# Functional Language Skills in Conversations of Persons with Autism Spectrum Disorders (ASD)

**By**

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**Abstract**

Poor conversational skills entail difficulties which can have a range of negative consequences such as poor academic performance, behavioural difficulties, social isolation, and poor quality of life. The study, anchored on Functionalism and Theory of Mind, set out to study conversations of children and adults with ASD as an instance of social communication. The descriptive research design was adopted in collecting and analysing naturally occurring conversations of the subjects in Onitsha Metropolis of Anambra State. Data for the study revealed that the subjects have conversation deficits ranging from abnormal initiation of conversation, difficulty with taking and allocating turns, inappropriate Second Pair Parts (SPP) or off-topic responses, and problems adjusting to the communicative setting. The study therefore concluded that while children with ASD are not able to engage meaningfully in conversations across different contexts, adults with ASD can be good conversationalists so long as a communication partner is willing to bear most of the conversation burden. It is recommended that verbal persons with ASD be taught functional communication skills.

**Key Words**: Autism Spectrum Disorder, Functional Language, Context, Conversation

## 1.1 Introduction

The ability to engage meaningfully in conversations is a crucial life skill for every human. As it is an evidence of one's ability to communicate with others. Communication, in itself, is the exchange of messages, thoughts, feelings, and information from one person to another through a common system of symbols known as language. Such exchange involves two major skills; the ability to receive an idea by hearing and decoding (receptive

communication skill), and then the ability to express an idea through verbal and nonverbal means (expressive communication skill). Hence, language as a means of human communication, can be expressed verbally (with speech) and/or nonverbally (with signs, graphic symbols, and gestures). So, while engaging in conversations humans express ideas, feelings, thoughts to others in order to make request, comment, give and seek information, question or answer, get attention, accept or refuse, choose, direct, warn, and so on.

These communicative functions may seem easy but the skills needed to perform them do not come easily to every human. While some people can engage in kinds of conversations, some may face challenges engaging in one particular form or the other. Some may even lack the ability to carry on fairly good conversations with others. Certain language skills are needed for one to know; how to start a conversation, get the attention of an intended communication partner, maintain a conversational topic, when and how to end a conversation, and how to cooperate with a partner. These skills do not come easily or naturally to persons with ASD. Persons with Autism Spectrum Disorder may not be able to engage in normal back-and-forth conversation or may not be able to perform at an age appropriate level in their daily social interactions with others. How then does this group of persons exchange news and ideas with other people?

This study therefore examines how children and adults with Autism Spectrum Disorders (ASD) use language to perform communicative functions in their daily conversations with people around them. The study focuses on how language is used in the form of requests, questions, comments, rejection, or acceptance. Sacks (1992) classified this type of analysis as a form of Discourse Analysis.

Children with ASD may suffer from social isolation, poor academic performance, poor quality of life, and behavioural difficulties because of poor conversational skills. Although symptoms of ASD manifest in childhood but its defining features are said to be persistent. A child diagnosed with ASD today may grow up tomorrow to be an adult that may still face challenges coping with daily activities, getting a job, meeting new people and having personal relationships due to lack of or poor conversation skills. One may even assume that symptoms of ASD may reduce as people get older but how much evidence is there for this? The study therefore deems it important to find out whether children with verbal ASD use language functionally in conversation and if they do not, to ascertain if the deficits reduce as people get older. Hence, conversations of children and adults with ASD in Onitsha Metropolis of Anambra State are examined in the study to provide answers to the

following questions. Onitsha is a commercial city located on the eastern bank of the River Niger, in Anambra State of Nigeria.

**1.2 Research Questions**

1. How functional is the language of verbal children with ASD?
2. What is the possible outcome of functional language deficits in persons with ASD reduce as age increases?

2.1 **Theoretical Framework**

Functionalism is applied to the study in finding out how persons with ASD use language to perform different social functions while Theory of Mind explains why persons with ASD have difficulty using language appropriately for social communication and interaction.

**Functionalism**

**Functionalism** is the approach to language study that is specifically related with the Prague school of linguistics since the 1930s. Functionalism is concerned with the functions language perform, mainly in terms of communicating information, expressing mood, and exerting influence (Britannica, 1998). In other words, Functionalism is a theory that focuses on how language is actually used in everyday life; the function language and its different parts perform in social world. Are persons with ASD able to use language to perform expected functions?

**Theory of Mind**

The mind comprises mental states such as beliefs, desires, emotions, perceptions, and intentions. Theory of mind is the ability to attribute these mental states to self and others in order to understand and predict behaviour (Baron-Cohen 1991). This implies 'mind reading' and it serves as one of the foundational elements for social interaction. Imagine trying to understand and interact with other people without knowing their thoughts, feelings, or beliefs.

During infancy and early childhood, skills such as paying attention to and copying people that aid the development of theory of mind are learnt by typical children. At about 4 years of age, typical children really start to think about others' thoughts and feelings, and this is when true theory of mind emerges (Ruhl 2020). Most of people are mind readers, or at least have a theory of mind. Individuals with ASD tend to be less proficient "mind readers" compared to people who are typical. Theory of mind deficits can be used to explain the social communication impairments that define autism spectrum disorder (Lantz 2010).

**Concept of Autism spectrum Disorders**

Autism Spectrum Disorder, according to Diagnostic and Statistical Manual of Mental Disorders (DSM-5), is a cover-term for 'a wide variety of complex, neuro-developmental and behaviuoral disorders of the central nervous system characterized by abnormalities in social interaction and social communication accompanied by restricted and repetitive patterns of behaviour, interests, and activities (Oweleke 2021:70). This implies, among other things, that people with ASD may have abnormal social approach and failure of normal back-and-forth conversation; reduced sharing of interests, emotions, or affect; failure to initiate or respond to social interactions. They may also have poorly integrated verbal and nonverbal communication; abnormalities in eye contact and body language or deficits in understanding and use of gestures; a total lack of facial expressions and nonverbal communication, difficulties adjusting behaviour to suit various social contexts; difficulties in sharing imaginative play or in making friends; absence of interest in peers.

Discovering the causes or etiologic factors in ASD is still a priority for scientists involved in this field of study but its precise cause or causes are yet unknown. There are many proposed causes of ASD however, they differ across theories. Ferster (1961), and Drash and Tudor (2004) propose a completely Social-Environmental aetiology for the behaviours seen in autism. Lovaas and Smith's (1989) theory of a mismatch between the child's nervous system and the environment is an Interactionist approach to aetiology of autism. Instead of identifying cause as either genetic or environmentally based, an Interactionist perspective takes into consideration that genetic expression consists of an interaction between genes and other factors, including the environment (Moore, 2001). Bijou and Ghezzi (1999) and Spradlin and Brady's (1999) theories do not invoke biological causes, but they are not incompatible with biological causation or with a biological-environmental interaction perspective.

ASD affects people of every race, ethnic group, and socioeconomic background. It is said to be five times more common among boys than among girls. The prevalence is 1 in 42 for boys and 1 in 189 for girls. These rates yield a gender ratio of about five boys for every girl (Christensen et al 2016). The Centers for Disease Control and Prevention (CDC) on March 26, 2020 estimates that about 1 in every 54 children in the United States has been identified as having ASD. It is estimated that 1 in every 125 to 150 children are living with the disorder in Nigeria (Lesi et al., 2014). Lagunju et al., have reported a hospital prevalence of 2.3% among 2320 children with neurologic disorders over a six-year period in south-western Nigeria. In a school-based epidemiological study conducted among mainstream elementary and secondary schools in south-eastern Nigeria, Chinawa and colleaguees

(2016) documented an estimated prevalence of 2.9% among children between the ages of 3-18 years. This shows that Nigeria still has a lot to do about the phenomenon.

**Concept of Functional Language**

Emenanjo and Ojukwu (2012) cited in Oweleke (2021:2) defined language as any system employed in giving, transmitting, receiving, sharing, exchanging or hiding information. This definition captured the basic function language performs. Many notable scholars like Roman Jakobson, Geoffery Leech, Michael Halliday listed and discussed some of these functions. By implication language can be said to be functional. Language is functional in the sense that it is needed in different day-to-day situations; in normal back-and-forth conversational exchanges such as greeting, introducing oneself, asking for or giving advice, explaining rules, apologising, agreeing and disagreeing (www.netlinguistics.com). These exchanges make one a functional member of the human social world. Are verbal children and adults with ASD functional in the usage of language as a means of communication and socialisation?

**Concept of Conversation**

Conversation may be defined as that familiar predominant kind of talk in which two or more participants freely alternate in speaking (Levinson 1994). Conversation is the prototypical kind of language usage or as Levinson further puts it, 'the central or most basic kind of language usage' (p.285). Hence the study examines naturally occurring talk-in-interaction between each of the case studies and other people.

Analyzing a conversation, according to Schegloff et al., (1973), involves describing how bits of talk (turns) are taken and allocated, how paired utterances such as questions and answers known as adjacency pairs (Schegloff & Sacks, 1973) are produced, how gaps in-between adjacency pairs are minimized (inter-turn silences), how errors in speech are corrected (error repair). These and other features simply indicate that natural conversation is not always smooth and orderly. In fact, when a conversation moves on without any of these features, it seems less natural than when they are present.

For any human to engage meaningfully in this kind of talk, basic skills are needed. Conversation skills are about knowing how to have a normal back-and-forth verbal interaction. This involves:

1. Initiating/Starting conversation
2. Turn taking and Turn allocation/giving
3. Maintaining/Sustaining conversation
4. Ending conversation

Initiations can come in form of greeting, asking questions or making demands, attempting to join in a play or conversation. Conversational exchanges usually come in form of Adjacency pairs; Greeting-Greeting Pair (G-G Pair), Question-Answer Pair (Q-A Pair), Information-Acknowledgement Pair (I-A Pair), Request-Acceptance/Rejection Pair (R-A Pair), and Summon-Answer Pair (S-A Pair). The form of the adjacency pair consists of a first pair part (FPP) e.g. Question, and a Second Pair Part (SPP) e.g. Answer. It is the two turns together that accomplish the action, and it is to this basic sequence that participants within conversation orient in developing their talk (Rendle-Short, 2002). Participants orientate to the length of time between turns at talk, such that if it is too long, they do interactional work to manage the problem.

**Can children and adults with ASD meet up with these social expectations of conversation/talk-in-interaction?**

Capps et al. (1998) on the nature of pragmatic impairment compared the conversational interaction of 15 children with ASD and 15 children with developmental delays and showed that in conversation, autistic children less often offer new, relevant contributions than developmentally delayed controls. The ASD children in the study also produced fewer narratives of personal experience, and they failed more often than the controls to respond to questions and comments but enhanced their communication through dramatization and pointing.

When Hale and Tager-Flusberg (2005) studied ASD children's use of topic-related contingent utterances, they found that in the course of one year, these children made significant progress in the ability to maintain a topic of discourse. Kremer-Sadlik (2001) carried out an ethnographic study on how children with high functioning autism (HFA) and Aspergers Syndrome respond to questions. Contrary to findings in theory of mind research, Kremer-Sadlik's case studies were able to detect their interlocutor's communicative intentions and produce relevant responses that were marked by their conversational partner as acceptable. The success was attributed to their parents who facilitated their children's communicative skills.

**What do researches that studied adults with ASD find out?**

Dobbinson, Perkins, and Boucher (1999) used Conversational Analysis in a case study of a woman with autism, in which they focus on the structural patterns of her conversations. It was concluded by the authors that the experience of conversing with a person who has autism is often described as unsatisfactory.

The Autism Diagnostic Research Centre in Southampton assessed 100 adults with autism aged between 18 and 74 years who were referred to the centre. The analysis showed that age and severity of autism were linked; that is, as age increased so did the severity of autism symptoms in social situations, communication and flexible thinking (such as coping with change or generating new ideas or solutions). It was found that older people with autism were more likely than younger people to extract rules from situations or prefer structure (for example, wanting to know how committees are organised or always following the same routine during a task). This pattern did not occur in the group of 46 people who did not have autism. Whether this tendency to extract rules is a "worsening" of autism symptoms or a general trend among all older people is not yet clear.

However, all these studies above show that verbal children and adults with ASD are impaired one way or the other in the functional aspects of language.

**Methodology**

The study adopts the Descriptive Research Design (DRD) wherein three types of description are employed namely; case studies, naturalistic (participant) observation and surveys. Five case studies were drawn through purposive sampling from the population of 17 children and young adults reporting to a children's hospital known for managing children with special needs in Onitsha metropolis. In addition, an adult male, related to one of the consultant paediatricians became part of the case studies. In all, 6 persons with verbal autism; one adult male (56years), one female young adult (19) and four children (7, 6.4, 6, 8) formed the sample population for the study.

Naturally occurring conversations of each case study got through structured interview, and direct observation were recorded and transcribed using the conversational analysis tool developed by Psathas (l995). The tool consists mainly of conventions for analyzing and presenting conversations. Utterances starting up simultaneously are linked together with double left-hand brackets {{. When utterances overlap but do not start up simultaneously, the point at which the overlap begins is marked by a single left-hand bracket {. The point at which overlapping utterances stop overlapping is marked with a single right hand bracket }. Equal signs indicate latching (i.e., no interval between the end of a prior and the start of a next part of talk). Silences, pauses, and gaps, as intervals in the stream of talk, are marked with semi colon (:). The higher the number of semi colons is, the longer the silence, pause, or gap. Pause is generally noted within a speaker's turn and gap as occurring between turns.

### 3.1 Result and Analysis

Research Question1: *How functional is the language of verbal children with Autism Spectrum Disorders?*

Functionality here entails the ability to engage meaningfully in conversations spontaneously by initiating, maintaining, and ending conversation.

**Initiating Conversation**

Conversation initiation is examined here using the following adjacency pairs: Greeting-Greeting Pair (G-G Pair), Question-Answer Pair (Q-A Pair), Information-Acknowledgement Pair (I-A Pair), Request-Acceptance/Rejection Pair (R-A Pair), and Summon-Answer Pair (S-A Pair). Initiation involves providing the First Pair Part of an adjacency pair.

**Providing First Pair Parts (FPP)**

The data show that Oluchukwu can only provide the FPP of a G-G pair. Emeka can only provide the FPP of R-A and I-A pairs. Tim can provide the FPP of a Q-A pair sometimes and can always provide for I-A pair. GIFT is the Question Queen of this study and can only provide FPPs of a Q-A pair. None of them can provide the FPP of an S-A pair

**Providing Second Pair Parts (SPP)**

Oluchukwu can respond well to questions she is familiar with by providing memorised SPPs but seems lost when an unfamiliar question is asked. Any other talk outside such is always echoed back or receives a wide toothy smile, as the conversation below shows:

*Conversation 1*

| | | |
|---|---|---|
| 1. | Rs: | Oly, how are you? |
| 2. | O: | I'm fine. |
| 3. | Rs: | How old are you? |
| 4. | O: | I am 9 years old? |
| 5. | Rs: | Did you go to school today? |
| 6. | O: | Yes |
| 7. | Rs: | What did your teacher teach you today? |
| 8. | O: | (smiles) :::::: |
| 9. | Rs: | Hmmm? |
| 10. | O: | (smiles) :::::: |
| 11. | Rs: | Did you learn 'Addition'? |
| 12. | O: | Addition |
| | | (*Echoes it still smiling*) |

None of the case studies can provide the SPP of an S-A pair.
The strength and weakness of the children in each pair is summarized in the table below.
*Table1: Initiating Conversation*

| **Child** | **Initiating Conversation** | | | | |
|---|---|---|---|---|---|
| | Adjacency Pairs | | | | |
| | **G-G Pair** | **R-A Pair** | **Q-A pair** | **S-A Pair** | **I-A Pair** |
| Oluchukwu | VS | VW | VW | VW | VW |
| Emeka | S | VS | VW | VW | S |
| Gift | S | W | VS | VW | VW |
| Tim | W | VS | W | VW | VS |

*VS = Very Strong, S = Strong, W = Weak, and VW = Very Weak.*

**Turn Taking and Turn Allocation**

Turn taking and allocation demands that a conversationalist knows how to assume the role of a speaker and that of a hearer at intervals and knowing the appropriate time to change roles. To what extent do the case studies understand and observe this expectation in conversations?

Oluchukwu can effectively take and allocate turns whenever her favourite G-G and Q-A pairs are involved and her conversation ends at that. Emeka finds turn taking and allocation difficult. He seems not listen to what another person says and does not know how to wait for a turn and when to take it without interrupting. However, he likes getting involved in discussions but says what is not related to the topic of discussion as can be seen below.

*Conversation 2*

1. M: As soon as we got out of the car.
   An oncoming vehicle blew its horn and {{Emeka was startled…}
   (*Emeka comes out at this point)*
2. E: {{It's ok}.
3. M: {He screamed and covered his ears with his palms}
4. E: {It's ok. So…}
5. M: {{I tried to calm} him down
6. E: {{Okaaaaaaaaay}. So=
   (*His mom allows him to talk at this point)*

=I wanted to get your shoe from the wardrobe.
So it fell down. So it hit me on the head.
So I cried
(*He laughs and starts his circling ritual*).

On the other hand, Gift asks Question-Answer pairs show her ability to take and allocate turns. She has no problems with taking and allocating turns whenever she is in her interrogative mood. However, if she is able to infer or deduce an answer from the context of what is earlier said, she takes over the turn of the hearer by providing the answer herself as shown in the conversation below:

*Conversation 3*

1. G: Am I a boy or a girl?
2. M: You are a girl.
3. G: How do you know that I am a girl=
=Because I have these.
*(She pulls down her dress to show her nipples but didn't wait for affirmation)*
Oh, good.

Tim, on his own part, once he is able to shift to a topic of interest he no longer allocates turn rather he continues speaking until he exhausts what he has in mind or is cut short by the listener. **Interruption/Overlap in Speeches** occurs mostly in the conversations of Emeka only. He likes to get involved but cannot recognise a Transition Relevant Place (TRP) in a conversation; the point at which the next conversationalist can comfortably take a turn without an interruption.

**Maintaining Conversational Topics**

Topic maintenance refers to the ability to keep to a single, or closely related, topic for multiple speaking turns in an interaction. How do the case studies manage this skill?

Tim will always shift any discussion to his topic of interest and therefore finds it difficult to maintain an already established topic of conversation. Tim's constant shift of topic to his interest most times brings about discourse discontinuity. This shows a lack of reciprocity to sustain conversation. Emeka mostly makes an unrelated contribution to a topic of discussion. Oluchukwu's communicated is too impaired for such. Gift stays on and maintains her topic till she finds solution to whatever puzzle she is working on.

**Ending a conversation**

Ending a conversation appropriately is as important as initiating one. Gift, Emeka, and Tim have problems with sustaining a conversation for a considerable length of time appropriate with their ages. This also results in improper termination of conversations. Gift walks away once she feels she has got her answer. Emeka walks away in the middle of a conversation while Tim unintentionally ends a conversation with his lack of frequent topic shift. Oluchukwu has a peculiar ability of waiting out the memorised responses before moving away from a conversationalist.

When a child cannot initiate or sustain and maintain a conversation, or end a conversation well that child does not have a good conversation skill.

**Research Question 2**: *What is the possible outcome of functional communication in persons with ASD as age increases?*

Two of the six cases are adults; Mr Rex is 56years old while Tricia is 19 years. Their conversations with people around them are presented here to see how they initiate, sustain and end conversation. Features of their conversations are also analysed.

**Initiating conversation**

Rex and Tricia can initiate conversations. Greeting-Greeting pair is not a problem for Rex; he can really exchange pleasantries with others over 3 to 4 turn exchanges. Rex and Tricia have no problems engaging in other adjacency pairs apart from Summon-Answer pair. Just like the children with ASD, Rex and Tricia do not produce the FPP of an S-A pair which is intended to attract the attention of the intended listener by first calling the person by name. That is why, they usually get 'Are you talking to me', or 'I didn't know I was the one you were talking to' responses from people.

Tricia finds it difficult to wait for a SPP or to allocate turn to a co-conversationalist before continuing with other things she has to say. This sometimes, results in overlap in speech which is always evident in her conversation with others and in interruption sometimes. Richard Nordquist (2019) differentiated between a cooperative overlap and an interruptive overlap. He refers Cooperative Overlap to a face-to-face interaction in which one speaker talks at the same time as another speaker to demonstrate an interest in the conversation. While an Interruptive Overlap he refers to a competitive strategy in which one of the speakers attempts to dominate the conversation. Tricia's interruptions may not be interpreted as cooperative or competitive as she clearly has no intentions of showing

interest or dominating the conversation. Her intention is purely to exhaust all that she has to say so that the person she is talking to will understand her message.

**Maintaining and sustaining conversations**

Most times Mr Rex finds it easy to maintain a topic of conversation but with too many elaborations that do not form part of the topic. In the conversation below Rex wants to explain to the niece his experience with a hired cook the previous day:

*Conversation 4*

1. N: Kedu ka gị na Angelina si nọọ.
   (How was your stay with Angelina?)
2. R: (snorts). I marọ ife meenu taa. Nwanyi a eeeh…. I ma na-eri m nni just twice? Ọ jere afịa. I ma na ọ na-eme ka onye na-enwero uche. Ọ nataa late, wee nọọ one hour n'afịa. Ọ kwa ebe 6 ka m ji rie nni efifie. Kama ọ ga-akpọ m, ọ sị na gateman sị na m sị ya chere m na m na-abịa. Can you imagine? I ma na ọ na-ecook up stories.
   (You don't know what happened today? This woman eeh….do you know I ate only twice. She went to the market. You know she acts like a foolish person. She came back late. She spent one hour in the market. It was around 6pm that I had lunch. Instead of her to call me, she said that the gate keeper told her that I said she should wait for me that I was coming. You know she usually cooks up stories)

A lot of information than is required is given by Rex in answer to the niece's question which causes the niece to call for clarification after the narrative. His addition of details without proper arrangement makes his narrative incoherent. In the conversation below, Rex had been sick for some days and did not go to work, so he was trying to explain to his niece that people who share the same office building with him would have noticed his absence.

*Conversation 5*

1. R: They will be wondering where I have been?
2. N: Who?
3. R: Where my office is situated. Two people are concerned about me there.
   So, whenever they don't see me for some time, they call me.
   One is a pastor and the other one, an evangelist.
   But they refused to give me their numbers.
4. N: Ah-ha, what do they call you with?

Do they hide their numbers when they call you?
Otherwise, you can save the numbers they call you with whenever they call you.

5. R: :::They hide their numbers. You know, when we had a compound meeting.
They refused to give anybody their numbers.
6. N: So, why did you give them yours when they don't want anybody to have
theirs?
7. R: No, I didn't give them mine.
8. N: Ah-ahh-haa! How then did they get your number?
What have they been calling you with?
9. R: :::They don't call me
10. N: You are getting me confused. You said earlier that they call you when
they don't see you for a long time.
11. R: No! It's not those two.
I'm talking about another two people in the compound
who don't call or want to be called.
12. N: Oh, Chi m ooo!
You didn't finish talking about the first two before talking about the second two.
13. R: It is the pastor and the evangelist that don't call anybody.
14. N: Ok.

Rex merges two different sets of people in his narrative. He also misinterprets the meaning of 'hide' in context of usage. Fortunately, he is able to clarify his point to N when she gets confused. However, there are instances where Rex gets irritated or angry when asked for clarification especially in his use of pronominal expressions as the extract below shows.

*Conversation 6*

1. R: He asked me to come in the evening.
2. N: Who?
3. R: My cardiologist of course.
He said I should come to his rest house and not to the hospital.

There is no prior establishment in this discourse of an antecedent before the use of the anaphoric pronoun 'he' by Rex. An anaphor is a lexical item that refers to another item(s) (its antecedent) in the same sentence or that takes its interpretation from another item in

the same sentence or discourse. In most cases, the pronoun is the anaphor and the noun is the antecedent. Before an anaphor can be used, its antecedent must have been established. Rex relays his information as if his listener thinks along with him. Interestingly, he expects his discourse to be understood. All the same, Rex is able to repair the error committed, in turn 3.

Observations made from the sample conversations of the case studies indicate that there are varying degrees of strength and weakness across different skills. However, the conversation samples of case 1 show that some social communication deficits are still present even at 56 years of age. These observed deficits should be of great concern to early childhood interventionists and therapists so that they can minimize the optimal outcome of social communication and social interaction deficits as age of the children increases. The deficits include, improper initiation of conversation, turn taking and giving deficits, context deficits, misuse of pronominal expressions and pronoun reversals, topic mismanagement (inappropriate SPPs, Off-topic Responses,), difficulty differentiating between old and new information, difficulty understanding non-literal language, and problems adjusting to the communicative setting (e.g. impoliteness, embarrassing questions, pedantic speech).

**Summary of Findings**

Children with ASD can name objects but cannot effectively engage in conversations in different contexts. as they fail to meet the social demands that go with spoken discourses. They are lacking in commuinicative, social, and emotional aspects of pragmatic language that characterise communicative behaviours.

Adults with ASD can engage in conversations in different contexts but depending on the ability and willingness of the other conversationalists to bear most of the conversation burden.

**Conclusion**

Social communication deficits in Autism Spectrum Disorder does not just start and end in childhood but continues into adulthood. However, problems with conversation skills among the adult population take a different dimension from that of the children.

**Recommendations**

Parents or care givers should learn the specifics of the child's speech or language impairment. The more they know, the more they can help themselves and their child. It is advisable for parents to meet with the child's school and clinic to get a language-

communication therapist to address the child's language needs. Adults with ASD should learn from therapists how to better work with their strengths and strengthen areas of life that are challenging. Therapists should focus on teaching functional communication and not just on labeling. Early Intervention Centres should be opened for children with ASD, specifically.

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