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Therapists' response strategies in a group session involving French-speaking children with autism spectrum disorder

ABSTRACT

The focus in this article is on how two therapists orient a group of four French-speaking boys with autism spectrum disorder (ASD) towards achieving meaningful learning outcomes with regard to the topic of conversation. The analysis concentrates on the therapists' output or response strategies when they orient the group discussion and assess speech produced by the children, either validating it or parts of it, or inviting them to provide more valid input. The material to be analysed comprises salient linguistic and interactional features in five examples representing the most frequent response categories. In terms of methodology, the study falls within the framework of conversation analysis, although insights from discourse analysis are also used to enhance the data interpretation. The results

KEYWORDS

autism
autism spectrum disorder
responses
response strategies
conversation analysis
institutional interaction
prosody
French

show that although a specific response category may have many functions, the aim in all of them is to maintain intersubjectivity among the participants. This is visible in the absence of overtly negative feedback, for example. The prosody gives strong clues concerning the additional meanings in the therapists' response particles. Whereas the children maintain eye contact and show nuanced expressions such as smiling, the therapists' attention is often directed towards notetaking and writing artefacts, behaviour that contradicts the ideal of 'typical' communication.

INTRODUCTION

Autism spectrum disorder (ASD)[1] is a neurobiological developmental disorder, characterized by problems with social interaction, over-sensitivity to sensory stimuli and restricted interest, for example (APA 2013). Atypical communication patterns and the failure to use language appropriately or effectively constitute a prominent feature of ASD (Cummings 2009: 56). Specific problems concern the production and comprehension of speech acts, understanding non-literal language, the ability to draw upon contextual information when interpreting the interlocutor's speech and the acquisition of conversational skills such as turn-taking (Cummings 2009: 56, 2014b: 49). The tendency of persons with ASD to understand things literally and to miss implicit messages in interactions has also been widely documented (Cummings 2009; Lehtinen 2012; Lewis et al. 2008; Martin and McDonald 2004; Wiklund 2016). ASD is further characterized by the avoidance of eye contact and other anomalies in relation to gaze and smiling (Hutt and Ounsted 1966; Siegel 1996; McParland and Klin 2006), as well as by problems concerning the recognition of affective prosody and non-verbal cues in the speech of interlocutors (Korpilahti et al. 2007).

Deficits related to narrative and conversational skills as well as skills linked to the logical and topical continuity of discourse have been attested among adults and children with ASD (Capps et al. 1998; Losh and Capps 2003; Solomon 2004; Hale and Tager-Flusberg 2005a; Asberg 2010; Cummings 2014a, 2014b). Studies focusing specifically on minors show that children with ASD report deficits in gestural joint attention skills, which also impairs language development (Mundy et al. 1990). They also experience difficulties with the interpretation of messages on the basis of the linguistic context (Loukusa et al. 2007), and with the pragmatic use of language, perspective-taking and shared understanding (Baron-Cohen 1995; Baron-Cohen et al. 1999; Eales 1993; Happé 1994; Kleinman et al. 2001; Tager-Flusberg 1993, 2000). The interpretation of mental states, metaphors and other forms of figurative language is another common problem among children with ASD (Dennis et al. 2001).

At the same time, these children have discourse practices that are similar to those of their neurotypical peers in many respects (Ochs and Solomon 2004: 139; Solomon 2001, 2004; Wiklund 2012). For example, Kremer-Sadlik's (2001, 2004) findings demonstrate that children with ASD are able to participate in question–answer adjacency-pair sequences relatively competently, and several studies report that they have highly developed abilities in terms of managing

1. We are aware of the current terminological debate in the field of autism research. According to Kenny et al. (2016), academics and service providers favour person-first language (e.g. 'person with ASD'), whereas autistic persons themselves often prefer condition-first language (e.g., 'autistic person'). In addition, some scholars argue that the term autism spectrum *condition* (ASC) should be used instead of the term autism spectrum *disorder* (ASD). We were not able to ask the participants about their preferences (cf. Vivanti 2020), and the French-speaking participants would not have been able to talk about their preferred terms in English. In fact, we contend that person-first naming, focusing on ASD as one among many features (e.g., 'person/child/preadolescent/boy with ASD') is less stigmatizing than condition-first naming (e.g., 'autistic person'), in which the whole person is defined by the condition. We also argue that the word *condition* is somewhat medicalized, as illustrated by numerous collocates such as *medical condition*, *serious condition* and *mental health condition*. Consequently, we use person-first denominations and the term ASD (e.g., 'person with ASD'), which is an established term adopted by APA and WHO, for example.

different problems in interaction both on their own initiative and by responding to requests for clarification (Geller 1998; Volden 2004; Ohtake et al. 2011; Dindar et al. 2016). It has also been suggested in several studies that preadolescents with ASD are able to interpret correctly the conversational functions of combinations of dialogue particles, prosodic features and gestures (Wiklund 2012; Wiklund and Stevanovic 2018). Korkiakangas et al. (2012) even showed how a child with ASD was able to discriminate correctly between different possible actions suggested by prosodic features in the carer's speech when the carer repeated the child's utterances. This finding is in line with previous research results indicating that types of actions indicated by repetitions can be inferred from prosodic features (Couper-Kuhlen 1996).

Therapeutic care for children with ASD is based on the idea that systematic individual and group therapy may improve their linguistic and interactional skills (see e.g., Wiklund and Stevanovic 2018; Wiklund and Laakso 2020). This idea stems from research: several longitudinal studies having explored the evolution of these skills in groups of children. Hale and Tager-Flusberg (2005b), for example, found that, in the course of one year, children with ASD made significant progress in being able to maintain a discourse topic. According to Wiklund and Stevanovic (2018), in turn, at the same time as solving problems related to intersubjectivity, therapists also implicitly orient preadolescents with ASD towards understanding the general norms of everyday symmetrical interaction. Joint attention skills such as smiling can also be taught successfully (Gena et al. 2005; Krstovska-Guerrero and Jones 2013).

There has not been extensive research on the speech patterns of neurotypical people communicating with children with ASD, however, although interaction between professionals and their students, clients or patients has been studied widely in other contexts (see, e.g., Jones 2015). In one of the few studies focusing on autism, Maynard (2019) argues that when a child with ASD shows resistance or a lack of cooperation as a reaction to an action, for example, neurotypical professionals tend to 'transpose' these phenomena into features characterizing the children even though the actions were prompted by professionals. He further suggests that behaviour in interaction should be analysed holistically and socially rather than as emanating from individuals. Overall, given the lack of any systematic analysis of how neurotypical therapists respond to turns produced by children with ASD, the aim in this study is to narrow this significant gap in the literature.

Our goal in this article, therefore, is to analyse salient linguistic and interactional features in therapists' responses in order to describe the general picture and to identify potential problematic issues. We present our data and methods of analysis in the section 'Data and methods'. In the section 'Analysis', we categorize the therapists' output and analyse five excerpts corresponding to the five most frequent response strategies. We also consider the prosodic features in the therapists' turns and the role played by notetaking in the interaction. To conclude, we discuss the implications of our findings in relation to the existing literature on children with ASD and suggest the potential directions for future research.

DATA AND METHODS

The data consist of 55 minutes of naturally occurring interaction in a group therapy session at a private clinic in Geneva, Switzerland, in 2016, which involved four boys with ASD and two female therapists. The aim of these sessions is to teach the children interactional skills and group activities. The

theme of this particular session was taunting. The boys were between 11 and 13 years old, all native speakers of French and diagnosed with ASD. Some of them also had comorbid diagnoses (e.g., ADHD).

The informants were recruited through the staff of the private clinic in which the data were collected. All the participants and their parents were provided with an informed consent form as well as a detailed information sheet in their own language; separate forms were given to the children and to the parents. The participants gave their consent in writing, having signed the informed consent form and the information sheet. They received no monetary compensation, their participation was voluntary and they were treated equally. All had the right to refuse to participate and to withdraw at any time without any adverse consequences. There was no risk of coercion or harm to the participants. The data were anonymized, and only the researchers engaged in the project could see it in its entirety.

As mentioned above, the study is based mainly on conversation analysis, a framework that has been used in research on autism (see e.g., Reilly et al. 2016). Within this framework, a microanalysis of transcribed, select passages is used to deepen the understanding of the interactional phenomena that are present in the interaction (Hutchby and Wooffitt 2008). The interaction was video-recorded using one camera. It was transcribed in detail such that the transcription also specifies the most salient suprasegmental features such as voice quality and sound length, pauses and overlapping speech. The transcription key, based on the traditional CA version of transcription (Jefferson approach), is given at the end of the article. The analysis of the transcript allowed us to establish response categories based on the conversational actions and contents present in the participants' turns. In addition, we analysed the prosodic properties of certain polyvalent response particles that express not only approval or acknowledgment of valuable input but also surprise, markedness, hesitation or invitations to the speaker to continue. Finally, having formed the categories based on the written transcript, we added multimodal features (see e.g., Mondada 2019) as well as information related to gaze, posture and bodily action.

Figure 1 illustrates the spatial arrangement and the general setting of the session.

We did not have access to any assessments of the children's social and communicative skills, or to information about the therapists' educational background, work history and other potentially important aspects. Hence, the general descriptions given in this paragraph are based on observations of their communicative styles on the video. The first boy from the left, whose pseudonym is Cédric, participates very actively in the conversation, but his speech is rather disfluent. René, the second boy from the left, also participates very actively, and his speech is quite fluent. The third boy from the left, Thomas, does not participate actively, but when he speaks, his speech is very fluent, and his vocabulary is remarkably rich. Alexandre, the fourth boy from the left, is clearly unwilling to participate in the conversation but his speech is rather fluent. All four establish eye contact with the other participants, and some of them smile. The therapist sitting on the left (Therapist 1) leads the session and the conversation, and is usually the first to react to the boys' turns. The therapist sitting on the right (Therapist 2) is less active: her participation consists mostly of repeating the other therapist's responses. Hence, the therapists tend to act as a team and to mirror each other's reactions to the boys' input.

As the picture shows, there are also artefacts in the situation. Cédric and Thomas have educative support material in front of them, and this consumes

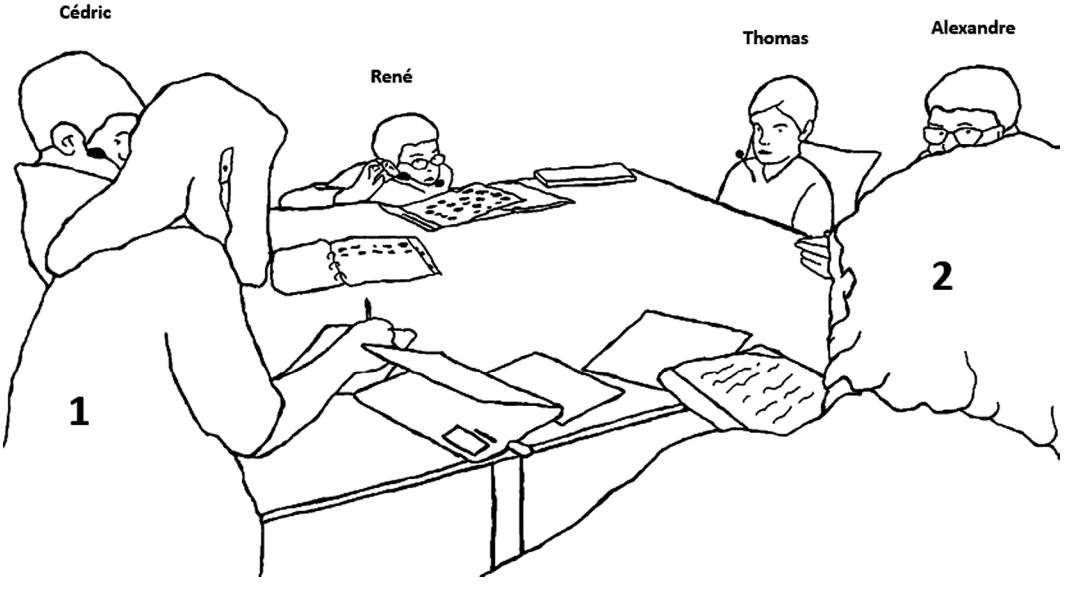

Figure 1: The spatial arrangement and the general setting.

a considerable amount of Thomas' attention. All four boys have a microphone. There is a half-open laptop computer, with a USB drive connected to it. The laptop is used at the beginning of the session to show a video on taunting, which is the theme under discussion. There are also papers on the table next to the laptop. Both therapists take notes throughout the session, which prevents them from maintaining constant eye contact with the boys.

Given that the goal of the session was to develop interaction and group working skills, our initial analysis focused on the linguistic and interactional features of successful communication. On the second level of analysis, the therapists' orientation towards prompting examples of taunting that are meaningful in terms of the group's learning outcome emerged as a salient characteristic of the data. In addition, we noticed that there was considerable variation with regard to the ways in which the therapists responded to the boys' input. In order to analyse and categorize these responses, we divided the data into sequences, one sequence consisting of a boy's turn (or several turns produced by the boys if they occurred consecutively without the therapist's intervention) and the therapist's response (or responses by the two of them if they occurred consecutively without the child's intervention). Using this method, we identified 277 sequences.

Subsequently, we categorized the response strategies and counted their occurrences. Instead of relying on previously established categories of typical responses (e.g., Lee 2013; Gill and Maynard 2006), we based our classification on phenomena that emerged from the data after the observation, in accordance with the principles of CA (e.g., Hutchby and Wooffitt 2008). These categories are not absolute: response strategies belonging to the same category may, in fact, be used in rather different ways and with different interactional consequences. Nevertheless, this rough labelling and quantification give useful information about the proportions of the response categories in the data. The results of this categorization are listed as follows:

- Approval (86 occurrences)
- Comment on the contents of a turn/turns (57 occurrences)
- Question addressed to the whole group (30 occurrences)
- Question concerning the contents of a turn/turns (26 occurrences)
- Rephrasing the contents of a turn/turns (24 occurrences)
- New question after an answer (21 occurrences)
- Ignoring a turn (nineteen occurrences)
- Giving the floor to another participant (nineteen occurrences)
- Repetition of a turn (seventeen occurrences)
- Change of topic (thirteen occurrences)
- Answer to a question (twelve occurrences)
- Partial repetition of a turn (ten occurrences)
- Seeking approval (ten occurrences)

Most of the sequences include several response categories, such that the nineteen categories listed above occur in different combinations. We focus on the five most common categories, namely approval, comment on the contents of the boys' turn or turns, question addressed to the whole group, question about the contents of a turn and rephrasing the contents of a turn.

ANALYSIS

In the following subsections we discuss the five most frequent response strategies occurring in our data: approval (see the section 'Approval'); comment on the contents of the boys' turn or turns (see the section 'Comment on the contents of a turn/turns'); question addressed to the whole group (see the section 'Question addressed to the whole group'); question about the contents of a turn (see the section 'Question concerning the contents of a turn/turns'); rephrasing the contents of a turn (see the section 'Rephrasing the contents of a turn/turns').

Approval

EXAMPLE 1:

01 Therapist 2: est-ce /que tout le monde est là René? ((turned towards her
is everyone is here René

02 notes but gazes at René))[2]

03 René: =euh: (0.6) on (0.4) euh::: (.) à part /Laurent
er *we* *er* *except for Laurent*

04 tout le monde est là. ((smiles))
everyone is here

05 Therapist 2: =oui. ((nods twice, takes notes))
yes

06 Therapist 1: =\#oui#\, ((turns her body towards a corner, places a writing
yes

07 board there))

08 (1.5)

09 Therapist 2: super. ((gazes her notebook))
great

2. Therapist 2 is turned towards her notes but gazes at René during René's whole turn (lines 03 and 04) after the word *on* ('we', line 03).

The first extract is from the beginning of the session (0:01:30) and illustrates approval, a strategy that is very similar to the confirmation strategy identified by Gill and Maynard (2006) in physician–patient encounters. Therapist 2 asks René if everyone is present (line 01). The boy smiles and answers that except for Laurent (who had been present at the first session but who had left the group) everyone is present (lines 03 and 04). The first part of his utterance is characterized by hesitation and a potential delivery problem, as indicated by the pauses and the lengthened hesitation sounds (*euh*). Both therapists react immediately to René's turn with the response particle *oui* ('yes'), indicating approval (lines 05 and 06): they have heard and understood what the boy has said, they agree with him and they do not expect him to continue.

On the verbal level, the therapists act as a team here, which is a typical feature in this data. Therapist 2 asks the original question (line 01), and she also answers first (line 05). After Therapist 1 responds (line 06) and a 1.5-second pause (line 08), Therapist 2 produces an evaluative response: *super* ('great', line 09). This word, produced with a falling pitch, is another element indicating approval and positive feedback. In addition, it functions as a conclusive element indicating the end of the opening phase of the session and projecting transition to the intended theme.

Significantly, the therapists do not reciprocate the smile that ends the boy's turn. Therapist 2 is turned towards her notepad and takes notes, but she gazes at René as she asks her question and for the main part of René's answer; she nods twice when she hears his response. In other words, while focusing mainly on her notepad, she also acknowledges the child's turn. Therapist 1 leans towards the corner of the room holding a whiteboard, which she places in the corner. She does not look at the other participants during the sequence. Paradoxically, whereas René's linguistic skills are atypical, his joint attention skills are highly developed. At the same time, the therapists' focusing on the writing material impairs their joint attention.

Comment on the contents of a turn/turns

EXAMPLE 2:

01 René: >mais /moi je me suis couché< à minuit, ((smiles))
but me, (PRO) I went to bed at midnight

02 Therapist 2 ((touches her mouth, smiles while gazing at her notepad))

03 Therapist 1 ((gazes at René))

04 (0.6)

05 Therapist 1: wow: >tu t'es levé à quelle heure?<
wow at what time did you get up

06 (0.7)

07 René: <à huit /heures trente-et-une.>
at eight thirty-one

08 Therapist 1 (([as René finishes his turn] turns her gaze towards her laptop))

09 Therapist 2 (([as René finishes his turn] smiles, nods slightly,

10 starts to write on her notepad))

11 (0.9)

12 Therapist 1: trente-et-une [c'est précis]((smiles))
thirty-one that's precise

13 Alexandre: [<oh /pas de chance>]
oh, that's too bad

14 (0.4)

15 Therapist 1: ouais (.) ça fait une /courte nuit ((smiles, turns the
yeah that's a short night
16 laptop screen towards the keypad at 45degrees)).

This extract includes two types of response. First, Therapist 1 asks René a question, requesting further information regarding the contents of his turn (line 05), to which the boy gives a very precise answer (line 07), which is a typical feature in responses produced by children with ASD: they tend to give answers that are either unnecessarily precise and short or long and extremely detailed (Wiklund 2016; Wiklund and Stevanovic 2018). Both these features are presumably attributable to the general difficulty in people with ASD to see things from the perspective of other people (Baron-Cohen 1995; Baron-Cohen et al. 2013). The therapist reacts to René's response first by turning her gaze towards the laptop and producing a comment that the answer he gave was very precise (*trente-et-une c'est précis* ['thirty-one, that's precise']), accompanied by a smile (line 12); the verbal response is preceded by a pause that lasts almost one second (line 11). After a pause, the same therapist continues her turn with another comment (*ouais ça fait une courte nuit* ['yeah that's a short night', line 15]). This comment appears to highlight the fact that the boy's unnecessarily precise answer does not lead to a breakdown of intersubjectivity. In fact, it is prompted by another boy, Alexandre, who comments on René's answer by saying *oh pas de chance* ('oh, that's too bad'). The therapist's turn overlaps with this turn, potentially indicating her willingness to maintain control of the unfolding the conversation, which corresponds to her educational role. Overall, both comments could be considered examples of implicitly positive feedback. At the same time, the role of artefacts is significant in this exchange. Therapist 2 gives minimal responses by smiling and nodding slightly, but she does not look at René at all and concentrates on her notepad instead. Meanwhile, Therapist 1's verbal response and smile are preceded by a quick glance at the laptop: it is only during her final assessment of René's answer that she turns the screen towards the keypad, which allows her to concentrate fully on the exchange. In other words, in this example as well, the therapists' joint attention is jeopardized by written materials.

Question addressed to the whole group

EXAMPLE 3:

01 ((Therapist 1 writes on her noteboard; therapist 2 gazes at her notes))
02 Cédric: <ben ils sont ils sont plus ((Therapist 1 starts to gaze at Cédric))
well they are they are
03 grands ((Therapist 2 glances Cédric)) que moi et ils m'appellent
bigger than me and they call me

```
04 petit.>
   little
05(.)
06  ((Therapist 1 starts to write on her noteboard; Therapist 2 glances
07 at Cédric))
08 Therapist 1: [petit.]
                 little
09 Therapist 2: [↑mm::h↓] ((Redirects her gaze toward her notes))
10 (0.3)
11 Cédric: <et une /fois je lui ai /répondu tais-toi le vieux.>
           and once I replied shut up old man
12 (0.6)
13 Therapist 1: ↑hmm::↓
                                          (.)
14 Therapist 2: ↑d'a↓ccord.
                 okay
15 Therapist 1: =c'est une réaction qu'on peut avoir.
                 it is a reaction that one can have
16 Therapist 2: =c'est une réaction °oui°.
                 it is a reaction yes
                 (0.3)
17 Therapist 1: et est-ce que /petit ((raises her gaze toward the ceil-
ing from
                and is little
18 her noteboard)) c'est toujours méchant c'est toujours
                     is it always nasty is it always
19 de la moquerie quand on /dit il est petit.
   taunting when one says he is little
20 (0.6)
21 René:euh /non,
        er no
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A question addressed to the whole group indicates clearly that the child's input is not entirely satisfactory. Cédric says that bigger children have called him little (lines 02–04). At the beginning of this sequence, Therapist 2 is gazing at her notes, whereas Therapist 1 is writing on her whiteboard – overall, note-taking and writing artefacts compromise the therapists' joint attention in this excerpt as well. Therapist 1 starts to gaze at Cédric when he voices the word *plus* ('more'), and Therapist 2 glances quickly at him as he voices the word *grands* ('big'), and again at the word *petit* ('small'). At this point, Therapist 1 starts to write on her whiteboard, and she repeats the word *petit* (line 08). Simultaneously, Therapist 2 produces a minimal response (*mm::h*, line 09), and she has redirected her gaze towards her notepad at this point. This minimal response is lengthened and carries a marked pitch, namely a rise followed by a fall. These features indicate that the speaker treats the preceding turn as something surprising. At the same time, the particle indicates approval.[3] Cédric then continues his story and says that he had once responded to someone by calling him an old man (line 11). The therapists first react to this turn with response particles that primarily indicate approval: they have heard and understood what the boy has said (*hmm* and *d'accord*, lines 13 and 14). From a prosodic perspective, both particles contain features that call for closer scrutiny.

3. Due to the overlap of speech, it is not possible to give a more precise prosodic description of this particle.

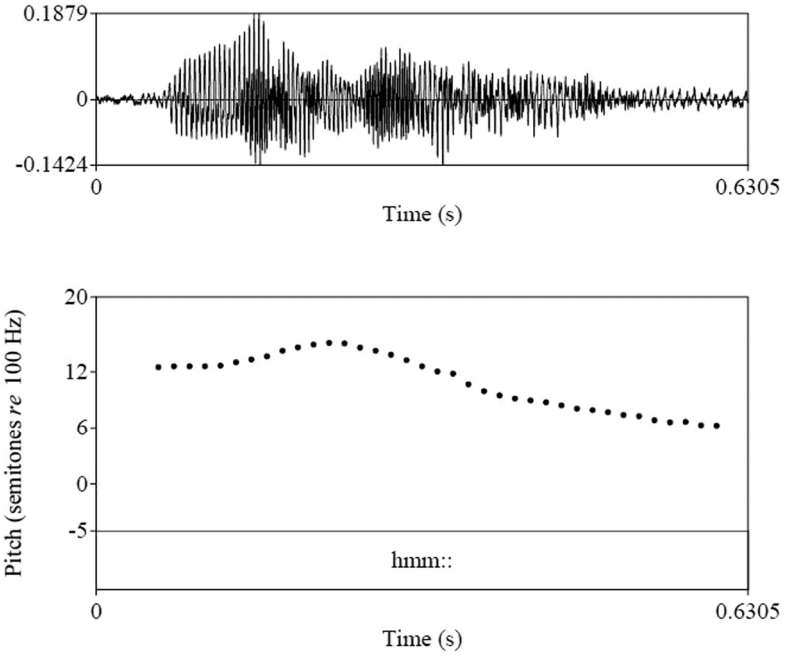

Figure 2: The production of the particle 'hmm::' (line 13).

In the particle *hmm* in line 13, an initial rise in pitch is followed by a lengthened sound and a fall in pitch. The pitch rises 2.8 semitones (st) during the production of the [h] sound associated with a schwa. It then falls by 8.4 st during the production of the sequence of sounds [mm::]. The strong melodicity of the particle creates a marked tone that appears to indicate surprise: Therapist 1 is surprised by what the boy has just said and interprets his input as new information. In addition, the particle is strongly lengthened, which gives time for the production of the pitch movements and highlights the markedness. It is also interesting that here Therapist 1 repeats the prosodic shape of the particle that has just been produced by the other therapist (line 09). Consequently, the prosodic shape, which is depicted in Figure 2, also highlights the fact that the therapists act as a team.

The particle *d'accord* ('OK', line 14), produced by Therapist 2, is characterized by a strong initial stress and a slightly ascending pitch, followed by a descending pitch. The pitch rises 1.0 st during the first syllable [da] and falls by 3.4 st during the second syllable [kɔʁ]. There is a strong initial stress during the production of the first syllable. These minor prosodic changes highlight the fact that the turn concords with the previous turn produced by Therapist 1 (line 13): in addition to expressing approval, the speaker treats the boy's input as something new and surprising. Figure 3 shows the prosodic properties of the particle *d'accord*.

Subsequently, both therapists explicitly express their approval, saying that it is a reaction that one can have (lines 15 and 16), and their turns follow each other without a pause. However, given that the therapists do not comment at all on the contents of what the boy has just said, it is not certain that they have completely understood it. Here, their turns constitute 'displays of understanding' rather than 'proofs of understanding' (Sacks 1992).

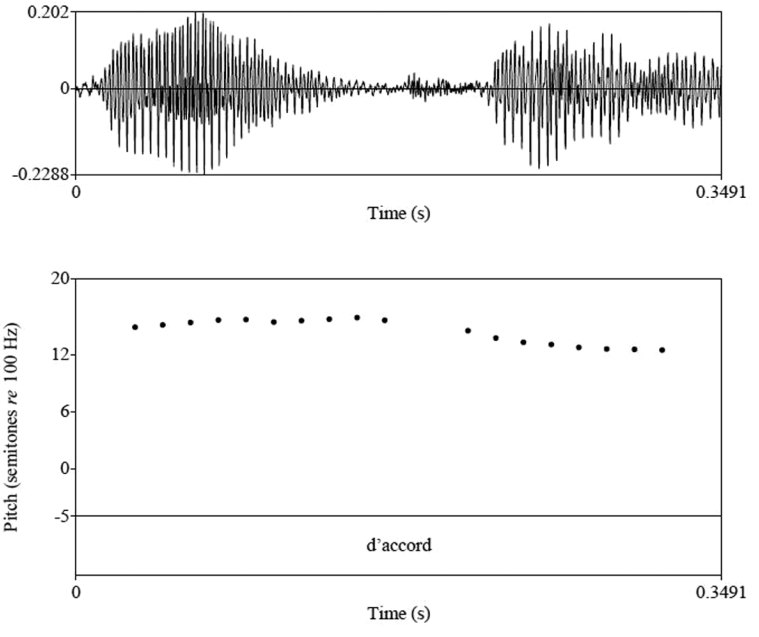

Figure 3: The production of the particle 'd'accord' (line 14).

In this case as well, the therapists clearly act as a team by reacting in a similar manner and repeating each other's words and even prosodic patterns. Their responses constitute positive feedback that encourages the boy to share his experiences, showing him that his turns were relevant and have been understood. Cédric's speech is often rather disfluent and he has difficulties finding words, hence this type of positive feedback probably means a lot to him. At the same time, the implication is that the boy was not able to produce a satisfactory example of taunting.

Following these expressions of approval, Therapist 1 addresses a question to the whole group (lines 17–19), asking whether calling someone little is always necessarily taunting. Hence, she encourages discussion about a topic that reflects the theme of the session and opens up the floor for the expression of divergent views suggesting that calling someone little does not entail taunting in all cases. Just before the onset of this question, Therapist 1 directs her gaze slightly towards the ceiling and Therapist 2 continues to gaze at her notepad. René answers the question after a pause, saying *er no* (line 21). The question has been addressed to the whole group, and it approaches the issue on a general level (as indicated by the repetitive use of the adverb *always*), therefore it does not directly take a stance against Cédric's turns or question his experience. At the same time, it allows him to reconsider his example. In truth, although he received superficially positive feedback for his first answer, the emphasis was on the fact that he answered rather than on what he said. As a result, the next turn proof procedure (the therapists' responses) evidences that his original answer was considered unsatisfactory, and this probably led to René's contribution (line 21).

Question concerning the contents of a turn/turns

EXAMPLE 4:

```
01 ((Therapist 2 writes and gazes at her notepad during the entire se-
quence))
02 Thomas: >content et fatigué<.
              happy and tired
03 (0.3)
04 Therapist 1: ((gazes at Thomas))
mm:::? ((nods)) (.) plus encore? (.)
                    mm a bit more
05 pourquoi?
   why
06 (0.5)
07 Thomas: mm: fatigué parce que je me suis couché
                  I'm tired because I went to bed
08 à v(h)ingt-d(h)eux /heures, ((smiles))
   at 10 p.m.
09 (0.5)
10 Therapist 1: ouais? [c'est]
                    yeah it's
11 Thomas: [mm: ] (0.4) content parce que: >je suis
              mm happy because I'm
12 content d'être là<
                         happy to be here
13 (0.5)
14 Therapist 1: ↑o↓kay. ((nods))
                    okay
15 ((Therapist 2 nods slightly))
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This extract is from the beginning of the session and the participants are talking about how they are feeling that day. As noted in the previous examples, notetaking plays a major role: Therapist 2 is taking notes and gazing at her notepad during the entire sequence, whereas Therapist 1 gazes at Thomas continuously. René has just been speaking, and he gives the floor to Thomas, who says that he is happy and tired (line 02). First, Therapist 1 expresses approval and understanding with the response particle *mm* (line 04), accompanied by a nod. The particle carries a strongly rising pitch (8.0 st), which indicates that in addition to expressing approval, the speaker invites the previous speaker to continue. It is also lengthened, which gives time for the production of the pitch rise and emphasizes the above-mentioned functions. Figure 4 shows the prosodic form of the particle.

Following the particle *mm* in line 04, Therapist 1 asks Thomas why he is happy and tired. Thomas says he is tired because he had gone to bed at 10 p.m., and he smiles (lines 07 and 08). The therapist reacts to this with the response particle *ouais* ('yeah'), produced with a rising pitch (line 10), thereby indicating that she wants to hear more. Thomas interprets the interactional meaning of this particle correctly and continues to speak, saying that he is happy because he is present at the session (lines 11 and 12). This reason for his happiness is delivered at a faster than normal speed and is preceded by the lengthened syllable *que* in the compound conjunction *parce que* ('because'). These features could indicate hesitation and orientation towards the immediate goal, namely giving answers that may be superficial but are still meaningful

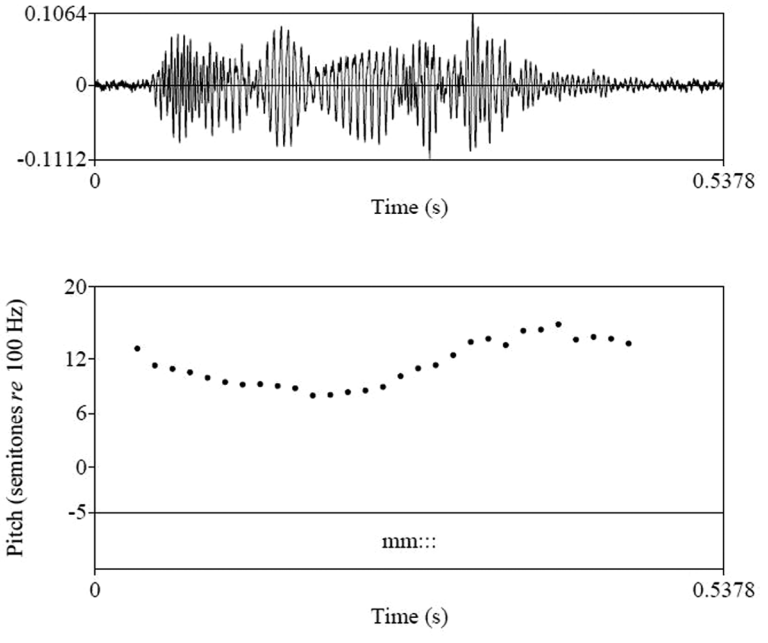

Figure 4: The prosodic shape of the particle 'mm' (line 04).

to the therapists. If this interpretation is correct, the response also indicates an ability to take into account the interlocutor's perspective. The therapist reacts to this with the response particle *okay*, produced with a rising-falling pitch (line 14) and indicating approval. It further acknowledges that the previous turn has been heard and understood and that the previous speaker is not expected to continue.

Rephrasing the contents of a turn/turns

EXAMPLE 5:

01 ((Therapist 1 writes on her whiteboard during the entire sequence,
02 Therapist 2 writes on her notepad, both gaze at their writing devices))
03 Alexandre: les moqueries ce sont des choses quand (0.4) peut-être pour
taunts are things that maybe for
04 nous qui: sont pas très marrantes mais pour les autres (.)
us are not very funny but for others
05 oui,
yes
06 (1.0)
07 Therapist 1: ↓ou↑ais: ((Therapist 2 raises her gaze slightly)) très bien,
yes very good
08 (0.5)
→09 Therapist 2: ça peut faire ((raises her gaze slightly towards the other
it can make

10 children)) rire certains mais pas: (0.3) ((directs her gaze
some people laugh but not
11 toward Alexandre)) [pas les autres],
not others
12 Alexandre: [pas les autres],
not others
13 (0.3)
14 Therapist 2: /d'accord oui ((nods twice)) c'est une bonne idée ça.
((nods))
okay yes it's a good idea that
15 (0.6) okay, ((starts to write again))
okay

In this category of responses, the therapists repeat the contents of a turn produced by one of the boys in a more elaborated form, providing an interpretation. Members of the group discuss the concept of taunting or mockery in the excerpt. Therapist 1 has asked the boys collectively what it means to mock someone. Cédric has already answered, and now Alexandre takes the floor, giving a definition of mockery (lines 03–05). Therapist 1, who gazes at her whiteboard and takes notes during the entire sequence, reacts by giving explicitly positive feedback: *ouais: très bien* ('yes very good', line 07). In this turn, the particle *ouais* is lengthened and has a marked pitch: first, the pitch falls by 6.3 st, then it rises by 5.8 st in the middle, and at the end of the particle it falls again by 3.5 st. This strong melodicity implies being impressed and emphasizes positive feedback regarding the contents of the previous turn. Figure 5 shows the prosodic shape of this particle.

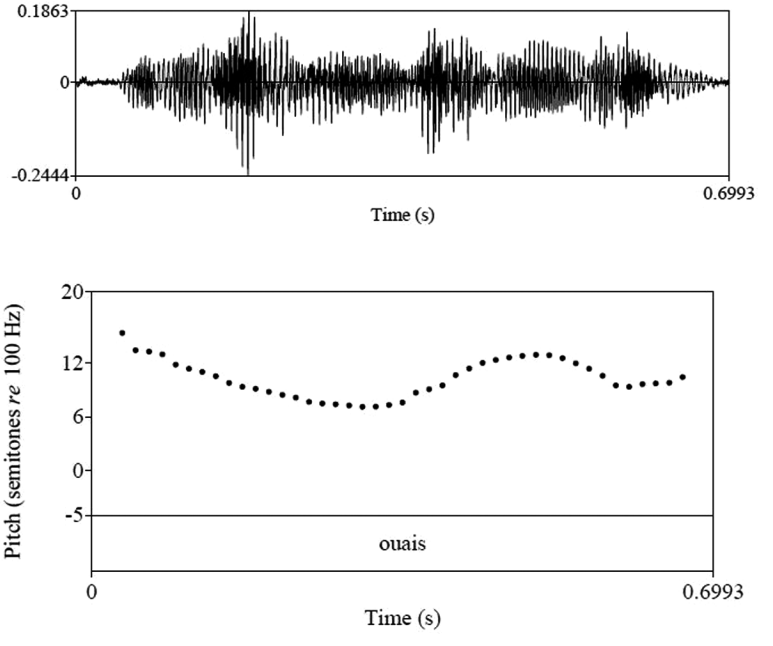

Figure 5: The prosodic shape of the particle 'ouais' (line 07).

Therapist 2 raises hear head slightly upon the particle *ouais*, produced by Therapist 1. Subsequently, she repeats the contents of Alexandre's turn in another, slightly more elaborated form (lines 09–11): *ça peut faire rire certains mais pas: pas les autres* ('it can make some people laugh but not others'). In the middle of her turn, she raises her head slightly and directs her gaze towards the other children, and towards Alexandre at the end of her turn. There is a lengthened vowel (*pas:*, line 10) and a pause (line 10) in her turn. These prosodic features indicate pre-formulation. It is noteworthy that after the pause, Alexandre says *pas les autres* ('not others') at the same time as the therapist is speaking (lines 11 and 12). This action shows Alexandre's interactional skills: he notices the hesitation of the therapist and comes to help. After this, Therapist 2 indicates approval and gives positive feedback, stating explicitly that his contribution is a good idea (line 14). She nods twice after having said *d'accord oui* ('okay yes'), nods again before the word *okay*, and starts writing again at the end of her turn, when she also redirects her gaze towards her notepad.

The therapists in our data sometimes do quite different things in their rephrasing. This response strategy typically aims at maintaining intersubjectivity, such that the therapists make sure they understand the boys' turns even if their utterances are unclear or their speech is disfluent. Responses in this category are also used for educational purposes: the therapists' reformulations of the children's turns seem to highlight content that they consider educationally meaningful for the entire group. Appraisal is another important function of rephrasing. The excerpt discussed above highlights orientation towards normative language as one of the key educational goals of the encounter, which is another function of rephrasing in this data. Thus, the child uses the colloquial adjective *marrant* ('funny') in line 04. Although Therapist 1's initial feedback is very positive (*oui très bien* ['yes very good']), Therapist 2 (lines 09–11) rephrases Alexandre's turn using the verb *rire* ('laugh'), the register of which is neutral. He pronounces it with accrued stress, thereby marking this form as more normative than the adjective *marrant*, which the child used. Thus, rephrasing is also typically used to enrich vocabulary and to teach lexical nuances.

CONCLUSION

We have analysed the most salient linguistic and interactional features in the strategies adopted by two therapists in responding to input from four preadolescent boys with ASD in a group therapy session on the subject of taunting. We analysed the five most frequent response categories, namely approval, commenting on the contents of a turn, addressing a question to the whole group, asking a question about the contents of a turn and rephrasing.

From a linguistic perspective, some of the boys show clear traces of disfluency, whereas others speak quite fluently. Prominent phenomena in the therapists' responses include their working as a team and providing cues about the interactional goal of their responses in the prosodic forms of discourse particles. Apart from the linguistic issues, the children's interaction does not present features that are typically associated with ASD, such as a lack of smiling and eye contact, as well as difficulty in maintaining the discourse topic. At the same time, notetaking and attention to writing devices prevented the therapists from maintaining constant eye contact and reciprocating smiles.

Only two examples analysed in this article (rephrasing and question addressed to all) were related to definitions or valid examples of the topic of the encounter. Overall, the large number of response sequences (n = 277) in a 55-minute encounter (i.e., almost five responses per minute) indicates that responses must have many other functions in addition to prompting and assessing functional definitions and providing examples of taunting. The high number of approvals, namely the most frequent category (n = 57), is particularly telling in this respect.

The therapists form a solid team that progresses towards the learning outcomes with resolution. They give the children either implicit or explicit feedback in their responses, and most of the strategies that feature in the data seem to aim at encouraging them to participate in the conversation, to share their own experiences, to elaborate their turns, to see the situation from the perspective of other people and to express themselves clearly. Indeed, although only the category 'approval' indicates that the therapists are entirely happy with the child's input and do not want more precise or more adequate definitions and examples, their responses contain no examples of solely negative feedback. This indicates that the way in which responses are formulated has a strong impact: the aim is to encourage the children to participate actively in order to develop their interactional skills, rather than to discourage them. The educational agenda is clearly present throughout the session and regulates the therapists' responses. Hence, all the interaction and all the examples and definitions are induced, filtered and eventually validated by the therapists: the children can only speak through the therapists, who retain the vocalic power in the situation (Connor 2000: 23).

The large number of sequences in which the children could elaborate their own previous turns when prompted to do so confirms previous findings (Kremer-Sadlik 2001, 2004; Wiklund's 2012, 2016) indicating that children with ASD are able to participate in question–answer adjacency-pair sequences in relatively competent ways. The results of our prosodic analyses are also in line with Wiklund's (2012) previous findings showing that children with ASD are correctly able to interpret implicit interactional meanings of combinations of dialogue particles and prosodic features. Contrary to Maynard's (2019) findings, these children do not display overtly uncooperative or resistant attitudes.

Existing literature recurrently lists anomalies in gaze behaviour as among the most prominent features of autism (e.g., McParland and Klin 2006). The children in our data tended to look at the adults when they spoke, and some of them had nuanced facial expressions, such as smiling. The therapists occasionally smiled and glanced at the children, and they typically showed approval by nodding. However, they spent most of the time taking notes or gazing at their notebooks and orienting themselves towards the institutional goals of the encounter, namely extracting valid examples and definitions of taunting, and writing them down. Alongside the educational and therapeutic discourses was the *discourse of reporting*, which characterizes encounters between public service and healthcare providers and their clients: a major goal of the interaction is to take notes to be used in drafting the report (Määttä 2015). The therapists' intense focus on taking notes occasionally prevented them from establishing eye contact with the children they were orienting. Whereas this exemplified atypical rather than typical interaction, the children displayed features of typical interaction such as eye contact and smiling. Overall, although some of the children in this encounter had issues related mostly to fluency, which are recurrent among children with ASD (e.g.,

Wiklund and Laakso 2019, 2020), they also showed highly developed interactional skills, rather than the atypical features listed in the literature review.

By means of conversation analysis we were able to produce a detailed transcription of the situation, to categorize the types of responses and identify meaningful features. In addition, our analysis of the prosodic features of certain key particles allowed for a more nuanced interpretation of their meaning. By means of CA methodology we were also able to determine the importance given to notetaking and writing-related artefacts in the situation. However, we do not have access to the contents of these notes or to the therapists' views on notetaking. In this regard, triangulation combining CA with observation, interviews and textual analysis would be beneficial in terms of explaining why notetaking occupies such a prominent position, and to what extent the potential damage it causes could be avoided. In the absence of such triangulation, we can only recommend that it would be useful to reflect on the consequences of extensive notetaking in therapeutic encounters.

Finally, we should point out that, given the limited data (one group therapy session), the scope of the study is quite constrained and the results cannot be generalized. In fact, it would be useful to study therapists' response strategies in larger datasets, to examine the more rarely occurring response categories and to analyse the interaction between the propositional content of the input and the response category that is used.

TRANSCRIPTION CONVENTIONS

.	strongly falling pitch at the end of a prosodic unit
;	slightly falling pitch at the end of a prosodic unit
,	flat pitch at the end of a prosodic unit
,?	slightly rising pitch at the end of a prosodic unit
?	strongly rising pitch at the end of a prosodic unit
↓	segment produced on a lower pitch level than the surrounding speech
↑	segment produced on a higher pitch level than the surrounding speech
enfant	prominent stress
>enfant<	accelerated speech rate
<enfant>	slowed speech rate
enfant:	lengthened vowel
ENFANT	increased level of loudness
.hhh	clearly audible inhalation (one 'h' corresponds to 0.1 second)
hhh.	clearly audible exhalation (one 'h' corresponds to 0.1 second)
.joo	word produced with an inhalation
@enfant@	marked voice
enf(h)ant	word produced laughingly
£enfant£	word produced smilingly
°enfant°	word produced more quietly than the surrounding speech
[	overlap of speech begins
]	overlap of speech ends
(.)	micropause (duration of less than 0.2 second)
(0.6)	pause (duration measured in seconds)
(enfant)	unclear speech
=	turn starts immediately after the end of the previous turn

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