FEATURES OF SPEECH DEVELOPMENT IN CHILDREN WITH AUTISM SPECTRUM DISORDERS IN INCLUSIVE EDUCATIONAL SETTINGS

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Abstract: The article examines the speech development features of children with autism spectrum disorders (ASD) in inclusive education settings. It analyses typical communicative impairments, the specifics of expressive and receptive language in this population, and practical speech therapy strategies effective in an inclusive classroom. The application of augmentative and alternative communication (AAC), the PECS system, ABA-based methods, and sensory integration approaches in speech therapy practice is discussed.

Keywords: autism spectrum disorders, speech development, inclusive education, speech therapy, alternative communication, PECS, ABA therapy, communicative function of speech.

Introduction

When first encountering descriptions of a speech therapist's work in an inclusive classroom, where children with autism spectrum disorders study alongside their neurotypical peers, one striking observation emerges: the main difficulty often lies not in the disorder itself but in a lack of understanding of the nature of speech and language development in autism. A child with ASD is frequently perceived by others as "silent," "difficult," or "uncommunicative," whereas these behaviors may reflect fundamentally different ways of processing linguistic information.

According to the World Health Organization, autism spectrum disorders affect approximately 1 in 100 children, and many children with ASD are now educated in mainstream educational institutions. In inclusive settings, speech therapists face a dual responsibility: on the one hand, helping children develop functional communication skills and, on the other, ensuring their meaningful participation in classroom communication in ways that are understood and accepted by their peers.

Speech development within the autism spectrum is not homogeneous. O. S. Nikolskaya identified several levels of affective regulation that significantly influence a child's speech and communication profile. Some children rarely use speech as a means of communication despite having relatively well-developed phonetic abilities, a phenomenon sometimes described as "mutism with an intact speech apparatus." Others, by contrast, possess extensive vocabularies but experience considerable difficulty initiating conversations, maintaining topics, and considering the perspectives of their communication partners.

It is important to emphasize that speech and language impairments in ASD do not necessarily indicate reduced intellectual potential. Many children demonstrate strong abilities in memorization, logical reasoning, and visuospatial thinking. Speech therapy interventions should therefore build upon these preserved strengths and individual abilities.

Individual Speech Profile as a Starting Point

Before developing an individualized intervention plan, it is necessary to establish an accurate picture of the child's communication abilities: which communicative functions have already developed, which remain limited or absent, and what specific conditions or stimuli encourage communication in that particular child.

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A standardized speech assessment template cannot fully capture the diversity of communication profiles among children with ASD. Each child demonstrates a unique combination of strengths, challenges, interests, and developmental needs.

Priority of Functional Communication

Speech therapy for children with ASD should not necessarily begin with articulation exercises or the correction of syllable structures. Instead, the initial priority should be the development of communicative intent and meaningful interaction.

A child needs to understand the purpose of communication: to request something desirable, express refusal, attract attention, share information, or participate in social interaction.

This functional understanding of communication forms an important foundation of the SCERTS model (Social Communication, Emotional Regulation, and Transactional Support).

The model emphasizes the development of social communication abilities, emotional regulation, and environmental support to promote meaningful participation in everyday activities.

Structure and Predictability

Children with ASD often benefit from structured and predictable environments.

In speech therapy practice, this may involve a clearly organized lesson structure, visual schedules, and consistent introductory phrases such as "Let's begin" or "The first task is..."

Such structure should not be viewed as a restriction. Rather, it provides a supportive framework that helps children feel secure and become more willing to attempt new forms of communication.

Predictable routines may also reduce uncertainty, support attention, and facilitate participation in classroom activities.

Speech Therapy Approaches in Inclusive Educational Settings

A number of intervention approaches are currently used in speech therapy for children with autism spectrum disorders. Some have stronger empirical support than others, and their selection should depend on the individual child's needs, communication profile, and educational environment.

The following approaches are particularly relevant to inclusive classrooms.

The Picture Exchange Communication System (PECS)

The Picture Exchange Communication System (PECS) was developed by L. Frost and A. Bondy as a method of teaching functional communication through the exchange of picture cards.

Initially, a child learns to physically hand a picture card to an adult or communication partner. This action represents an intentional communicative act.

As the child progresses, communication becomes more complex. For example, the child may learn to construct statements such as "I want + picture card," followed by commenting and responding to questions.

PECS does not inherently suppress verbal speech. Research has shown that some children demonstrate improvements in spoken communication while using this system, although outcomes vary among individuals.

In speech therapy practice, PECS is particularly valuable because it provides children with limited spoken language with an immediate means of expressing their needs and intentions without waiting for verbal speech to develop.

Applied Behavior Analysis (ABA) Methods in Speech Therapy

Applied Behavior Analysis (ABA) is frequently perceived primarily as a behavioral intervention approach.

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However, verbal behavior, as described by B. F. Skinner, represents an important theoretical area associated with behavior-analytic approaches to language development.

These methods can be used to systematically develop different verbal operants, including:

- Mands: requests for desired objects, actions, or information.
- Tacts: naming or labeling objects, events, and experiences.
- Intraverbals: verbal responses to other verbal stimuli, including conversational exchanges.

ABA-based interventions use structured teaching procedures, reinforcement, prompting, and systematic assessment to support the acquisition and generalization of communication skills.

Rather than relying exclusively on abstract explanations of linguistic meaning, these approaches establish learning conditions in which communication produces meaningful outcomes for the child.

Sensory Integration as a Supporting Condition for Speech Therapy

Sensory processing differences are common among children with autism spectrum disorders and may significantly influence their participation in speech therapy activities.

For example, heightened sensitivity to sounds, bright lighting, physical contact, or environmental changes may contribute to sensory overload, making communication and sustained attention more difficult.

A speech therapist working in an inclusive classroom should be able to recognize potential signs of sensory overload, including withdrawal, reduced verbal responsiveness, or avoidance of interaction.

When necessary, the specialist should coordinate support with occupational therapists or other professionals who have expertise in sensory processing.

It is important to distinguish sensory accommodations, which can improve accessibility and comfort, from sensory integration interventions, whose effectiveness for specific speech and language outcomes requires further scientific evaluation.

The Role of Parents and Interdisciplinary Cooperation

No intervention method can produce consistently meaningful results if communication skills are practiced exclusively within the speech therapist's office.

Parents and caregivers are essential participants in the intervention process.

Speech therapists should provide families with practical guidance on supporting children's communication initiatives at home, responding appropriately to echolalia, and incorporating PECS or other augmentative and alternative communication systems into everyday activities.

For example, parents can encourage communication during meals, play, dressing, and other familiar routines.

Echolalia, which involves repeating previously heard words or phrases, should not automatically be interpreted as meaningless behavior. In some cases, it may serve communicative or self-regulatory functions.

Therefore, specialists and parents should consider the context and possible communicative purpose of repeated utterances before selecting an intervention strategy.

Effective inclusive education also requires cooperation among speech therapists, classroom teachers, special educators, psychologists, parents, and the children themselves.

Such collaboration helps ensure that communication skills acquired during individual therapy sessions are generalized to real-life educational and social situations.

It is precisely at the intersection of professional intervention and family participation that inclusion becomes a meaningful educational practice rather than merely a formal principle.

Conclusion

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Speech development in children with autism spectrum disorders is not an isolated problem. It lies at the intersection of neurology, psychology, linguistics, and pedagogy.

Within this interdisciplinary framework, speech therapists play a key role in helping children establish meaningful connections with the linguistic and social environments around them.

In my view, one of the most significant changes occurring in contemporary speech therapy under the influence of inclusive educational practices is the transition from a predominantly corrective paradigm toward a supportive, individualized, and participation-oriented approach.

Instead of asking, "What is wrong with this child?" professionals increasingly ask, "What does this child need in order to communicate effectively?"

This distinction reflects not merely a change in terminology but a fundamental transformation in attitudes toward children with developmental differences.

Knowledge of intervention methods is essential, but it is not sufficient.

A competent speech therapist must be able to recognize the individual behind the diagnosis, understand communicative intentions even when they do not take conventional verbal forms, and establish effective partnerships with teachers, parents, and the child.

Ultimately, the central objective of speech therapy in inclusive education is not simply to increase the quantity of spoken words but to promote functional communication, social participation, autonomy, and quality of life.

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