3)
- [ ] How will my child let people know what they want in class?
- [ ] Will a visual schedule be used?
- [ ] Is there a calm place they can go to when things get hard?
- [ ] Who will be with them at break time?
- [ ] How, and how often, will I hear about progress?
- [ ] What can I do at home for the same goal?
- [ ] Will their cards/device be used at school too?

A well-organised classroom

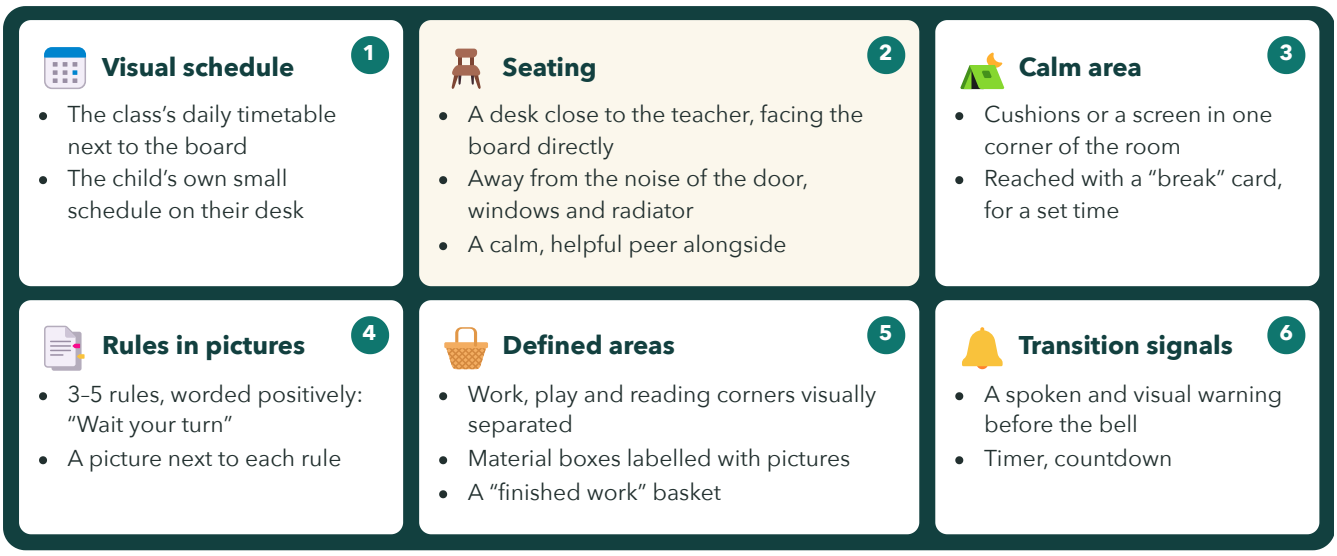


Figure 6.1 Six arrangements in the classroom. None of them needs a special budget, and all of them benefit every child in the class.

What the teacher can do in class

Situation	Adaptation
Giving instructions	Say the child's name first. Use a short, one-step sentence. Show it or give a picture alongside the words. Wait 5–10 seconds for a response.
Asking questions	Offer options instead of an open question: "Red or blue?" Accept an answer given with a card or by pointing.
In group work	Define the child's job clearly ("You hand out the scissors"). Choose their partner yourself.
When something will change	Show changes such as a trip, a supply teacher or a test on the schedule in advance, and let the family know.
When things get hard	Teach the "break" and "help" cards. Offer a break as a right, not as a punishment.
Strengths	Turn the child's intense interest (trains, maps, numbers) into a bridge to lessons and conversation.

Break time and peers

Break time is the hardest moment of the school day because the rules are unclear and it is noisy and crowded; but it is also the richest chance to communicate with peers.

Peer buddies
The teacher teaches two or three volunteer peers some simple ways in: saying the child's name and inviting them to play, holding out a toy, waiting for a response.

Structured play
A game with clear rules and clear turns: skipping, rolling a ball, hopscotch. An adult starts it off, then steps back.

Informing the class
With the family's permission, a short class activity on "everyone learns differently". It is about how to be a friend, not about a label.

WHAT DOES THE RESEARCH SAY?

- In a randomised controlled trial with 60 autistic children in mainstream classes, **training the peers** was found to be more effective than teaching social skills only to the child; the children's place in the classroom friendship network grew stronger and they spent less time alone in the playground.
- Peer-mediated instruction is among the evidence-based practices in the NCAEP report.
- One meta-analysis put the rate of peer bullying experienced by school-age autistic pupils at 44%. Your child may not be able to tell you; watch for signs such as not wanting to go to school, lost belongings and disturbed sleep.

Kasari et al., 2012; Chang & Locke, 2016; Steinbrenner et al., 2020; Maïano et al., 2016

The "All about me" page

A one-page profile to give to the teacher, the school bus attendant or a club teacher. Photocopy it and fill it in; update it at the start of every term.

photo

Hello, I am .....

My age: ..... · The person who knows me best: ..... · Phone: .....

MY FAVOURITE THINGS

THINGS THAT BOTHER ME

HOW I COMMUNICATE

HOW TO TALK TO ME

HOW YOU CAN TELL I AM STRUGGLING

THINGS THAT CALM ME DOWN

07 The home–school–therapy triangle

Same goal, same words, three different places

IN THIS CHAPTER

- Why should everyone work on the same goal?
- The shared goal card and the communication book
- Generalisation: 3 people, 3 places, 3 materials
- Questions to ask your specialist
- What to look for when choosing a method

Autistic children find it hard to carry what they have learned from one setting to another on their own. A child who says “water” in the therapy room may not say it in the kitchen. That is why home, school and therapy should work on the same goal, using the same words.

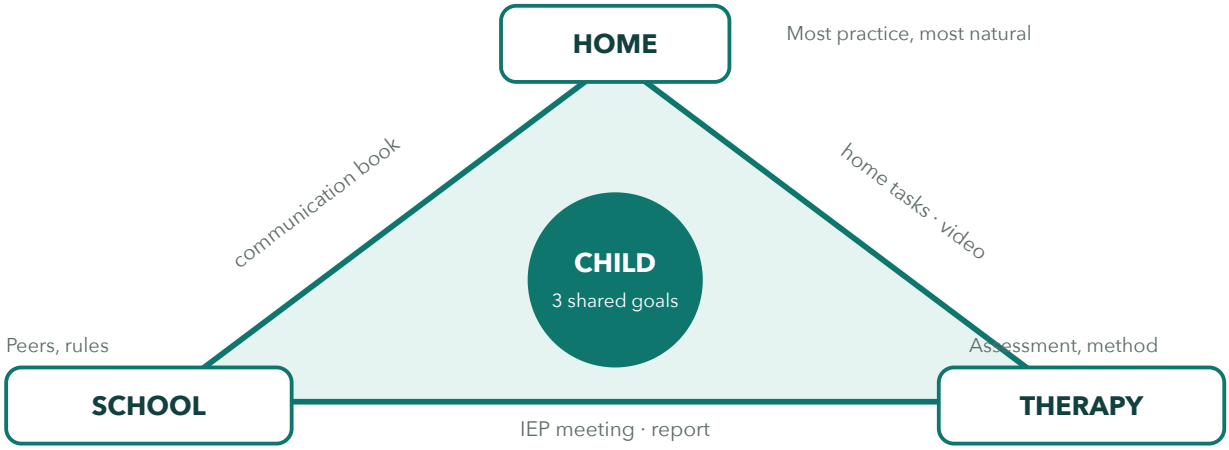


Figure 7.1 Each corner of the triangle provides something different; the child is in the middle. If information stops flowing between the corners, a newly learned skill stays in one setting only.

The shared goal card

Set no more than **three communication goals** at any one time. Write each goal in observable terms so that everyone understands it in the same way: not “Communication will improve”, but “Will ask for the food they want by handing over its card.”

Goal	At home	At school	In therapy
1 · Saying "more" (word, sign or card)	Giving fruit slice by slice at breakfast	Giving crackers one by one at snack time	Before each blow in a bubble game
2 · Choosing one of two options	While getting dressed: "Red or blue?"	Choosing an activity corner	Choosing a toy
3 · Looking when their name is called	Saying their name during play and showing something they like	At registration, when turns are given	In turn-taking games

The communication book

A small notebook that travels back and forth in the school bag, or a shared messaging group. There is no need to write much; the same five lines are enough.

Date	What went well today	A difficult moment	New word / sign	To try at home / at school

The generalisation rule: 3 × 3 × 3

A skill counts as learned when your child can do it **with three different people, in three different places, with three different materials**.



3 people
Mother, father, teacher. Then grandmother, sibling, neighbour.



3 places
Kitchen, classroom, therapy room. Then the park, the supermarket, a friend's home.



3 materials
"Ball" is not only the red ball: a big ball, a small ball, a ball in a picture.

Questions to ask your specialist

- [ ] Which stage of communication is my child at right now?
- [ ] Which goals are we working on this term?
- [ ] Can I watch the session or have a video of it?
- [ ] What exactly should I do at home this week?
- [ ] How do you measure progress?
- [ ] What research supports the method you use?
- [ ] Should we consider alternative communication (cards, a device)?
- [ ] How can you keep in touch with the teacher at school?

Choosing a method

✅ REASSURING SIGNS

- There is research published in peer-reviewed journals
- Goals are measurable and given to you in writing
- The family is involved and taught what to do at home
- The child's interests and enjoyment are respected
- Progress is measured and shared regularly

❌ WARNING SIGNS

- Promises of a "cure", a "miracle" or "guaranteed results"
- Family testimonials as the only evidence
- Not letting the family watch sessions or giving no information
- Selling expensive products, supplements or devices
- Running down every other method

🔍 WHAT DOES THE RESEARCH SAY?

- Parent-implemented interventions are among the evidence-based practices in the NCAEP report. Meta-analyses of studies with young children show that **naturalistic developmental behavioural interventions** have a positive effect on social communication, language and play.
- In the PACT trial in the United Kingdom, parents were taught a way of communicating with their children; the positive effects were still seen about six years later.
- The UK National Institute for Health and Care Excellence (NICE) clearly recommends that **chelation, hyperbaric oxygen and secretin** should not be used for the core features of autism.

Steinbrenner et al., 2020; Sandbank et al., 2020; Green et al., 2010; Pickles et al., 2016; NICE, 2013

KEY POINTS

- No more than three goals; everyone works on the same goal, using the same words.
- A skill does not count as "learned" until it has been seen with three people, in three places, with three materials.
- Asking questions is your right; a good specialist welcomes it.

PART 3

Language teaching methods

From a look to a word, from a word to a sentence, from a sentence to a conversation. Each chapter matches one stage; start from your own stage.



8 Six core principles

9 Pre-speech skills

10 First words

11 From words to sentences

12 Conversation and social language

13 Augmentative and alternative communication

14 The OBİ-DİL device and digital tools

15 Bilingual families

CHAPTER 8 · LANGUAGE TEACHING METHODS

08 Six core principles

At every stage, every day, everywhere

IN THIS CHAPTER

- Six principles that research keeps finding
- "Do / don't" examples for each principle
- Commenting instead of asking questions
- A one-week trial plan

Many programmes with different names (Early Start Denver Model, JASPER, Pivotal Response Treatment, Hanen, Enhanced Milieu Teaching) in fact use the same small set of strategies. These six principles are that shared core.

The idea behind all of them is this: a child learns language **while busy with something that interests them, together with an adult they love, and when what they say works**.

1

Watch and join in

Don't choose the game yourself; show interest in whatever your child is looking at or touching.

2

Be face to face

Get down to eye level; keep your face, your mouth and the toy in the same field of view.

3

Wait

Do or say something, then look expectantly and count to five.

4

Imitate

Copy your child's action, sound or play exactly; then add one small thing.

5

Model one step up

Say something just one step longer than what your child can say.

6

Respond straight away and naturally

Reward every attempt to communicate with the very thing your child wanted.

1 · Watch and join in

If your child is spinning the wheel of a car, saying "Come on, let's read a book" means breaking their interest and trying to pull it over to yours, and it usually fails. Instead, sit down beside them and spin a wheel too. The interest is already there; all you need to do is put a word on top of it: "Spinning… spinning… stop!"

DO

- Just watch for 30 seconds first: what are they looking at, what are they doing?
- Pick up one of the same toy yourself
- Name what they are doing
- Let them lead the play

DON'T

- Take the toy away to show the "right way"
- Keep offering new toys
- Insist with "Look here, look here"
- Turn play into a lesson: "What colour is this?"

2 · Be face to face

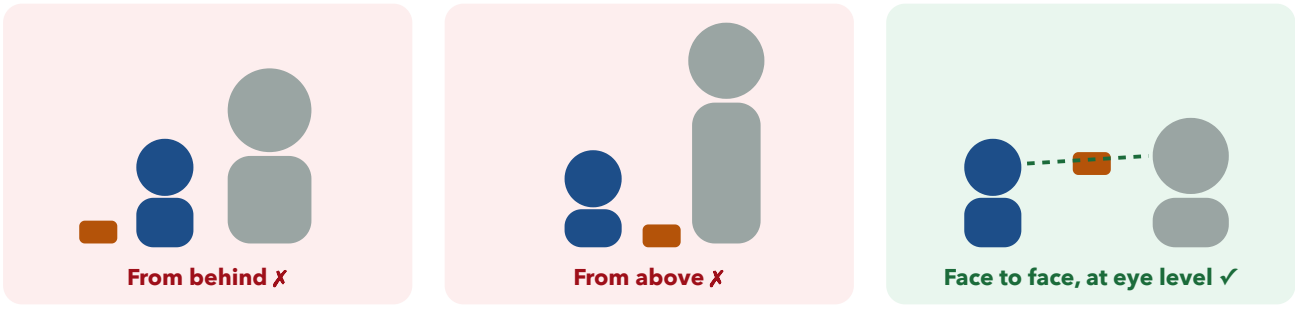


Figure 8.1 Blue: child, grey: adult, orange: toy. In the face-to-face position, hold the toy close to your face; while your child looks at the object, they also see your face and mouth.

Sit on the floor, lie on your tummy, stand in front of the swing while they are on it, sit opposite the high chair. **Do not force eye contact.** Saying "Look at my eyes" or turning their chin is uncomfortable for many autistic people and makes listening harder. The aim is not for your child to look into your eyes, but for you to be somewhere they can see your face.

3 · Wait

Adults tend to fill silences: we ask, answer before the reply comes, and hand things over before being asked. Yet autistic children take longer to process what they hear and to prepare a response. Waiting is the wordless way of saying "now it's your turn".

1 Stop
Stop in the middle of the game, at the most exciting moment. "Ready… steady…"

2 Look
Eyebrows raised, leaning slightly forward, look expectantly.

3 Count
Count slowly to five in your head. Don't speak.

4 Accept
A look, a wriggle, a sound, a word: respond straight away to whichever comes.

5 If nothing comes
Give the model yourself ("Go!") and carry on playing. Then try again.

4 · Imitate

Imitating your child tells them "I see you, and what you are doing is interesting". A child who is imitated looks at the adult more, smiles more and, in time, starts to imitate too. When they bang the blocks, you bang them too; when they say "ba-ba", you say "ba-ba". After a few rounds make a small change ("ba-ba-BOOM") and wait.

5 · Model one step up

The language example that helps a child most is the one just above their own level. Long sentences make understanding harder; baby talk is not a model either. Speak in short, correct phrases with clear emphasis.

Child's level	What did your child do?	What do you say?	Don't say this
1 · Pre-language	Reached for the ball	"Ball!" (show it and give it)	"Do you want the ball? Go on, say ball for me"
2 · Single words	"Ball"	"Throw ball!" · "Big ball"	"Yes, this is a big red ball, could you throw it to me?"
3 · Two words	"Throw ball"	"Throw the ball to me" · "Daddy threw the ball"	"Say it properly: Throw the ball"
4 · Sentences	"Ball gone"	"The ball went under the sofa. How shall we get it?"	"Mm-hm."

When your child says something incorrectly, **don't correct it; just say it the right way**. When they say "Dog drinked water", instead of "That's not how you say it", it is enough to say, "Yes, the dog drank water!"

6 · Respond straight away and naturally

When your child says "ball", the best reward they can get is not "well done" or a sweet, but the ball itself. That is how they learn what the word is for. Don't wait for them to say it perfectly; reward the **attempt**: if they said "ba", give the ball and say the correct word once: "Ball!"

Comments instead of a shower of questions

"What's this? What colour is it? How many? What does the cow say?" Questions make a child feel they are being tested; if they don't know the answer they go quiet, if they do know it they answer with one word and the conversation ends. A comment asks for nothing; it simply offers the word.

✗ QUESTION

- "What's this?"
- "What colour is the car?"
- "What are you doing?"
- "What is the baby doing?"

✓ COMMENT

- "Car!"
- "Red car. Going fast!"
- "You're building a tower. Tall!"
- "Baby's sleeping. Shhh."

Rule of thumb: at least four comments for every question. If you do ask, ask questions you truly don't know the answer to, or questions that offer a choice: "Apple or banana?"

🔍 WHAT DOES THE RESEARCH SAY?

- Programmes that share these principles are known as “naturalistic developmental behavioural interventions”. A meta-analysis reviewing 130 studies of young autistic children found the most consistent positive results in this group of approaches.
- Parents talking while following their child’s interest predicted the children’s language development in follow-ups lasting up to 16 years.
- A meta-analysis of 18 studies on parent-implemented language interventions showed meaningful gains in both receptive and expressive language.
- Reciprocal imitation training increased imitation, joint attention and language skills in young autistic children.

Schreibman et al., 2015; Sandbank et al., 2020; Siller & Sigman, 2002, 2008; Roberts & Kaiser, 2011; Ingersoll & Schreibman, 2006; Trevisan et al., 2017

🏠 TRY IT AT HOME TODAY: ONE PRINCIPLE A WEEK

Don’t try to apply all six at once. This week choose only **principle 3**: three times a day, for five minutes each, count to five in your head before you do or give something. Write down what your child does during that silence on the sheet in Appendix B. Next week, add one more principle.

09 Pre-speech skills

Stage 1: preparing the soil for words



IN THIS CHAPTER

- Joint attention: responding and initiating
- People games and turn-taking
- Teaching imitation and pointing
- Five illustrated home activities

Working with a child who is not yet speaking does not mean struggling to get them to say words. Four skills come first: **looking together, taking turns, imitating and pointing.** As these settle in, the ground is laid for words.

Joint attention

Joint attention is when two people show interest in the same thing together and are aware of doing so. Think of it as a triangle: your child, you and the object.

Responding

When you say "Look, a cat!" and point, your child looks at the cat, not at your finger.

How to support it? First bring the thing you are pointing at in front of your child's eyes, then slowly move it away. Draw their interest with your voice: "Ooh!"

Initiating

Your child shows you something they have seen and looks at your face, simply to share it.

How to support it? When they hold something out to you, look at you or make a sound, respond with great interest: "Wow, a car!"

People games

These are physical, fun games that need no toys and are repeated in the same order: peek-a-boo, tickling, bouncing on your lap, "aeroplane" rides, chasing, "Row, Row, Row Your Boat". With no toy, your child's attention turns to you; with repetition, they know what is coming and can take their turn.

1 Set up
Play the same game with the same words 3–4 times.

2 Stop
Stop just before the most enjoyable moment: "I'm coming, I'm coming…"

3 Wait
Count to five; wait for a signal.

4 Respond
Treat a look or a wriggle as "carry on": "…tickle tickle!"

5 Raise the bar
Over time, wait for a clearer signal: a sound, then a word.

Five home activities

ACTIVITY 1

Ready… steady… go!

Goal: anticipation, looking, requesting with a sound. **You need:** a car that rolls down a ramp, a wind-up toy or a swing.

1. Hold the car at the top of the ramp.
2. Say "Ready… steady…" and stop.
3. If your child looks or makes a sound, say "Go!" and let go.
4. Repeat for five or six rounds.

If there is no response: say "Go!" and let go; wait again after a few rounds.

ACTIVITY 2

Ball to you, ball to me

Goal: turn-taking. **You need:** a medium-sized ball.

1. Sit on the floor facing each other, legs apart.
2. Say "My turn!" and roll the ball.
3. When the ball reaches them: "Your turn!"
4. Hold out your hands and wait for them to roll it back.

If there is no response: a second adult can help their hands from behind.

ACTIVITY 3

Mirror game

Goal: imitation. **You need:** two of the same toy (two drums, two cars, two spoons).

1. Give one to your child and take the other yourself.
2. Do exactly what they do, for one minute.
3. Then do a new action (put the spoon on your head) and wait.
4. If they do it, celebrate; if not, go back to imitating them.

ACTIVITY 4

Surprise bag

Goal: joint attention, showing. **You need:** a cloth bag, 5–6 interesting objects.

1. Shake the bag: "What's inside?"
2. Slowly take out one object and hold it beside your face.
3. Name it: "Ooh, a ball!" Give it to them.
4. Let them have a turn; act surprised at what they pull out.

ACTIVITY 5

Teaching pointing

Goal: asking for an object that is out of reach by pointing with a finger. **You need:** two favourite toys, a high shelf.

1. Put the toys on a shelf where your child can see them but cannot reach them.
2. When your child heads for the shelf, crouch down beside them; you point with your finger: "Car!"
3. Gently shape their hand into a point and stretch it towards the shelf; give the toy straight away.
4. In later tries, reduce the help: first only touch their wrist, then only point yourself, then wait.
5. Generalise to pointing at pictures in a book and at a bird on a walk.

Pointing is used both to ask ("give me that") and to share ("look at that"). The second is especially valuable for language development; you too should point often as you talk during the day.

WHAT DOES THE RESEARCH SAY?

In a randomised controlled trial with 58 autistic preschool children, the expressive language of children who received a short programme targeting joint attention or symbolic play had developed markedly more one year later than that of the comparison group. The largest gain was seen in the joint attention group among children whose language was weakest at the start.

Kasari et al., 2006, 2008; Mundy et al., 1990

OBİ-DİL LINK

Two more illustrated games for this stage (“Magic Bubble World” and “Blanket Swing”) are described step by step in the project’s book “Birlikte Konuşuyoruz” (Talking Together).

Ready for the next stage?

- [ ] When you pause a favourite game, asks for “more” with a look or a sound
- [ ] Takes their turn in at least two games
- [ ] Imitates a simple action or sound
- [ ] Shows what they want by reaching or pointing
- [ ] Looks where you point
- [ ] Shows that they understand a few words

CHAPTER 10 · LANGUAGE TEACHING METHODS

10 First words

Stage 2: starting with a few useful, well-loved words



IN THIS CHAPTER

- Which words to start with?
- The first words board
- The five-step teaching cycle
- Steps for reducing help
- The link with the Vocabulary Teaching Programme

The aim of first words is not to inflate vocabulary but to show your child this: **"When I say something, the world changes."** So you start not with the names of colours and numbers, but with the words your child really needs.

By "word" we do not mean speech alone. A sign, a picture card or a symbol on a device that is used meaningfully and consistently is also a word (see Chapter 13).

Four criteria for choosing words



Well loved
The names of things your child turns to of their own accord.



Useful
A word that brings a result as soon as it is said.



Frequent
One with dozens of chances to be used during the day.



Easy to say
Short, and starting with sounds your child can make.

The first words board

A child who is taught only the names of objects can "label" but cannot communicate. Choose the first 10–15 words from **different types**:

Type	Example words	What is it for?
Requesting	more, give, open, I want	Can be used with every object and activity; these are the most powerful first words.
Refusing and ending	no, finished, stop, don't want	Takes the place of shouting and pushing.
Help	help, open, hold	Prevents tantrums.
People	mummy, daddy, a sibling's name	Getting attention, calling someone.
Favourite objects	water, ball, car, milk, book	Requesting and showing.
Actions	go, come, throw, eat, jump, lie down	The seed of a sentence; makes the move to two words easier.
Social	hello, bye-bye, peek-a-boo	Greeting, play.
Place and description	here, up, hot, big	Commenting.



Figure 10.1 A sample core board. Large cut-out cards are in Appendix C. Add photos of the objects your own child loves.

The five-step teaching cycle

1 Create a chance
The thing they love is visible but out of reach; or stop in the middle of the game.

2 Wait
Look expectantly, count to five.

3 Model
Say the single word clearly and with emphasis: "Water." Three times at most.

4 Accept the attempt
"Water", "wa", a point, a card: whichever comes is a success.

5 Give and repeat
Give it straight away and say the word once more: "Water! Drink."

SETTING Breakfast. Selin's favourite grapes are in a see-through tub in front of her mother.

SELIN (Reaches for the tub, looks at her mother.)

MUM (Takes one grape, holds it beside her face, waits: 1… 2… 3…)

SELIN "Gr…!"

MUM "Grape!" (Gives it straight away.) "Grape. Mmm."

NOTE Ten grapes at the same breakfast mean ten chances. Handing over the whole tub is a single chance.

Steps for reducing help

If your child cannot say it on their own, you give a prompt; but if the prompt becomes permanent, your child only says it when you do. Each day, try one step less help.

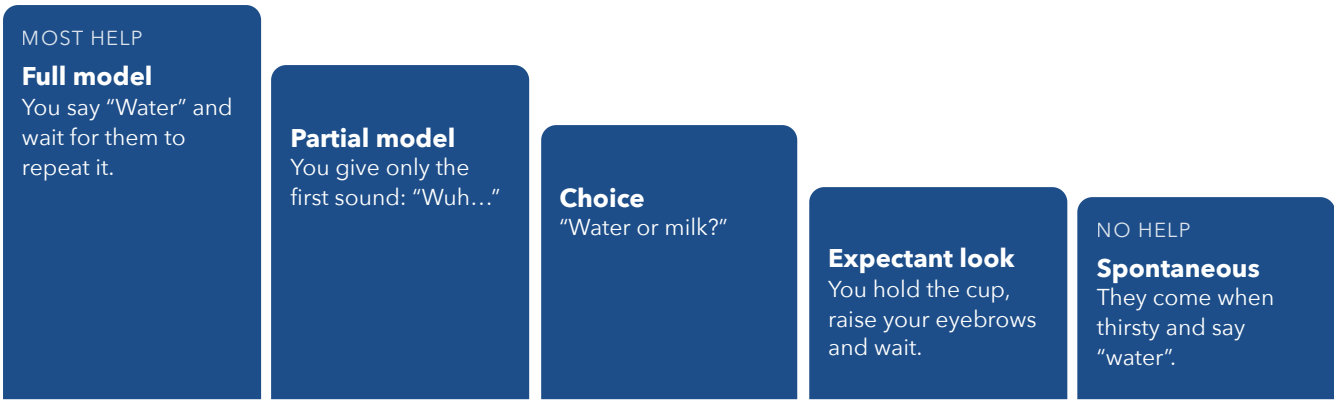


Figure 10.2 The prompt ladder: go down from left to right. The goal is always the step furthest to the right.

✅ MAKES WORD LEARNING EASIER

- Hearing the same word many times a day in different situations
- Saying the word while holding or showing the object
- Keeping it short: "Shoe. Shoe on."
- Pairing the word with a gesture or picture
- Leaving the last word of songs and rhymes for them

❌ MAKES IT HARDER

- Pressing with "Say it, go on, say it"
- Not giving it until they say it
- Making them "perform" for visitors
- Correcting a mispronunciation and making them repeat it
- Banning cards and signs "so that they will talk"

🔗 OBİ-DİL LINK: VOCABULARY TEACHING PROGRAMME

The project's Vocabulary Teaching Programme contains **10 core modules** organised around everyday contexts: Home, School, Hospital, Transport, Living Spaces, Shopping, Entertainment, The Outside World, Objects, Danger and Precautions. Each module has 10 target words and "chain" words linked to them; about 1,000 words are targeted in total. Once the core board in this chapter is established, you can carry on with the module for the context your child spends most time in (for most families, **Home**). The programme gives priority to the home language; it offers the second-language equivalents as the next step.

🔍 WHAT DOES THE RESEARCH SAY?

- Teaching that uses materials chosen by the child, natural rewards and reinforcement of attempts produced more spontaneous speech and generalisation than repetitive table-top drills.
- An expert working group, in defining levels of speech, proposed as the first criterion "the spontaneous, communicative use of at least a few different words"; words recited from memory do not count towards this number.

Koegel et al., 1987; Tager-Flusberg et al., 2009

🏠 TRY IT AT HOME TODAY: A FIVE-WORD LIST

On a sheet of paper, write down the five things your child loves most. Next to them add the words “more” and “finished”. These seven words are the whole goal for the next two weeks. Stick the list on the fridge so that everyone at home uses the same words.

CHAPTER 11 · LANGUAGE TEACHING METHODS

11 From words to sentences

Stage 3: combining, adding, asking

IN THIS CHAPTER

- When to move on to two words?
- Combination patterns and the sentence strip
- Grammar endings and small words
- The order for teaching questions
- Turning echolalia into sentences

When your child starts to use about 50 different words (or symbols) spontaneously, and these include some actions, they are ready to combine two words.

Combination patterns

Pattern	Examples	Where to practise?
Request + object	more water · give ball · open door	Mealtimes, play
Person + action	daddy come · baby sleep · mummy throw	Play, books
Object + action	car gone · ball fell · water spilt	Ramp, bath
Description + object	big ball · hot soup · red car	Dressing, mealtimes
Object + place	ball in box · cat outside	Tidying up, hide-and-seek
Refusal + object	no milk · no sleep	Moments of choice
Possession	my ball · daddy shoe	Laundry, dressing

The sentence strip

For children who communicate with cards or a device, words are lined up side by side. It is also used with children who speak: the visual order makes the structure of the sentence visible.



Figure 11.1 A three-card sentence strip. In English the verb comes in the middle: "I want apple." (In Turkish the verb comes last: "Ben elma istiyorum.") As your child lines up the cards, say the sentence while tracing it with your finger.

Expansion: adding one piece to your child's sentence

> **EMRE** "Car."
>
> **DAD** "Car is going!"
>
> **EMRE** "Car go."
>
> **DAD** "Yes, the car is going. Going fast!"
>
> **NOTE** Dad asked for nothing, corrected nothing and asked no questions. He simply handed back what Emre said, one step longer.

Grammar endings and small words

In English, much of the meaning is carried by small grammatical pieces: endings such as -ing, plural -s and the past tense, the possessive, little words such as in, on and to, and negatives. When your child says "throw ball", the next step is often not a new word but one of these small pieces: "throw **the** ball". Don't explain them as rules; model them with emphasis in your everyday sentences. In agglutinative languages such as Turkish, the same step is taken with suffixes: "top" → "top**u** at".

Type	Example	Natural opportunity
Present (-ing)	eat**ing**, runn**ing**, sleep**ing**	Play with dolls and toy animals; pictures in books
Past tense	fell, went, jump**ed**, finish**ed**	Straight after something has happened
Plural	car**s**, bird**s**	Putting one object and many objects side by side
Possessive	my, your, mummy**'s**	Folding laundry, pairing up shoes
Prepositions (to, in, out of)	**to** the park, **in** the box, **out of** the box	Going out, tidying up toys
Negatives	**don't** want, **didn't** come	Offering choices, hide-and-seek

The order for teaching questions

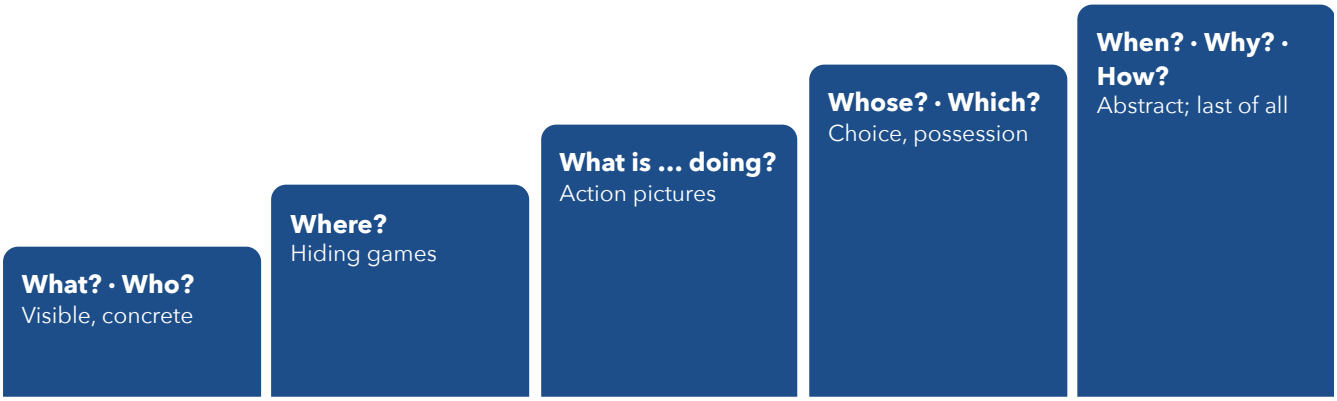


Figure 11.2 The question ladder, from concrete to abstract. The goal is first for your child to *answer* the question, then to *ask* it themselves. To teach asking questions, shake a closed box and model: "What's inside?"

Turning echolalia into sentences

Situation	Strategy
Repeats your question **"Do you want water?" → "Do you want water?"**	Shorten the question and model the answer as if from their mouth: point to the water and say "I want water". Or turn the question into a sentence to complete: "I want …"
Mixes up "I" and "you" **"Pick you up" (= pick me up)**	Say it from their point of view: "Pick me up." If there are two adults, one can whisper the model from behind the child.
Recites long lines	Work out what the line means in that moment; give a short sentence with the same meaning. Play by changing one word in the line: "Let's go to the park" → "Let's go to the *shop*."
Repeats when they don't understand	Shorten your sentence, show what you mean, support it with a picture. Repetition often means "I didn't understand".

🔍 **WHAT DOES THE RESEARCH SAY?**

- A detailed study of immediate echolalia showed that most repetitions serve functions such as turn-taking, affirming and requesting.
- The "gestalt language processing" approach, which explains the move from echolalia to flexible language through set stages, has become widespread in recent years; however, a critical review published in 2024 states that this staged model and the therapy protocols based on it have not yet been confirmed by research. For this reason, this book accepts echolalia as a valuable attempt to communicate, but does not recommend any particular stage model.

Prizant & Duchan, 1981; Hutchins et al., 2024

🏠 **TRY IT AT HOME TODAY: THE "ADD ONE" GAME**

Today, respond to every word your child says by adding just one word or one ending. "Cat" → "Cat sleeping." "Water" → "Cold water." In the evening, count how many times you managed it. The goal is not to be perfect, but to build a habit.

12 Conversation and social language

Stage 4: using language with other people



IN THIS CHAPTER

- The five parts of a conversation
- Feeling words and the feelings thermometer
- Writing a social story
- Video modelling
- Figurative language, jokes and idioms

For a child who can make sentences, the difficulty is no longer "what to say" but "who to say it to, when, how much and how". Most children pick up these social rules of language by themselves; autistic children need to be shown them explicitly.

The five parts of a conversation

1 Starting
Saying the person's name, saying hello, saying "Do you know what…".

2 Taking turns
Speaking, then stopping to listen. Like a ball: throw, catch.

3 Staying on topic
A comment or question about what the other person said.

4 Repairing
Saying it again when not understood; asking when you don't understand.

5 Ending
"See you later", "I have to go now."

Making turns visible

In a conversation, turns are invisible. Make them visible: use a "talking ball" or a microphone that passes from hand to hand; whoever holds the ball speaks, the other listens. At dinner, everyone tells one good moment and one hard moment of the day; the ball goes round. Over time, take the ball away.

A favourite topic: a door, not a barrier

If your child talks non-stop about dinosaurs, do not ban the topic; practise conversation skills **inside this topic**. Set a rule and draw it: "Say three sentences, then ask a question: 'Which one do you like?'" The interest stays the same, and the conversation becomes two-way.

DENIZ	"T-Rex's teeth were 20 centimetres long. It had the strongest bite. Its tail kept it balanced."
MUM	(Shows the question card.)
DENIZ	"Which dinosaur do you like?"
MUM	"I like the ones with long necks. What did they eat?"
NOTE	Mum did not change the topic; she used Deniz's interest to gain one question-and-answer turn.

Feeling words

A child who cannot say what they feel shows it through behaviour. Teach feeling words not in the moment of anger but at a calm time, and first by naming **your own feelings**: "I can't find my keys. I'm cross. I'm taking a deep breath."

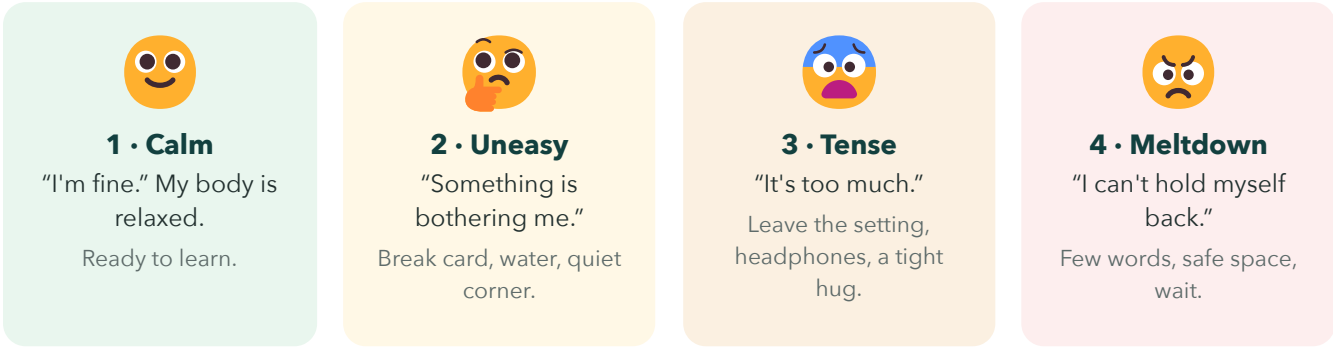


Figure 12.1 Feelings thermometer. Put it on the fridge; a few times a day ask "What number are you at right now?" and say your own too. Decide together what to do at each level.

Order: first **happy, sad, angry, scared**; then **surprised, tired, excited, bored**; last of all **disappointed, embarrassed, jealous, proud**. Link every feeling to a reason: "Sad, *because* his balloon popped."

Social stories

A social story is a personalised text that describes a situation the child finds hard, from the child's own point of view, in short sentences and pictures. It says what will happen, how other people will feel and what the child can do.

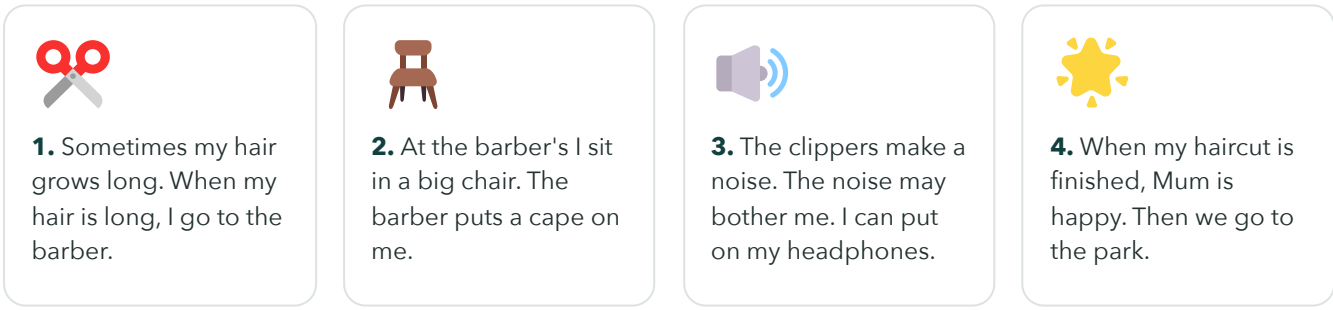


Figure 12.2 A four-page sample story: "Going to the barber/hairdresser." Instead of drawings, real photos of your child and of the place you will go work better.

A GOOD SOCIAL STORY

- Is written in the first person ("I") and in the present tense
- Uses positive sentences: says what the child *will do*
- Has one or two sentences and one picture per page
- Is read before the event, at a calm time, several days in a row

THINGS TO AVOID

- Lists of bans such as "I will not shout, I will not hit"
- Absolute words such as "always" and "never"
- Making the child read it as a punishment
- Squeezing more than one topic into a single story

Video modelling

The child watches a short video of the target skill being done correctly, then tries the same thing. Because most autistic children watch screens attentively, this method is a powerful tool.

1 🎯
Choose the skill
One short skill: "Saying 'shall we play?' to a friend."

2
Film it
A sibling, a peer or you do it. 30–60 seconds; plain background.

3 👀
Show it
Just before practising, once or twice. Without commenting.

4 🕹️
Let them try
Straight away, in the same setting with the same materials.

5 📅
Repeat
Several days in a row; then withdraw the video and let the skill stay.

Figurative language, jokes and idioms

Autistic children mostly take phrases such as "I'm all ears", "hold your horses" or "wait a minute" literally. Everyday speech is full of idioms; this is an area that needs to be worked on separately.

- Speak plainly when giving instructions or information: not "It's raining cats and dogs" but "It's raining very hard."
- Teach idioms one by one: in a notebook, write the idiom, draw a picture of its funny literal meaning and write its real meaning.
- Make it clear when you are joking: "I'm joking!" Over time, show how to tell from facial expression and tone of voice.
- Explain sarcasm and hints: "I said 'Nice job tidying up!' but what I really want is for you to tidy up."

🔍 WHAT DOES THE RESEARCH SAY?

- A meta-analysis of 23 studies on video modelling showed that the method is effective for social communication and daily living skills, and that the gains are maintained and generalised.
- Social stories and video modelling are among the evidence-based practices in the NCAEP report.
- A meta-analysis of group social skills training found a moderate positive effect in school-age children and adolescents; the clearest gain is in social knowledge. This is why it is important to try out what has been learned in real settings, with peers.

Bellini & Akullian, 2007; Steinbrenner et al., 2020; Gates et al., 2017; Gray & Garand, 1993

🏠 TRY IT AT HOME TODAY: TWO MOMENTS OF THE DAY

At dinner this evening, declare one spoon the "talking spoon". Whoever holds the spoon tells one nice moment of the day; the others listen and ask **one question**. You go first. If your child cannot tell it, show a photo you took during the day and tell it together.

13 Augmentative and alternative communication

Alongside speech, not instead of it

IN THIS CHAPTER

- What is AAC, and who is it for?
- The answer to "Will it hold back speech?"
- Unaided, low-tech and high-tech tools
- Which tool? A decision path
- Six rules for successful use at home

Augmentative and alternative communication (AAC) is the shared name for all the ways of communicating when speech is not enough: gestures, signs, picture cards, communication boards and speech-generating devices.

AAC is not only for children who do not speak at all. Children who have a few words but cannot get their message across, whose speech is hard to understand, or who cannot speak under stress also benefit.

⚠ **THE MOST COMMON QUESTION: "IF MY CHILD USES CARDS OR A DEVICE, WILL THEY STOP BOTHERING TO SPEAK?"**

No. The research on this points in the same direction: AAC does not hold back speech development; in most children speech production increases by a small but real amount. A child who sees that they can communicate wants to communicate more; hearing the same word from the device every time is also a speech model. You do not need to wait for your child to "gain certain skills first" before starting AAC.

Three types of AAC

✨

Unaided

Gestures, facial expressions, signs. No equipment needed; can be used anywhere.

Limits: the other person has to know the sign; needs fine hand skills.

🖼️

Low-tech

Objects, photos, picture cards, communication boards, a PECS book. Cheap, sturdy, never runs out of battery.

Limits: no sound; harder to carry as the number of words grows.

High-tech

A speech-generating device or tablet app. Says the word when the symbol is touched; holds thousands of words.

Limits: cost, charging, breakage; the wish to use the screen for other things.

These are not rivals. Most children use **several together**: signs in the bathroom, a board in the kitchen, a device at school.

The Picture Exchange Communication System (PECS) in brief

In the Picture Exchange Communication System, the child **gives** an adult the picture of the thing they want and gets that thing in return. In this way the child learns to start communication themselves. The system moves through six phases: giving the card, taking it to a person who is further away, choosing among cards, building a sentence with an "I want" strip, answering the question "What do you want?" and commenting. The first phases need two adults, and guidance from a trained professional is recommended. The phases are explained with pictures in the book "Birlikte Konuşuyoruz" (Talking Together).

Which tool should we start with?

1 · Does my child understand that a picture or photo stands for the real object?

- **No** — Start with real objects and parts of objects (cup = water). At the same time, practise matching photos to objects.
- **Yes** — Go to question 2.

2 · Does my child start communication, or always wait for you to ask?

- **Waits** — An exchange-based system that teaches the child to *give* the card or object is a good start.
- **Starts** — Go to question 3.

3 · Can my child touch a symbol on the screen accurately with a finger and carry the device?

- **No** — A communication board or card book; single-message voice buttons with a large key.
- **Yes** — A speech-generating device or app can be considered (see Chapter 14). Always keep a paper board as a back-up.

This decision path gives a first idea; the choice of tool and of word layout should be made together with a speech and language therapist or a special education specialist.

Six rules for successful use at home

1

Always within reach

A board in the cupboard or a device in the bag does not get used. Wherever the child's voice is, the tool is there too.

2

Use it yourself

Touch the symbols yourself as you talk to your child: "Do you want *more* milk?" The child learns the tool by watching you.

3

Don't test

Do not say "Show me, which one is the apple?" Use it in moments of real need.

4

Not only requests

Words such as “finished”, “no”, “help”, “look” and “I love you” should be on the board too.

5

Respond to every attempt

Even if the touch was accidental, respond as if it was meaningful: “Did you say ball? Here's the ball!”

6

Keep talking

Always speak along with the tool. Welcome your child's attempts at sounds and words with the same joy.

🔍 WHAT DOES THE RESEARCH SAY?

- A systematic review of the effect of AAC on speech in autistic children **found no decrease in speech production in any study** and small increases in most. In an earlier review with individuals with developmental disabilities, speech increased in 89% of the cases with the strongest methodology and decreased in none.
- In a study with 61 autistic children aged 5–8 who spoke very little, the group that had a **speech-generating device added from the start** to play-based naturalistic teaching produced more spontaneous communicative utterances, new words and comments than the group that received spoken teaching only.
- A meta-analysis of PECS reported that the system is promising for increasing communication, while its effect on speech is smaller and more variable.

Schlosser & Wendt, 2008; Millar et al., 2006; Kasari et al., 2014; Flippin et al., 2010; Bondy & Frost, 1994

🏠 TRY IT AT HOME TODAY: A KITCHEN BOARD

Cut out the “more”, “finished”, “water” and “food” cards from Appendix C; add photos of your child's two favourite foods. Stick all six on a piece of card and hang it next to the dining table, at a height your child can reach. For one week, at every meal, touch these pictures as you speak. Ask nothing of your child; just show.

CHAPTER 14 · LANGUAGE TEACHING METHODS

14 The OBİ-DİL device and digital tools

Using the screen together

IN THIS CHAPTER

- What do the OBİ-DİL device and app offer?
- How do you run a session?
- Carrying a word from the screen into real life
- A daily use plan
- Healthy screen habits

The OBİ-DİL project is developing a device, and digital content linked to it, to support language acquisition in autistic people. The content is based on the context-based modules of the project's Vocabulary Teaching Programme and gives priority to the home language.

[Image placeholder: photo of the OBİ-DİL device with its parts labelled]

This space will be filled when the project team supplies the final image of the device.

What do the device and app offer?

Picture + sound
Every word is presented with its picture and its spoken form.

Context modules
Words organised by areas of daily life such as home, school, hospital and transport.

Adaptability
The content can be made easier or harder to suit the child's level and interests.

Augmentative communication
A feature for producing spoken messages by touching a symbol.

For the device's buttons, menus and set-up, see the user manual supplied with the device. This chapter explains *what kind of habit* to build around using the device at home.

[Image placeholder: app screenshots – main menu, module screen, word screen]

The screenshots will be added, with step-by-step captions underneath, when the project team supplies them.

The golden rule: the screen with you, not instead of you

A child learns language not from the screen but **from the person who uses the screen with them**. Handing the device to the child and leaving the room turns it from a language tool into a way of keeping the child busy. The six principles in Chapter 8 apply here too: sit face to face, wait, watch what your child chooses, model one step up.

The three parts of a session

1 

Before · 2 minutes

Choose today's 3–5 words. Have the **real objects** for these words beside you: cup, spoon, ball.

2 

During · 10 minutes

Sit at an angle, not side by side. The child touches the symbol; the device says it; you show the real object and repeat: "Cup!"

3 

After · all day

Switch the device off. Use the same words at least three times each in the kitchen, in the bathroom, at the park.

A bridge from screen to life

Module	On the device	Then in real life
Home	Listens to the words "door", "room", "bathroom" and touches their pictures.	Walk round the home together; stop at every door and say "Door. Open!" Hang a word card on the door of each room.
Shopping · fruit	Selects the symbols for "apple", "banana", "grapes".	At the greengrocer's, let your child pick the same fruit; at home, say their names while washing and cutting them.
Transport	Sees the words "bus", "bus stop", "ticket".	While waiting at the stop, point to the bus; let your child tap the travel card.
Danger and Precautions	Listens to the words "stop", "hot", "help".	A "Stop!" game on the pavement; "Hot!" next to the cooker. Practise safety words at a calm time.

A daily use plan

Time	Length	What to do
Morning	10 min	Introduce the day's 3–5 words. Repeat the same words at breakfast with real objects.
Afternoon	10–15 min	The same words again; add two of yesterday's words. Let your child choose while you comment.
Evening	10 min	A short game or book with the day's words. The screen goes off at least one hour before bed.
All day	–	If the device is used as a communication tool (requesting or refusing with symbols), **no time limit applies**; this is the child's voice.

The project's academic guide cites research that recommends up to 40 minutes of use a day in total, with a family member alongside. For young children, split this time into 10–15 minute chunks and end the session when your child's interest fades.

✅ HEALTHY USE

- An adult alongside in every session
- Few words, lots of repetition
- The same words with real objects during the day
- A set place and time; a timer to mark the end
- Progress noted once a week

❌ THINGS TO AVOID

- Using the device as a reward or to keep the child quiet
- Screens at meals and in bed
- Dozens of new words in one session
- Testing with "Which one is the apple? Show me!"
- Game and video apps on the same device

🔍 WHAT DOES THE RESEARCH SAY?

Technology-aided instruction and intervention is among the evidence-based practices in the NCAEP report. However, what creates the effect is not the device itself but its use with an adult, in natural interaction and with specific goals: in the study showing the benefit of a speech-generating device, the device was used *within* a play-based, face-to-face teaching programme. The American Academy of Pediatrics also recommends that young children use screens together with an adult.

Steinbrenner et al., 2020; Kasari et al., 2014; AAP, 2016

Device use checklist

- [ ] I chose today's words in advance
- [ ] I had the real objects beside me
- [ ] I sat facing my child
- [ ] After each touch I waited, then commented
- [ ] I ended the session while my child was still interested
- [ ] I used the words in three different places during the day

CHAPTER 15 · LANGUAGE TEACHING METHODS

15 Bilingual families

Don't give up your home language



IN THIS CHAPTER

- Do two languages harm an autistic child?
- Why does keeping the home language matter?
- Ways of organising two languages at home
- Talking to school and professionals

Many families who speak a home language different from the language of school or society (for example Turkish-speaking families in Belgium, France or Germany), or who use more than one language at home, are given the same advice: "Don't confuse the child; speak only the school's language at home." This advice is well meant, but it is not supported by research.

WHAT DOES THE RESEARCH SAY?

- Studies comparing autistic children growing up in bilingual and monolingual settings **have found no difference in language level to the disadvantage of bilingualism**: vocabulary size and the ages of first words and first sentences are similar.
- Systematic reviews bringing together the studies in this field have reached the same conclusion: there is no evidence that bilingualism harms the language development of autistic children.
- Some studies have reported small advantages for bilingual autistic children in areas such as switching between tasks.

Hambly & Fombonne, 2012; Petersen et al., 2012; Drysdale et al., 2015; Uljarević et al., 2016; Gonzalez-Barrero & Nadig, 2019

The cost of giving up the home language



Relationship

People speak most warmly, most naturally and most richly in their home language. Lullabies, jokes and comfort come in the home language.



Quality of language input

In a language you do not know well, you say less, in shorter sentences and with more mistakes. The child gets a poorer model.



Family and identity

Grandma, cousins, the festive family table. A child who does not know the home language is left outside the circle whose support they need most.

Organising two languages at home

Approach	How does it work?	Who does it suit?
Home language at home, community language outside	Family uses home language at home (Turkish, in our example); the community language is used at school, nursery and therapy.	Families where both parents share the same home language. The most common and the easiest arrangement.
One person, one language	Each parent speaks to the child in their own home language.	Families where the parents have different home languages.
Language by activity	The bedtime book in one language, weekend breakfast in the other.	Families who speak both languages comfortably.

Whichever arrangement you choose, what counts is not the number of languages but the **rich, plentiful interaction** the child gets in each language.

RECOMMENDATIONS

- Speak to your child in the language you are most comfortable in
- Set first-word targets in the home language first; let school work on their equivalents in the other language
- Write the word in both languages on visual cards
- If the communication device offers two languages, set up both
- Keep books, songs and rhymes in the home language at home
- Keep up video calls with grandparents

THINGS TO AVOID

- Forcing yourself to switch to a language you cannot speak comfortably
- Insisting "say it in the other language" when your child answers in one language
- Counting the words in one language only, instead of the total across both
- Putting a language delay down to bilingualism and postponing an assessment

When talking to school and professionals

- **Assessment should be done in both languages.** The words your child knows are spread across two languages; a test in the school language alone makes them look further behind than they are. Ask for an interpreter if needed, and take along a list of the words your child uses at home.
- If your professional suggests that you change language at home, politely ask which research the suggestion is based on and share the references in this chapter.
- Use the strategies taught in therapy (waiting, expanding, offering choices) at home **in your own language**; the strategies do not depend on the language.
- Ask for the list of target words at school; work on the same concepts at home in your home language.

🔗 **OBİ-DİL LINK**

The first aim of the Vocabulary Teaching Programme is to develop the child in the home language; the second is to contribute to second-language acquisition when the child is ready. For every "target word", a "secondary target word" (its equivalent in the other language) has been defined. Families living abroad can use this structure for pairs such as Turkish–French or Turkish–Dutch.

PART 4

Everyday practice

Language takes root in everyday life, not at a desk. This part turns the meal table, the bath, the park and the book into places for language, and keeps you company in hard moments and on tired days.



16 Routines are language lessons

17 Play and books

18 Challenging behaviour

19 Staying strong as a family

CHAPTER 16 · EVERYDAY PRACTICE

16 Routines are language lessons

Building language into the things you already do



IN THIS CHAPTER

- Why are routines the best teacher?
- Four steps for turning a routine into a place for language
- Six routine cards: breakfast, bath, getting dressed, shopping, park, bedtime
- Target words for each stage

Setting aside twenty minutes of "work time" a day is hard. But you dress, feed, wash and put your child to bed every day. These jobs are repeated every day, in the same order, with the same objects. There is no better setting for learning language.



Repetition
Three meals a day, a thousand meals a year. A thousand chances to hear the same word.



Predictability
A child who knows the order is not anxious. They can give their attention to the words and say the next step.



Meaning
The word "water" is learned best when your child is thirsty and holding the cup.

Four steps for turning a routine into a place for language

1. **Fix it**
Do the routine in the same order every day and say **the same short phrase** at each step.

2. **Pause**
After a few days, stop at a familiar step and wait. Let your child fill in the word or the action.

3. **Give a role**
Hand one job over: fetching the towel, handing out the spoons, pressing the button.

4. **Surprise**
Now and then make a small "mistake": put the sock on their hand. A chance for them to protest.

TRY IT AT HOME TODAY: ONE ROUTINE, FIVE PHRASES

Choose just one of the six routines. Write down its five steps and **the one short phrase** you will say at each step, and stick the paper up where the routine happens (for example on the bathroom mirror). Use the same phrases every day for two weeks. In the second week, pause at the third step and wait.

Six routine cards

Each card tells you what to say and what you can expect from your child, according to their stage. Follow the row for your own stage.

Breakfast and meals

Stage	What do you do?	What to expect from your child
1	Give food a little at a time; wait before each mouthful. "Mmm! Yum!"	A look, a reach, a sound
2	Show two options: "Cheese or olives?" Model single words: "More." "Bread."	A point, a card or a single word
3	Expand: "Hot tea." "Cut the bread." "The cup fell down!"	Two- or three-word requests and comments
4	Lay the table together and chat: "What did you eat at school today? Who sat next to you?"	Telling what happened, asking questions

Words: water, milk, bread, more, finished, hot, cold, spoon, plate, eat, drink, cut, pour, I'm full

Bath

Stage	What do you do?	What to expect from your child
1	Before you pour the water: "Ready… steady…" Wait. Blow the bubbles, then stop.	Looking in anticipation, a "go on" signal
2	Name body parts as you wash them: "Foot. Hand. Tummy." Hand over the toys one at a time.	Pointing, "water", "bubbles", "duck"
3	"The duck is swimming." "Wash your hair." "Is the water hot or cold?"	Action + object sentences
4	Get your child to tell you the order: "What do we do now? And then?" Try a sink-or-float experiment.	Sequencing, predicting, giving reasons

Words: water, bubbles, soap, towel, wet, dry, hot, wash, pour, out, I'm cold, finished

Getting dressed

Stage	What do you do?	What to expect from your child
1	As you pull the jumper over their head: "Peek-a-boo!" The same game every time.	Laughing, looking, holding out an arm
2	Hold up two items of clothing: "Red or blue?" Name things as you put them on: "Sock. Shoe."	Choosing, naming clothes
3	"Put your arm in." "Daddy's shoe is big." Put the sock on their hand and wait.	"No, on foot!"; possession
4	"It's raining outside. What should we wear? Why?"	Giving reasons, planning

Words: on, off, pull, sock, shoe, coat, hat, button, zip, mine, yours, big, little

Shopping

Stage	What do you do?	What to expect from your child
1	Keep it short. Show each item before it goes in the basket: "Apple!" Let your child drop it in.	Looking, holding, dropping in
2	Give a shopping list with 3 pictures. When you find the item: "Milk! We found it!"	Matching the picture to the item, naming
3	"Get two bananas." "Where's the milk?" "Give me the big one."	Following instructions, saying where things are
4	Rehearse saying "Hello" and "Thank you" at the till beforehand. Let your child read the list.	A short social exchange with a stranger

Words: get, put, find, basket, list, money, till, heavy, lots, a little, hello, thank you · **Getting ready:** a first-then card before you go; choose quiet hours; take ear defenders with you.

Park

Stage	What do you do?	What to expect from your child
1	Push the swing from the front; catch it and hold it still, look at your child's face, wait.	A look, a wriggle or a sound for "go on"
2	"Swing!" "Stop!" "Slide!" At the top of the slide: "Ready… steady…"	"Go!", "swing", "more"
3	"Fast or slow?" "Ali is sliding." "Climb up, slide down."	Opposites, talking about someone else
4	Rehearse going up to another child: "Is it my turn?" "Shall we play together?"	Starting communication with a peer

Words: swing, slide, climb, run, stop, fast, slow, up, down, turn, sand, ball · **When leaving:** give a five-minute warning, use a timer, count "three more slides".

Bedtime

Stage	What do you do?	What to expect from your child
1	The same lullaby every night; pause before the last word. Switch the light off together: "Light… off!"	Calming down, a look, a sound
2	To the toys, one by one: "Night-night teddy. Night-night car."	Waving, "bye-bye", naming objects
3	With a picture book: "The cat is sleeping." "Where's the moon?"	Describing the picture, answering a simple question
4	"What did you like best today? What shall we do tomorrow?"	Talking about the past and the future

Words: pyjamas, teeth, book, bed, duvet, light, dark, sleep, kiss, cuddle, night-night, tomorrow

WHAT DOES THE RESEARCH SAY?

Caregiver Skills Training, developed by the World Health Organization for families of children aged 2–9 with developmental difficulties, rests entirely on this idea: families learn skills for supporting their child's communication and participation within **everyday home routines and play**. The programme consists of nine group sessions and three home visits, and is designed so that non-specialists can deliver it too.

WHO, 2022; Salomone et al., 2019

CHAPTER 17 · EVERYDAY PRACTICE

17 Play and books

Play is a child's work, and the home of language



IN THIS CHAPTER

- The five levels of play
- Toys and words for each level
- How do you join in with play?
- "Talking" a book, not "reading" it
- Songs and rhymes

Play and language develop together. A child who holds a block to their ear like a phone has understood that one thing can *stand for* another, and that is exactly what a word is. Moving play up one level pulls language up with it.

The five levels of play

Level	What does it look like?	Suggested toys	Language to model
1 · Exploring	Mouths, shakes, bangs, spins, lines things up.	Rattle, ball, water and sand, bubbles	Sounds and single words: "Boom!", "Round!"
2 · Cause and effect	Presses buttons, takes things out of a box, knocks down a tower.	Pop-up toys, blocks, ramp and car	"Push", "open", "go", "fell down", "more"
3 · Functional	Uses objects for their purpose: comb to hair, cup to mouth.	Toy kitchen set, phone, comb, doll	"Dolly's drinking", "Hello!", "Comb hair"
4 · Pretend	Eats from an empty plate; turns a block into a car; puts the doll to bed.	Doll, animals, doctor's kit, boxes	"Dolly's hungry", "Shh, she's asleep", "The doctor's here"
5 · Roles and rules	Shares roles (doctor–patient); plays games with rules.	Dressing-up clothes, playing shops, board games	"You be the patient", "Whose turn is it?", "I won"

Find the kind of play your child does most. Start the play there and model **one single action** from the next level up. Sit beside a child who is lining up cars (level 1) and line some up too; then let one car go down a ramp (level 2).

How to join in with play

1 Watch
Just look for a minute. What are they doing, what are they looking at?

2 Join in
Take one of the same toys and do the same thing. Don't take over the play.

3 Name
Describe what they do and what you do in short phrases.

4 Add
One new action and one new word.

5 Wait
Do they try it? If so, be delighted; if not, go back to their play.

⚠ **REPETITIVE PLAY IS NOT "WRONG" PLAY**

Lining up, spinning, opening and closing calm your child and give them pleasure. Instead of banning these games, get inside them: add a car to the end of the line yourself, take turns adding, say "One more!" Repetitive play can be a door that opens onto interaction.

Books: talking, not reading

You don't have to read the book from start to finish. The aim is not to get through the text but to **talk together** about the pictures. Let your child turn the pages. If they want the same book for the hundredth time, read it; a familiar text makes it easier for them to take a turn.

Choosing books

STAGE 1
Thick board pages with one big picture on each; touch-and-feel and lift-the-flap books.

STAGE 2
Pictures of everyday objects and animals; books with one repeated sentence.

STAGE 3
A simple plot, repeated patterns, a predictable ending.

STAGE 4
Stories with feelings and reasons; fairy tales; non-fiction books that match your child's interests.

Four moves: Pause – Point – Wait – Expand

PAUSE	Dad turns the page and pauses without reading.
POINT	He points to the dog in the picture: "Ooh, look!"
WAIT	He counts to five.
ZEYNEP	"Woof woof."
EXPAND	"Yes, a dog! The dog is running." (Zeynep turns the page.)

Stage	What to do with a book
1	Point to the pictures, make animal sounds, let your child lift the flaps. Even turning a page is taking part.
2	Instead of "What's this?", point and wait. When your child names it, expand. Ask "Where's the cat?" so that they point.
3	Pause in the repeated sentence and let your child finish it. Ask "What is he doing?" Link the picture to their own life: "You've got red wellies too."
4	"What do you think will happen now?" "Why was she sad?" When the book is finished, let your child tell it to you; act it out with puppets.

Songs, rhymes and finger play

Melody and rhythm make words easier to remember. Action songs support imitation; rhymes support awareness of sounds.

- **Leave a gap:** In a familiar song, pause before the last word: "Twinkle, twinkle, little…" Wait.
- **Add actions:** One action for each line, as in "Row, Row, Row Your Boat"; your child imitates the action first, then the words.
- **Slow down:** Sing more slowly than usual so that the words can be told apart.
- **Offer a choice:** Show pictures of two songs and let your child choose the one they want.
- **Adapt:** Change the words of a song to fit the job in hand: "This is the way we wash our hands, wash our hands, wash our hands…"

🔍 WHAT DOES THE RESEARCH SAY?

- In autistic children who received a programme targeting symbolic play, language developed faster one year later than in the comparison group.
- "Dialogic reading", in which the adult asks questions and expands the child's answers instead of reading, produced clear gains in expressive language in four weeks in typically developing young children. A version of the method adapted for autistic preschool children increased the children's verbal participation during book reading and their vocabulary knowledge.

Kasari et al., 2006, 2008; Whitehurst et al., 1988; Fleury & Schwartz, 2017

🔗 OBİ-DİL LINK

The project's academic guide recommends storytelling supported by puppets and pictures for increasing sentence length at Stage 3. The games "Feeding the Toy Animals" and "Picture Restaurant" in the "Birlikte Konuşuyoruz" (Talking Together) book put play levels 4 and 5 from this chapter into practice.

CHAPTER 18 · EVERYDAY PRACTICE

18 Challenging behaviour

Behaviour is the word that cannot be said



IN THIS CHAPTER

- The four functions of behaviour
- The Before–Behaviour–After record
- Teaching a communication skill to replace it
- Prevention and the moment of crisis
- When should you see a specialist?

A child who throws themselves on the floor, screams, hits or bites themselves is not being "naughty". They are telling you something in the only way they have. Our job is not to suppress the behaviour but **to find out what it is saying and to teach an easier way of saying the same thing.**

What is the behaviour saying? Four functions



Getting something

"I want that."

Appears when your child wants an object, food or activity and cannot have it.



Escaping

"I don't want this. It's too hard. Make it stop."

When faced with a request, a task or a setting.



Getting attention

"Look at me. Be with me."

When the adult is busy with something else.



Sensory

"This feels good" or "This is too much."

Happens when alone too; increases when the setting is noisy or boring.

⚠ THINK OF THE BODY FIRST

If there is a sudden increase in behaviour, the first question is: **Could they be in pain?** Toothache, ear infection, constipation, reflux, lack of sleep and hunger show up as behaviour in a child who cannot tell you. A medical check-up is the first step.

The Before – Behaviour – After record

The way to find the function is not to guess but to write it down. For one week, note three things for every incident.

When, where?	Before What happened just before?	Behaviour What exactly did they do?	After What did you do, what did they get?
Tuesday 18.30, kitchen	I took the tablet and said "dinner time".	Threw himself on the floor, screamed for 5 min.	I gave the tablet back to quieten him.
Wednesday 9.00, hallway	I started putting his coat on.	Pushed me, threw the coat.	We were running late, we left without the coat.
Wednesday 18.40, kitchen	I took the tablet.	Screamed, banged the table.	I said "five more minutes" and gave it back.

Reading it: Look at the "After" column. On Tuesday and Wednesday evening, screaming brought the tablet back: the function is *getting something*. On Wednesday morning, pushing made the coat go away: the function is *escaping*. The same child says different things in different situations. A blank sheet is in Appendix B.

Teaching a communication skill to replace it

The rule: **The new way must work more easily, more quickly and more reliably than the old way.** If screaming brings the tablet in five minutes and the "tablet" card brings nothing, your child will go on screaming.

Function	Message to teach	How to teach it
Getting something	"I want", "more", the name or card of the object; a "wait" card	Practise at a calm time. In the first weeks, give it straight away every time they ask. Then add a short wait: "First dinner, then tablet."
Escaping	"Break", "finished", "help", "no"	The first moment you notice your child struggling, before the behaviour starts, put the card in their hand and give the break straight away. Make the task smaller; use a first–then card.
Getting attention	A tap on the shoulder, "Mummy", "look", "let's play"	When they tap or call you, turn to them straight away and warmly. During the day, give short moments of full attention without being asked.
Sensory	"Ear defenders", "tight hug", "I want to jump"	Offer a safe option that gives the same sensation; adjust the environment (see Chapter 4).

Prevention: the best intervention

- ☐ A visual schedule and a first–then card are in use
- ☐ Transitions are announced in advance
- ☐ Choices are offered during the day
- ☐ Hard tasks are broken into small steps
- ☐ You know the times when they are hungry, tired or short of sleep
- ☐ There is a plan for noisy, crowded places
- ☐ Good behaviour is noticed and named: "You waited your turn!"

- [ ] The “break” and “help” messages have been taught

In the moment of crisis

DO

- Safety first: move hard and breakable things away
- Say little; in a calm, low voice
- Reduce stimulation: light, noise, crowds
- Stay close but don’t crowd them
- Once they are calm, give a hug and some water; don’t lecture straight away
- Afterwards, write the incident on the record sheet

DON’T

- Shout, threaten or hit
- Give long explanations or ask questions
- Insist on “Look at me!”
- Try to teach a new skill at that moment
- Act according to how other people are looking at you
- Blame yourself

A tantrum and a meltdown are different. In a tantrum, the child is trying to get something and watches the people around them; it stops when they get what they want. In a meltdown (sensory or emotional “overflow”), the child has lost control; rewards and punishments do not work, and only less stimulation and time will help.

WHEN SHOULD YOU SEE A SPECIALIST?

- If your child is hurting themselves: head banging, biting, hitting their face
- If they are seriously hurting others or running away from safe places
- If the behaviour started suddenly or has clearly increased
- If sleeping, eating or toileting patterns have been disrupted
- If life at home has become unmanageable

See a child and adolescent psychiatrist, and a special education specialist or psychologist with experience in behaviour.

WHAT DOES THE RESEARCH SAY?

Functional communication training was first described in 1985: the researchers showed that when a message doing the same job as the problem behaviour was taught, the behaviour clearly decreased. Since then the method has been tested in hundreds of studies and is among the evidence-based practices in the NCAEP report.

Carr & Durand, 1985; Tiger et al., 2008; Steinbrenner et al., 2020

CHAPTER 19 · EVERYDAY PRACTICE

19 Staying strong as a family

Put your own oxygen mask on first



IN THIS CHAPTER

- Tiredness and guilt are normal
- Small but regular self-care
- Siblings and the wider family
- Your support map
- Your rights and where to apply

Every suggestion in this book asks something of you: to wait, to watch, to repeat. It is unfair to expect these from a parent who is tired, short of sleep and alone. You are your child's most important resource; protecting that resource is not a luxury, it is part of the job.

WHAT DOES THE RESEARCH SAY?

- A meta-analysis showed that parenting stress in parents of autistic children is **clearly higher** than in parents of both typically developing children and children with other developmental difficulties. If you are tired, it is not because you are inadequate; your load really is heavy.
- In a randomised controlled trial with 243 mothers of autistic children or children with other developmental difficulties, six-week stress reduction groups led by peer mothers reduced the mothers' stress, anxiety and depression symptoms and improved their sleep.

Hayes & Watson, 2013; Dykens et al., 2014

Your feelings are normal

After a diagnosis come sadness, anger, denial, guilt, worry and sometimes relief ("so it has a name"). These feelings do not follow an order. A feeling you thought had passed can come back on the first day of school or at a wedding. That does not mean you have gone backwards.

- **Guilt:** "I'm not doing enough work with my child." No family can use every opportunity. Three good five-minute spells a day are enough.
- **Comparison:** Other children's progress is not the measure of yours. Look at how your own child was three months ago.
- **Loneliness:** Talking to another parent who has walked the same road often helps more than expert advice.

Small but regular self-care



10 minutes a day
Ten minutes that are yours alone and not up for negotiation: tea, a walk, prayer, music.



Sleep
Your child's sleep routine (Chapter 4) is your sleep too. Take turns at night.



Movement
A twenty-minute walk three times a week; it can be with your child.



One person
Once a week, talk to one person who listens without judging you.

Talk openly with your partner about sharing the tasks. Taking your child to therapy, practising at home and looking after the sibling should not all fall on one person. If you have long-lasting hopelessness, disturbed sleep or appetite, or cannot enjoy anything, see a doctor for yourself too; this is not a weakness.

Siblings

WHAT HELPS A SIBLING

- An honest explanation suited to their age: "Your brother's brain works differently; it takes him longer to learn to talk."
- Once a week, time that is theirs alone
- Being able to say how they feel, including anger and embarrassment
- A safe place for their own things
- Being a playmate in games, not an "assistant teacher"

WHAT WEARS A SIBLING DOWN

- "You're the big one, just put up with it"
- Being loaded with caring responsibilities
- Questions left unanswered
- Their achievements being overshadowed
- Being made to apologise for their sibling's behaviour

Grandparents and the people around you

"His father was a late talker too", "You're spoiling him", "A bit of firmness would sort it out." These remarks mostly come from lack of knowledge and from helplessness. Giving a task works better than arguing.

> **EXPLAIN** "The doctors call this autism. It's nobody's fault; his brain is developing differently. With early, regular support, children come a long way."
>
> **ASK** "I have a favour to ask: when you're playing with him and you give him something, count to five first and wait for him to make a sound. That's the biggest help you could give us."
>
> **SET A LIMIT** "Thank you for your suggestions. Right now we're following the path the specialists have recommended; we'd like you to be beside him and with us on that path."

Copy the six principles from Chapter 8 of this book onto one page and give it to everyone who looks after your child.

Your support map

Fill in the rings below with your own names. A ring that stays empty is a place that needs strengthening.

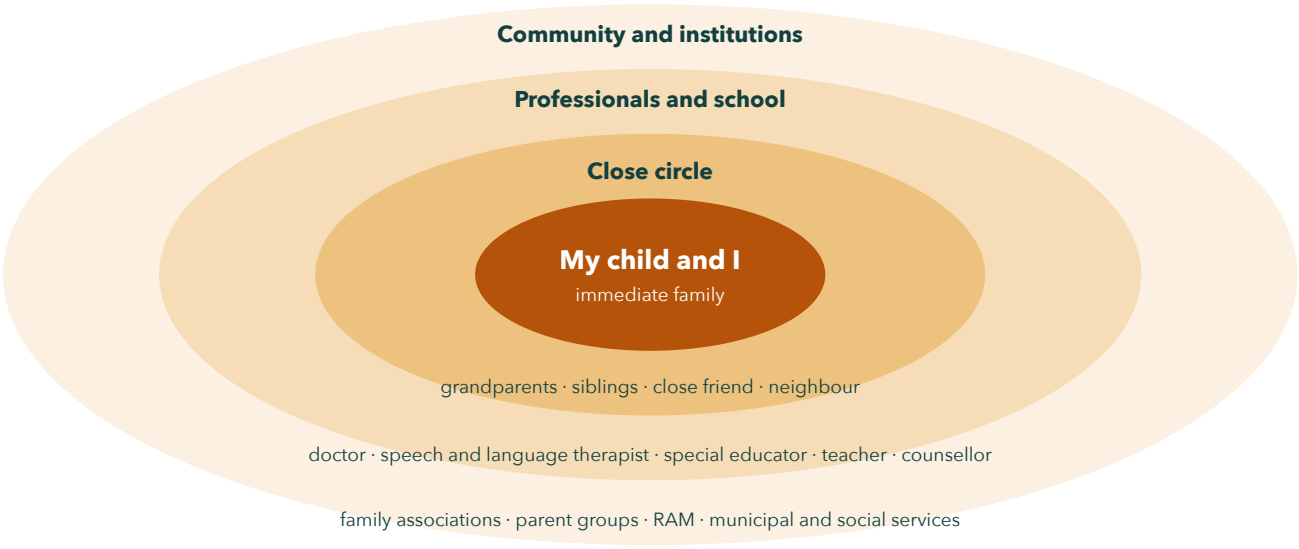


Figure 19.1 Support map. Can you write at least one name in each ring?

Your rights and where to apply (Türkiye)

Topic	Where do you apply?
Special Needs Report for Children (ÇÖZGER)	Child and adolescent mental health units of authorised hospitals; the report is the basis for the other rights.
Educational assessment, placement, support education	The Guidance and Research Centre (RAM) in your district.
Individualised education programme (IEP; "BEP" in Türkiye) and resource room at school	The school management and guidance service; the IEP development unit.
Social rights and care support	Provincial Directorate of Family and Social Services (Aile ve Sosyal Hizmetler İl Müdürlüğü); Alo 183 Social Support Line.
Family education resources	The "Autism Spectrum Disorder Family Education Book Set" (Otizm Spektrum Bozukluğu Aile Eğitimi Kitap Seti) of the Ministry of National Education (MEB) Directorate General for Special Education and Guidance Services; family associations and foundations.

Rights and conditions change over time; for up-to-date information, see the official website of the institution concerned. For other countries, see Appendix F.

A FINAL WORD

No method in this book can take the place of a moment when you and your child laugh together. Communication is, first of all, relationship. If your child enjoys being with you, the most important work is already being done; the rest comes step by step, at their pace.

APPENDICES

Toolbox

Plans and sheets you can copy and fill in, cards you can cut out and use, frequently asked questions and resources.

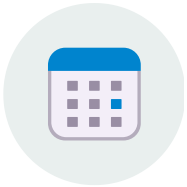


A	12-week home plan
B	Tracking sheets
C	Cut-out communication cards
D	Frequently asked questions
E	Glossary
F	Where to turn: services, apps and books
G	References

APPENDIX A · TOOLBOX

A 12-week home plan

Just one new habit each week



The plan spreads the whole book over three months. Each week adds only one thing; the habits from earlier weeks carry on. If you could not complete a week, repeat it; the plan is not a race.

Week	Focus	What am I doing this week?	Chapter	✓
1	Observation	I watch for 10 minutes a day, for three days. I fill in the observation form and work out the stage.	2, 3	
2	Play corner	I cut down the toys, put them in boxes and label them. I turn the television off during play. I set up the calm corner.	4	
3	First visual support	I make a first–then card for one difficult moment and use it every day.	5	
4	Watch and join in · Be face to face	3 × 5 minutes a day, I sit on the floor and join in with their play. I do not direct the play.	8	
5	Wait	I count to five before giving or doing anything. I note down what they do.	8	
6	Communication opportunities	I put three things they love where they can see them but not reach them. I give food a little at a time.	4	
7	One step up	I model to match their stage: one word, two words or an expansion. I ask fewer questions and make comments instead.	8–11	
8	Target words	I write down seven target words (or phrases) and put the list on the fridge. Everyone at home uses the same ones.	10, 11	
9	One routine	I choose one routine card: five steps, five fixed phrases. In the second half of the week I stop at one step and wait.	16	
10	Books and songs	5 minutes every evening: Pause – Point – Wait – Expand. In one song I leave the last word for them.	17	
11	Shared goals	I agree three shared goals with the teacher and the therapist. I start the communication book.	6, 7	
12	Observing again	I fill in the observation form again and compare it with week one. I write down the goals for the next three months.	3	

MAKE THE PLAN YOUR OWN

- **If you use alternative communication:** add the kitchen board (Chapter 13) in week 6; from week 7, touch the board as well when you model.
- **If you use the OBİ-DİL device:** from week 8, match the daily use plan (Chapter 14) to your target words.
- **If challenging behaviour is frequent:** keep a Before–Behaviour–After record from week 2 (Chapter 18).
- **If you are at Stage 4:** in weeks 8–10, use the feelings thermometer and "talking spoon" activities (Chapter 12).

APPENDIX B · TOOLBOX

B Tracking sheets

Copy them, fill them in, share them with your specialist



B1 · Weekly communication diary

Each day, write down one new or striking attempt at communication that your child made **spontaneously**. Week: ..... My principle this week: .....

Day	Situation (where, doing what?)	What did they do / say?	What did I do?
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

B2 · Word and symbol list

Write down every word, sign or symbol your child uses **spontaneously and meaningfully**. In bilingual families, words in both languages are counted together.

#	Word / symbol	Mode*	Date	#	Word / symbol	Mode*	Date
1				9			
2				10			
3				11			
4				12			
5				13			
6				14			
7				15			
8				16			

* Mode: S = speech, G = gesture/sign, C = card, D = device

B3 · Before – Behaviour – After record

Fill this in every time the challenging behaviour occurs (see Chapter 18). At the end of a week, look for the pattern that repeats in the "After" column.

Date, time, place	Before: what happened just before?	Behaviour: what exactly did they do? How long did it last?	After: what did I do, what did they get?	Likely function

Likely function: G = getting something, E = escaping, A = attention, S = sensory

B4 · Shared goal card

Term: ..... Prepared by: .....

Goal (observable)	At home	At school	In therapy	3 people · 3 places · 3 materials ✓
1				
2				
3				

B5 · Three-month summary

Question	Start (date: .....)	Three months later (date: .....)
Communication stage (1–4)		
Number of words/symbols used spontaneously		
Most frequent way of communicating		
Reasons for communicating (requesting, refusing, showing…)		
Hardest moment of the day		
The activity we enjoy most together		

C Cut-out communication cards

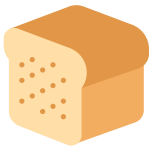
28 starter cards

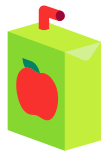
Copy the pages onto thick paper or glue them onto card, cut along the dashed lines, cover them with clear tape and stick hook-and-loop tape on the back. Add your own photos of the things your child loves, in the same size; a personal photo is always more effective than a ready-made picture. For how to use the cards, see Chapters 5, 10 and 13.

Core words

 MORE	 FINISHED	 NO	 HELP
 STOP	 BREAK	 HUG	 WAIT

Food and drink

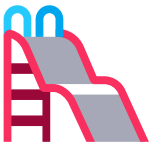
 WATER	MILK	 FOOD	 BREAD

 APPLE	 BANANA	 BISCUIT	 JUICE

Daily tasks

 TOILET	 WASH HANDS	 BRUSH TEETH	 BATH
 GET DRESSED	 SLEEP	 SCHOOL	 CAR

Play and activities

 BALL	 BOOK	 PARK	 MUSIC

First-then template

FIRST	THEN

APPENDIX D · TOOLBOX

D Frequently asked questions

The twelve questions families ask most

1 · Will my child talk?

Nobody can say for certain. What we do know is this: most children who have a severe language delay at age four begin to speak in phrases during the school years, and language goes on developing in adolescence. Whether or not they speak, every child can learn to **communicate**; that is the goal. (Chapter 2)

2 · If we use cards or a device, will they stop talking?

No. Research shows that alternative communication does not hold speech back and often supports it. (Chapter 13)

3 · We speak two languages at home; should we drop one?

No. There is no evidence that a bilingual environment harms the language development of autistic children. Speak in the language you are most comfortable in. (Chapter 15)

4 · How many hours a day should we work?

Do not count hours, count opportunities. Twenty to thirty communication opportunities within daily routines are worth more than an hour of work at a table. The intensity of a programme run with a specialist is decided by your specialist. (Chapter 16)

5 · Should I hold things back until they say what I want them to say?

No. Create the opportunity, wait, model and **give**. Forcing makes communication unpleasant. (Chapters 4, 10)

6 · They keep repeating the same things. Should I stop them?

No. Work out what the repetition means at that moment and model a short sentence that carries the same meaning. (Chapters 2, 11)

7 · They do not look me in the eye. Should I say "Look at me"?

Do not force it. Get down to eye level and hold the toy close to your face; reward a look, but do not make it a condition. Many autistic people say that being forced to make eye contact makes it harder to listen. (Chapter 8)

8 · Are tablets and phones harmful?

What matters is *how* the screen is used, as much as for how long. A screen used alone, for a long time, or left on in the background takes the place of interaction. Short, purposeful use together with an adult is a tool. A tablet used as a communication device is outside this limit. (Chapters 4, 14)

9 · Do special diets or supplements work?

There is no reliable evidence that approaches such as the gluten-free, casein-free diet change the core features of autism. Restrictive diets can lead to poor nutrition in children who already eat a narrow range of foods. Do not start one without talking to your doctor. (Chapter 7)

10 · A mainstream class or a special education class?

There is no single right answer. The decision is made together with the Guidance and Research Centre (RAM) and the school team, based on the child's communication level, the support the school offers and the class size, and it can be reviewed every year. (Chapter 6)

11 · Have we left it too late?

Starting early is best, but learning does not end at a certain age. Communication work that starts in the school years or in adolescence also brings results. Today is the earliest day to start.

12 · Which method is "the best"?

There is no single best method. Good programmes share clear features: goals individualised to the child, family involvement, practice in natural settings, regular measurement and research support. (Chapters 7, 8)

APPENDIX E · TOOLBOX

E Glossary

Words you will meet in reports and meetings

AAC (augmentative and alternative communication): All the gestures, signs, pictures, boards and devices that support speech or take its place.

BEP (individualised education programme, IEP): In Türkiye, the written plan prepared around the pupil's needs, setting out goals and supports.

ÇÖZGER: The Special Needs Report for Children issued in Türkiye.

DSM-5-TR: The American Psychiatric Association's manual of diagnostic criteria.

Echolalia: Repeating speech that has been heard, either straight away or later.

Expansion: Saying back what the child said, with one word or word ending added.

Expressive language: The ability to express thoughts through speech, signs or symbols.

Functional communication training: Teaching a way of communicating that serves the same purpose as the challenging behaviour, to replace it.

Generalisation: Being able to use a learned skill with different people, places and materials too.

Inclusive (mainstream) placement: A pupil with special needs being educated in the same class as their peers, with support.

Joint attention: Two people paying attention to the same thing together and sharing it.

Modelling: Showing the child what we would like them to say or do.

Naturalistic developmental behavioural interventions: A family of programmes that follow the child's interest, are used within everyday activities and combine behavioural and developmental science.

PECS: Picture Exchange Communication System; the child asks by handing over a picture.

Pragmatics: The social use of language: who to talk to, when and how.

Prompt: Help given so that the child can respond correctly; it is reduced over time.

RAM: Guidance and Research Centre; the body in Türkiye that carries out educational assessment and referral.

Receptive language: The ability to understand what is said.

Reinforcement: A consequence that follows a behaviour and makes that behaviour more likely to happen again.

Resource room: A space within the school where pupils in inclusive placement receive extra teaching one to one or in a small group.

Sensory differences: Reacting more or less than usual to sound, light, touch, taste, smell or movement.

Social story: A personalised text that describes a situation from the child's point of view, in short sentences and pictures.

Speech-generating device: A tool that says the word aloud when a symbol or key is pressed.

Structured teaching: An approach that makes the environment predictable through physical layout, visual schedules and work systems.

Symbolic play: Using an object as if it were something else; "pretend" play.

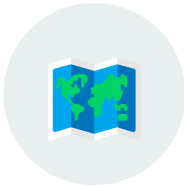
Video modelling: Showing a video of the target skill and then having the child practise it.

Visual support: Tools that present information through pictures, photos, objects or written words.

APPENDIX F · TOOLBOX

F Where to turn

Services, online resources, apps and books



Names of organisations and services may change; check their official pages before you apply. This list is a starting point; it is not a comprehensive guide.

Türkiye

Organisation / resource	What for?
Child and adolescent mental health outpatient clinics	Diagnosis, follow-up, the Special Needs Report for Children (ÇÖZGER).
Guidance and Research Centres (RAM)	Educational assessment, school placement, referral for support education.
Ministry of National Education (MEB), Directorate General for Special Education and Guidance Services	Autism Spectrum Disorder Family Education Book Set (by age group, free of charge).
Provincial Directorates of Family and Social Services · Alo 183 helpline	Social rights, care support, advice.
Tohum Autism Foundation (Tohum Otizm Vakfı)	Family training, the "Otizmli Çocuklara Beceri Kazandırma" (Teaching Skills to Autistic Children) book series, online resources.
Federation of Autism Associations (Otizm Dernekleri Federasyonu) and local family associations	Family solidarity, rights advocacy.

Belgium

Organisation / resource	What for?
Autism reference centres (Centres de Référence Autisme / Referentiecentra Autisme)	Multidisciplinary diagnosis and referral.
Regional disability agencies: AViQ (Wallonia), PHARE (Brussels), VAPH (Flanders)	Support services, budgets and allowances.
Participate! Autisme	Information, videos and practical tools for families.

France

Organisation / resource	What for?
Centres Ressources Autisme (CRA)	Information, diagnostic support and referral in every region.
Maison Départementale des Personnes Handicapées (MDPH)	Applications for rights, school support and allowances.
Autisme Info Service	National information and listening helpline.

Portugal

Organisation / resource	What for?
Sistema Nacional de Intervenção Precoce na Infância (SNIPI)	Early intervention services for ages 0–6.
Federação Portuguesa de Autismo and the regional APPDA associations	Family support, information and services.

Online resources (free)

Resource	Language	What will you find?
MEB Directorate General for Special Education and Guidance Services **orgm.meb.gov.tr**	Turkish	The five-book "Autism Spectrum Disorder Family Education Book Set" by age group, activity books, legislation.
Tohum Autism Portal **tohumotizmportali.org**	Turkish	Video training for families and teachers, the guide "Otizm Spektrum Bozukluğunda Eğitim, Terapi ve Tedavi Uygulamaları" (Education, Therapy and Treatment Practices in Autism Spectrum Disorder), skill-teaching books.
Ministry of Family and Social Services **aile.gov.tr**	Turkish	The family book "Otizm Spektrum Bozukluğu" (Autism Spectrum Disorder, 2016), information on social rights and how to apply.
Federation of Autism Associations **odfed.org**	Turkish	Member associations, rights, announcements.
OBİ-DİL project website **obidil.project-eu.com**	TR · EN · FR · PT	Vocabulary Teaching Programme, "Birlikte Konuşuyoruz" (Talking Together), the academic guide, training videos.
World Health Organization · Caregiver Skills Training (eCST) **who.int**	Many languages	A self-paced online course for families: communication through play and home routines.
CDC · "Learn the Signs. Act Early." **cdc.gov/ncbddd/actearly**	English	Developmental milestones by month, video examples, checklists.

Resource	Language	What will you find?
ARASAAC pictogram library **arasaac.org**	Many languages	Thousands of free symbols for making visual schedules and communication cards (non-commercial use).
The Hanen Centre · articles for families **hanen.org**	English	Short, practical articles on supporting language in everyday interaction.

Mobile apps

An app is not something to hand to the child to keep them busy on their own; it is a tool to use **together** (see Chapter 14). Language support and pricing may change over time; check the store page before downloading.

App	Type	What does it do?	Cost
Özelim Eğitimdeyim **MEB (Türkiye)**	Resource for families and teachers	Sample activities, training videos, teaching apps and textbooks (in Turkish).	Free
Otsimo | Special Education **Developed in Türkiye**	Educational games	Games for matching, words, emotions and daily living skills; progress report for the family.	Limited free version; subscription
Tohum Eğitim **Tohum Autism Foundation**	Educational content	Skill-teaching activities designed for autistic children (in Turkish).	Free
Cboard	Alternative communication (AAC)	A communication board that speaks when a symbol is touched; open source, supports Turkish, works offline.	Free
Leeloo AAC	Alternative communication (AAC)	A speech app with a simple interface, based on picture cards; supports Turkish.	Basic functions free
Visual timer apps	Visual support	Show the time left as a shrinking coloured area; make transitions easier (see Chapter 5).	Mostly free
CDC Milestone Tracker	Tracking development	List of developmental milestones from 2 months to 5 years, with reminders (in English).	Free
MHRS	Appointments (Türkiye)	Appointments at child and adolescent mental health outpatient clinics in state and university hospitals.	Free
Your phone's camera	Your own materials	Cards made from photos of your child's own things; short videos for video modelling (see Chapter 12).	–

⚠ WHEN CHOOSING AN APP

- Do adverts and in-app purchases appear in front of the child?
- Is the content right for your child's stage?
- Are the words and the voice in clear, correct language, in the language your child hears at home?
- Can you add your own photos and words?
- Choose a communication app together with your speech and language therapist.
- No app can take the place of face-to-face interaction.

Recommended books

In English

Book	Why read it?
More Than Words (2nd ed.) Fern Sussman · The Hanen Centre, 2012	The classic, richly illustrated family book on supporting language in everyday life. The source of the stages in this handbook.
An Early Start for Your Child with Autism Sally J. Rogers, Geraldine Dawson, Laurie A. Vismara · Guilford, 2012	The Early Start Denver Model in a version for families: connecting, communicating and learning through everyday activities.
Uniquely Human Barry M. Prizant · 2015	A view that invites you to understand the reason behind behaviour and gives strength to families.
The Reason I Jump Naoki Higashida · 2013	The inner world of a non-speaking 13-year-old boy, in his own words, in question-and-answer form.

Free resources in Turkish

Book	Why read it?
Otizm Spektrum Bozukluğu Aile Eğitimi Kitap Seti [Autism Spectrum Disorder Family Education Book Set] MEB Directorate General for Special Education and Guidance Services · ages 0–3, ages 4–6 and school levels I, II and III	Choose the book that matches your child's age. Activities to do at home for language, social interaction, self-care and play.
Otizmli Çocuklara Beceri Kazandırma [Teaching Skills to Autistic Children] Tohum Otizm Vakfı, 2021	A practical book for teaching basic and language skills at home, step by step.
Otizm Spektrum Bozukluğunda Eğitim, Terapi ve Tedavi Uygulamaları [Education, Therapy and Treatment Practices in Autism Spectrum Disorder] Tohum Otizm Portalı, 2025	Which methods have a scientific basis and which do not? A reference when choosing a method.

Book	Why read it?
Otizm Spektrum Bozukluğu [Autism Spectrum Disorder] Ed. A. Cavkaytar · Ministry of Family and Social Services, 2016	A general introduction and education book written for families.
Birlikte Konuşuyoruz [Talking Together] OBİ-DİL Project, 2026	Ten illustrated language games; the practical companion to this handbook.

Books in Turkish

Book	Why read it?
Otizm Spektrum Bozukluğu [Autism Spectrum Disorder] Gönül Kırcaali-İftar · Daktylos Yayınları	A plain, scientific introduction for families from one of the leading academics in the field.
Yağmur Çocuklar: Otizm Nedir? [Rain Children: What Is Autism?] Barış Korkmaz	The medical side of autism through the eyes of a paediatric neurologist.
Otizm [Autism] Uta Frith · İş Bankası Kültür Yayınları, Kılavuz Dizisi	A short, pocket-sized overview; good for giving to relatives and friends.
Resimlerle Düşünmek: Otizmin İçeriden Anlatımı [Thinking in Pictures: Autism Described from the Inside] Temple Grandin · Aura Kitapları	An autistic scientist describes in her own words how she perceives the world. It helps you understand your child.
Sözel Davranış Yaklaşımı [The Verbal Behavior Approach] Mary Lynch Barbera · Aura Kitapları	From an author who is both a mother and a behaviour analyst: teaching non-speaking children to request and to name things.
Otizm Spektrum Bozukluğu Olan Çocuklar ve Eğitimleri [Children with Autism Spectrum Disorder and Their Education] Ed. Elif Tekin-İftar · Vize Yayıncılık	A university textbook; for families and teachers who want to learn the methods in detail.

Edition and publisher details may change; check the current edition before buying.

APPENDIX G · TOOLBOX

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