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FORMATION OF COHERENT UTTERANCES IN PRESCHOOL CHILDREN WITH ASD

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Abstract. This article discusses how coherent utterances can be formed and strengthened in preschool children with Autism Spectrum Disorder by targeting the developmental building blocks that make discourse "hang together" in real interaction. Coherence is treated as more than correct grammar; it involves pragmatic relevance, shared attention, clear reference, logical sequencing, and cause–effect links that listeners can follow. The paper reviews typical coherence components in early narrative and conversational speech, explains why ASD-related differences in social communication often disrupt these components, and synthesizes evidence-informed intervention mechanisms suitable for preschool settings.

Key words: autism spectrum disorder, preschool, coherent utterances, discourse, narrative, joint attention, pragmatic language, naturalistic intervention.

INTRODUCTION

Coherent utterances are the "bridge" between isolated words and meaningful communication. A preschool child may know many vocabulary items and still struggle to produce speech that other people can easily follow, especially when the child must refer to shared experiences, maintain topic, explain relationships between events, or clarify who did what to whom. In clinical and educational practice, this difference is visible every day: some children can label objects ("car," "apple") yet cannot build connected messages such as "The car fell because it was too fast," or "He took my toy, so I'm sad." For preschool children with Autism Spectrum Disorder, challenges in social communication and interaction are part of the diagnostic picture and often shape how discourse coherence develops, because coherence depends heavily on shared attention, perspective taking, and responsive turn-taking rather than on vocabulary alone [1].

MATERIALS AND METHODS

A coherent utterance in early childhood is usually built from several prerequisites that mature together. First is joint attention, the ability to coordinate attention between a partner and an object or event for the purpose of sharing meaning. Second is intentional communication, where the child uses gestures, vocalizations, and words to influence or share with another person. Third is symbolic play and representation, which supports the ability to talk about events that are not physically present and to structure experiences as "episodes" with goals and outcomes. Fourth is pragmatic flexibility—knowing how to adapt messages to a listener's knowledge and the situation. In ASD, core social-communication differences can weaken these foundations, making utterances less connected: the child may speak without checking whether the listener shares the focus, may omit key referents ("this," "that") without clarifying, or may shift topics abruptly. DSM-5 diagnostic criteria emphasize persistent social-communication differences across contexts, including reciprocity and nonverbal communication used for interaction; these differences help explain why coherence can be difficult even when certain language forms are available [1].

From an intervention standpoint, the most efficient path to coherence is often to strengthen the interactional engine that generates connected speech. Joint Attention, Symbolic Play, Engagement, and Regulation (JASPER) is a well-known play-based approach that targets joint attention and symbolic play, two skills tightly linked to early discourse coherence. In a randomized preschool-based study with minimally verbal children (3–5 years), JASPER delivered within an existing program was associated with gains in expressive language, play

skills, and engagement—precisely the conditions that make coherent utterances more likely to emerge during interaction [2].

RESULTS AND DISCUSSION

Naturalistic developmental behavioral interventions also contribute by systematically turning the child's spontaneous interests into structured language opportunities. Enhanced Milieu Teaching (EMT), especially in caregiver-mediated formats, uses conversation-based strategies such as modeling, expansions, time delay, and responsive prompting to increase functional language. A controlled study comparing parent-plus-therapist EMT to therapist-only EMT demonstrated meaningful improvements in communication outcomes, supporting the idea that consistent responsive interaction at home and in preschool can multiply the number of coherent speech opportunities across the day [3]. For coherence, EMT's value is not only "more words," but better-connected words: adults are trained to expand child utterances into more complete, interpretable forms while preserving the child's intent. If the child says "ball," the adult can produce an expansion that adds coherence elements—agent, action, location, or reason—such as "You want the ball," "The ball rolled away," or "Ball is under the chair." Over time, the child begins to internalize the structure that links words into messages that listeners can track.

A focused route to coherence is narrative-based intervention, because narrative demands explicit structure, reference, and sequencing. Narrative interventions in autism research often use story grammar elements (setting, initiating event, goal, attempt, outcome) and explicit teaching of connectives and mental state language. Work published in speech-language research literature indicates that narrative-focused approaches can improve story recall and narrative coherence in autistic children, especially when instruction is explicit, scaffolded, and supported with visual cues [4]. For preschoolers, narrative intervention should be developmentally calibrated: short personal narratives ("what happened at snack time") and picture-based micro-stories work better than long fictional stories. The key is repeated cycles of (a) shared event, (b) adult model, (c) child retell with prompts, and (d) feedback that targets one coherence feature at a time. A preschool-friendly example is a three-picture sequence: "We built a tower → it fell → we fixed it." The adult can first provide the coherent version, then prompt the child with structured questions ("What did we do first?" "Then what happened?" "Why did it fall?"), and finally encourage a complete retell using connectives ("first," "then," "because"). Coherence improves because the child practices mapping experience into an organized linguistic frame.

Because preschool children with ASD show wide variation in speech level, coherence work must be compatible with augmentative and alternative communication. For minimally verbal children, coherent utterances may initially be multi-symbol messages on AAC that express agent + action + object or a simple event chain. The same coherence principles apply: clear reference, sequence, and meaningful links. In fact, AAC can reduce the cognitive load of speech motor planning and allow the child to focus on organizing meaning. Adults can model coherent AAC messages ("I want + cookie," "go + outside + now," "mom + come + help") and then expand them into short connected discourse ("I want cookie because hungry"). The practical point is that coherence is not delayed until "speech appears"; coherence can be built within whatever expressive system the child can use reliably, and later transferred to spoken output as it develops [6].

Assessment and progress monitoring are often where coherence work either becomes effective or collapses into vague impressions. If coherence is defined only as "longer sentences," goals become misleading, because longer sentences can still be incoherent. Better monitoring uses a small set of observable indicators: topic maintenance across at least 3 turns; clear referential choices (name/pronoun use with identifiable referent); chronological sequencing in retell; use of at least one connective (and/then/because) appropriately; and inclusion of at least

one internal state or intention when relevant ("he was sad," "I wanted"). The 2023 coherence framework that emphasizes context, chronology, causality, congruence, characters' cognition/emotion, and cohesion is useful as a checklist for what to look for in spoken narratives, even when narratives are short [6]. When monitoring is aligned with these components, intervention becomes more surgical: the team can decide whether the next target should be referential clarity, sequencing, or causal language, rather than simply "talk more."

CONCLUSION

The formation of coherent utterances in preschool children with ASD is best understood as the development of connected meaning in social interaction rather than the simple accumulation of vocabulary and grammar. Coherence depends on shared attention, engagement, referential clarity, sequencing, and causal links—domains that can be vulnerable when social communication differences limit reciprocity and pragmatic adaptation [1]. Evidence-informed intervention mechanisms suggest that coherence improves when educators and clinicians target the interactional foundations of language through joint attention and symbolic play work, increase connected talk through naturalistic conversation-based teaching, and explicitly scaffold narrative structure with visual and prompt supports [2–4].

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