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ORIGINAL ARTICLE

‘I’m still guessing what’s happening and what I’m meant to do’: Special educator experiences of supporting echolalic students

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Abstract

Echolalia has been widely examined in clinical and developmental research, yet the experiences of teachers, who arguably encounter echolalia across the widest variety of contexts and environments, remain largely unexplored. This study examined special education teachers lived experiences of echolalia in specialist schools. Using a qualitative design, semi-structured interviews were conducted with 83 special education teachers. Data was analysed using qualitative thematic analysis. Five interconnected practice problems emerged: limited foundational knowledge, lack of classroom-based strategies, inconsistent speech pathology interpretations, limited specialist presence and unclear professional roles. This study found that teachers' experiences of echolalia are not only shaped by echoes themselves, but also by the fragmented knowledge, structural constraints and ambiguous professional responsibility within special education systems.

KEYWORDS

australia, collaboration, echolalia, special Education, teaching Practice

Key points

- Special education teachers reported substantial challenges supporting students who use echolalia, including knowledge gaps, limited practical strategies, inconsistent professional guidance and uncertainty regarding roles and responsibilities.
- Participants consistently redirected discussions of echolalia toward practice-related difficulties, suggesting that the challenges they experience extend beyond individual barriers and reflect broader issues in professional preparation and support.
- The findings indicate that teachers require more than isolated classroom strategies; they require a coherent framework for understanding echolalia, making educational decisions and collaborating with speech pathologists and other professionals.
- The ABC Model is proposed as a possible orienting framework for practice, emphasising Awareness of contemporary understandings of echolalia, Building professional knowledge and Collaboration between teachers and speech pathologists.

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UNDERSTANDINGS OF ECHOLALIA

Echolalia is commonly described in the research literature as the repetition of previously heard speech (Cohn et al., 2022). The phrases that are repeated may originate from a wide range of sources, including media such as television programmes, videos and songs, as well as from individuals in the person's environment, including teachers, parents, caregivers and peers (Cohn, McVilly, & Harrison, 2023a). Indeed, repetition, as it is referred to in literature in the context of non-clinical populations, forms a critical part of language learning in typically developing young children (Bloom et al., 1974, 1976). Speech repetition in this context is theorised to support children in acquiring vocabulary, and developing communicative and interactional competence, whilst increasing mastery of sentence flexibility (Adank et al., 2013). With a recent study of parental perceptions reporting that parents understood speech repetition as a normal part of how children develop language (Vidić et al., 2025).

Outside of non-clinical populations, where the term echolalia is used, it has been observed and reported in autism (Ryan et al., 2022), blindness or low vision (Fay, 1973), aphasia (Berthier et al., 2017), Giles de La Tourette Syndrome (Ganos et al., 2012), Kleefstra syndrome (Mazzaggio, 2019) and epilepsy (Yang, 2022), amongst others (see McFayden et al. (2022) for a review of echolalia from a transdiagnostic perspective). Whilst echolalia has been observed across several diagnostic conditions, the primary site of research has examined echolalia within the context of autism (Sutherland et al., 2024). Indeed, the prevalence rates of echolalia in autism vary widely (Sutherland et al., 2024), with estimations ranging between 75% and 90% of all autistic children (McAllister et al., 2025; Sutherland et al., 2024). However, more research is needed to further narrow this estimation. The current research situates echolalia within the context of autism.

Within research in the context of autism, echolalia is typically classified into four broad forms: immediate echolalia, delayed echolalia, mitigated echolalia and pure echolalia (Roberts, 1989, 2014). Immediate echolalia refers to repetitions that occur directly after the original utterance (Prizant & Duchan, 1981), whereas delayed echolalia involves a temporal gap between the original speech and its repetition, which may range from minutes to hours, days or even weeks (Prizant & Rydell, 1984; Stribling et al., 2006). Mitigated echolalia describes repetitions that have been altered in some way, such as through the addition, substitution or omission of words (Fay, 1967; Roberts, 2014). For instance, if one person says 'I want to play basketball today', the echolalic response may be 'I want to go and play basketball today', or a similar variation. In contrast, pure echolalia refers to verbatim repetition without modification. Both

mitigated and pure forms may occur either immediately or after a delay.

Within research and clinical practice relating to autism, interpretations of echolalia have historically been shaped by two contrasting perspectives grounded in clinically oriented and academically developed traditions (Cohn et al., 2022; Schuler, 1979). Emerging primarily from speech-language pathology, applied linguistics and behavioural psychology, these perspectives are commonly described as behaviourist and developmental approaches (Cohn, McVilly, & Harrison, 2023b; Schuler, 1979; Stiegler, 2015).

From a behaviourist perspective, echolalia is often conceptualised as a form of vocal stereotypy and is typically interpreted as a non-communicatively functional behaviour. As such, it is frequently targeted for reduction or elimination through intervention (Sloman et al., 2022; Wang et al., 2020). One justification for this approach is the belief that echolalia may interfere with the development of social relationships and violate expected social conventions (Haley et al., 2010). Some behaviourally oriented scholars acknowledge that echolalia may serve certain functions, such as self-regulation, yet interventions are still commonly implemented with the goal of modifying the behaviour to be more socially acceptable (Rapp & Lanovaz, 2016; Vollmer, 1994). Intervention approaches associated with behaviourist traditions include strategies such as Response Interruption and Redirection (RIRD: Ahearn et al., 2007), noncontingent reinforcement, differential reinforcement and environmental manipulations such as toy removal (for a review see Wang et al., 2020).

In contrast, developmental perspectives challenge the view that echolalia is inherently non-communicative. Researchers within this tradition argue that echolalia can serve a variety of functions, including both communicative and non-communicative purposes, and that even when echoes do not appear communicative they may still be purposeful and meaningful (Fay, 1969; Marom et al., 2018, 2020; Prizant, 1983; Sterponi & Shankey, 2014; Tarplee & Barrow, 1999; Xie et al., 2023). Within this perspective, echolalia has been proposed as supporting language acquisition, emotional or sensory regulation, participation in social interaction and the gradual transition toward more spontaneous speech (Blanc, 2012; Luyster et al., 2022; Prizant & Duchan, 1981; Prizant & Fields-Meyer, 2022; Prizant & Rydell, 1984; Sterponi & Shankey, 2014). Whereas behavioural approaches often seek to reduce or eliminate echolalia, developmental approaches typically view it as a starting point that can be built upon to support the emergence of self-generated language (for a review see Blackburn et al., 2023).

Communicatively functional oriented models further suggest that echolalic utterances can fulfil a range of interactional purposes. These may include affirming responses, expressing needs or desires, attracting attention,

labelling objects or experiences or making requests (Dyer & Hadden, 1981; Marom et al., 2018; Prizant & Fields-Meyer, 2022; van Zyl et al., 1985; Xie et al., 2023). For example, Prizant and Fields-Meyer (2022) detail the story of David, a young boy who would, after being told 'no' to something inappropriate he was doing by his school teacher, repeat 'We don't slam doors! We don't pee on the wall!'. His teacher later explained that David, after being reprimanded, had come to associate being told 'no' with other inappropriate classroom behaviours such as slamming doors and urinating on walls.

More recently, a third perspective has begun to emerge that challenges both behavioural and developmental interpretations of echolalia. This perspective draws on neurodiversity-affirming principles, which reflect broader societal shifts toward recognising neurological differences as natural forms of human variation rather than deficits requiring correction (Kapp et al., 2013, 2019). From a neurodiversity-affirming standpoint, echolalia may be understood as a meaningful expression of a person's identity and a reflection of how they experience and engage with the world (Cohn & Harrison, 2025; Cohn et al., 2023). This perspective significantly differs from the behavioural and developmental interpretations of echolalia in that parents do not wish or seek intervention of any kind (be it to reduce or eliminate echolalia or to support its possible transition to more self-generated speech) for their child's echolalia; rather, these parents fiercely object to the need to alter their child's echolalia, rationalising their perspective by highlighting that it is society that needs to better accept difference (Cohn et al., 2023).

THE MISSING VOICE OF TEACHERS IN ECHOLALIA RESEARCH

Historically, research concerning echolalia has largely emerged from clinical and therapeutic disciplines, particularly speech-language pathology, applied linguistics and behavioural psychology (Schuler, 1979). Within this literature, and as discussed by Cohn, McVilly, and Harrison (2023b), knowledge production has tended to reflect an implicit hierarchy of expertise in which clinical and therapeutic perspectives have dominated, often leaving the voices of those who encounter echolalia outside clinical contexts comparatively underrepresented. Only recently has there been a deliberate attempt to broaden the scope of inquiry beyond these traditional boundaries. The recent Cohn cohort studies (Cohn et al., 2023; Cohn, McVilly, & Harrison, 2023a, 2023b) for example, have examined echolalia from the perspective of parents, recognising that families experience echolalia daily within naturalistic settings. By shifting the focus toward those who live alongside echolalia in everyday life, these studies unearthed previously unexplored insights into

how families interpret, respond to and coexist with their child's echolalia.

Despite recent efforts to broaden the perspectives represented within echolalia research, teachers and the wider education profession remain largely absent from the literature (Cohn et al., 2022). This absence is notable because, outside of families, teachers are often the individuals who encounter echolalia most frequently and across the greatest diversity of contexts (Cohn et al., 2022). Within educational settings, echolalia may be heard during transitions between activities, whole-class instruction, individual learning tasks, emotional dysregulation, interactions with different teaching and paraprofessional staff, structured and unstructured play, and peer social interactions. These situations may all occur within the same school day and, given that the echoes of children have been observed to vary across settings (Charlop, 1986) and communication partners (Charlop, 1983), expose teachers to a broad range of echolalic presentations. In this sense, teachers may be considered one of the most consistent audiences to whom echolalia is expressed (Cohn et al., 2022).

Importantly, teachers do not simply observe echolalia: they respond to it. Decisions regarding whether an echo is ignored, acknowledged, interpreted as communicative, viewed as disruptive, accommodated within classroom activities or referred for additional support are shaped, at least in part, by teachers' understandings of what echolalia is and what it represents. Consequently, teacher perspectives have implications not only for how echolalia is conceptualised within educational settings, but also for the everyday educational experiences of students who use echolalia.

The importance of examining educator perspectives has recently been demonstrated by Cohn et al. (2026), who interviewed 63 early childhood professionals regarding their experiences of echolalia in educational practice. The study identified a previously undocumented challenge whereby early childhood professionals reported difficulty distinguishing between developmentally expected speech repetition associated with language learning and echolalia. Given that this distinction remains unresolved within the research literature itself (Sutherland et al., 2024), the reporting of this experience by early childhood professionals translates this problem from purely conceptual to a problem experienced at the practitioner level. This finding illustrates the value of examining educator experiences directly. Had these experiences not been systematically examined, early childhood professionals would have been left to navigate a significant area of practice ambiguity without the benefit of empirical evidence describing the nature of the challenge. Now that these experiences have come to light, researchers, educators and policy makers might be better positioned to recognise the problem, understand its origins, and develop supports that are responsive to the realities of

educational practice. This illustrates the broader scientific value of examining educator perspectives. Such perspectives provide insight not only into how echolalia is understood within educational settings, but also into the often-unseen challenges, uncertainties and decision-making processes that shape support for students who use echolalia.

Yet, despite the central role teachers play in responding to echolalia, little is known about how special education teachers understand echolalia, how they interpret its possible meanings or functions, or how they make decisions when echolalia occurs within educational environments. Examining these experiences provides an opportunity to understand how echolalia is interpreted, responded to, and supported in practice, in environments which cater to a diverse range of educational, social, behavioural and communicative abilities and contexts.

Although echolalia is not exclusive to students attending special education schools, teachers working within these environments are, perhaps, more likely to encounter it frequently. The student populations at special education schools are perhaps more likely to include individuals with more acute communication support needs, diverse communicative profiles and higher proportions of students with an autism diagnoses requiring more intensive support (classified as level 2 or above, as per the Diagnostic and Statistical Manual of Mental Disorders 5th edition (American Psychiatric Association, 2013)). In literature in the context of echolalia, it has been reported that children with lower expressive language abilities (Roberts, 1989, 2014; Rydell & Mirenda, 1991), those who are minimally verbal (Brignell, Chenausky, et al., 2018; Maes et al., 2024) and children with co-occurring intellectual disability echo more frequently (Brignell, Williams, et al., 2018; Fay & Butler, 1968; van Santen et al., 2013). There is little research which has examined variations in forms of echolalia across students with lower expressive language abilities. What little research we do have in this context by Roberts (1989) suggests that children with lower expressive language abilities are more likely to repeat phrases verbatim, with this form of echolalia largely being more interpretatively challenging. Maes et al. (2024) found that minimally verbal autistic children echoed at high frequencies. However, the educational settings in which the study participants of Maes et al. (2024) and Roberts (1989) attend are not known.

Whilst this doesn't necessarily mean that children with echolalia do not attend non-specialist settings (i.e., mainstream schools), it can be reasoned that children who echo more frequently, and have more interpretatively challenging forms, are more likely to attend specialist settings. However, further work is needed to understand the distribution of children with echolalia across school settings.

Given these considerations, the experiences of special education teachers in supporting students with potentially

high frequencies and potentially more interpretatively challenging forms of echolalia represent an important yet largely unexplored source of knowledge within research in the context of echolalia. Understanding how these professionals experience and respond to echolalia has the potential to illuminate aspects of practice that remain currently unknown in the literature. Specifically, it could be that the form, frequency and type of echolalia of students who have intellectual disability and attend special education schools is different to those who do not have intellectual disability. Indeed, this could also be the case for those without intellectual disability who attend special education schools. It is possible that different forms, types, frequencies or presentations of echolalia are attended to, interpreted and responded to by teachers and paraprofessionals in different educational contexts in substantially different ways. However, the research literature has not yet reached a point at which such distinctions can be made with confidence. Moreover, in special education contexts, teachers frequently operate as part of multidisciplinary or transdisciplinary teams alongside speech-language pathologists, psychologists, occupational therapists and other professionals (Weiss & Rodgers, 2025). However, there is little research examining how teachers navigate echolalia within these collaborative environments, how professional perspectives intersect or diverge, or how classroom-based practice for echolalia is shaped through these team-based interactions. To that end, examining the perspectives of special education teachers in specialist settings could be particularly consequential.

THE PRESENT STUDY

The present study therefore sought to address this gap by examining the lived experiences of special education teachers. The aims of the study were (a) to examine how special education teachers experience echolalia within the everyday routines and interactions of special education classrooms and across the school site and (b) to explore the implications of their experiences on teaching practice.

The primary guiding research question was: *How do special education teachers understand, respond to and support students with echolalia within specialist school settings?*

METHOD

Study Design

This study used a qualitative design using semi-structured interviews to investigate what it was like for teachers to experience echolalia in their daily practice. The original intention of the study was to unearth

teachers lived experiences (i.e., how they noticed, interpreted and navigated echolalia in their classrooms and wider school site); however, as the interviews unfolded, participants spontaneously and consistently shifted away from describing echolalia itself and instead focused on the practice problems that surround it. This unanticipated but robust pattern in the data led the analytic trajectory of the study to evolve.

Ethical Considerations

This study underwent two separate ethical board reviews. The first one was from the affiliated Human Research Ethics Committee at The University of Melbourne, with approval number 2024–31481–61,204-3. The second review was conducted by the institutional review board of the Department of Education, with approval number 24–12-515.

Participant Recruitment

Participants were recruited through an invitation distributed to 10 specialist schools in the state of Victoria in Australia. An initial email was sent to the school's principal or their delegate, outlining the purpose of the study and requesting permission to invite teaching staff to participate. Principals were provided with the Plain Language Statement and a Qualtrics registration link and were asked to circulate these materials to their teaching teams. Staff who were interested in participating accessed the registration form directly via this link and provided initial consent before arranging an interview.

People were eligible to participate in the study if they were (a) currently employed as a special education teacher within a specialist school setting and (b) actively teaching at least one student who uses echolalia with regular, daily interaction forming part of their classroom practice. No minimum years of teaching experience was required allowing early-career and highly experienced teachers to participate. For the purposes of this study, echolalia was defined as:

‘Echolalia is a repeated oral expression that can be heard in a variety of different structures. These structures assume a variety of functional roles that can be context dependent for the purposes of interpretation but fundamentally have an identifiable meaning for the person and to a familiar listener (communication partner). These expressions can have various origins and can be heard with varying time differences between the original encounter and the subsequent repeat’.

(Cohn, McVilly, & Harrison, 2023a, p. 16)

Country Context

It is important to provide context as to the country in which this research was undertaken, that of Australia. In most Australian states and territories, special (or specialist) schools are separate and distinct from mainstream settings and provide education for students with a range of complex learning, communication, sensory, physical, behavioural and developmental needs who have been assessed as requiring more intensive supports and adjustments beyond those typically available in non-specialist (mainstream) schools (Department of Education Victoria, 2025). Within such schools, there are frequently embedded allied-health teams such as physiotherapists, occupational therapists, speech pathologists, nurses and psychologists, amongst others (Weiss & Rodgers, 2025).

Student enrolment requirements in special education schools can be a useful way to provide detail on the student cohort, and how this differs from mainstream settings where no such entry requirements exist. Whilst student enrolment into a special education school varies between Australian states and territories, using the example of the state of Victoria (in which study participants were located), an IQ score of below 70, either with or without a co-occurring wider diagnosis, is usually required (Department of Education Victoria, 2025).

Further, study participants (special education teachers) used terminology and professional language that reflects Australian educational policy, school structures and everyday practice. For example, in Australia, speech pathologists are colloquially known as ‘speechies’. These terms have been retained to preserve the authenticity of the participants’ accounts.

In addition, it is important to detail the work roles of special education teachers and paraprofessionals within the Australian context. Special education teachers’ tasks include planning, organising, implementing and assessing modified learning activities, administering curriculum formative and summative assessment and interpreting data to inform future teaching, planning and administering programmes for students to develop social and emotional skills, collaborating with parents to co-construct Individual Education Plans (IEPs), collaborating with any internal allied-health professionals, and performing administrative tasks such as maintaining student data and submitting reports to any consulting external allied-health professionals (Australian Government, 2026). The tasks of a paraprofessional (termed Education Support Staff (ESS)) vary dependent upon classification, with the entry level tasks including supporting teachers to implement instructional activities, supporting student hygiene and personal care and preparing learning materials. The highest classification of ESS may adopt tasks such as team leader, or student welfare manager (Department of Education Victoria, 2026).

With regard to special education teacher training in Australia, aspirant special education teachers (known as pre-service teachers) typically complete an Initial Teacher Education (ITE) programme at either the undergraduate or postgraduate level prior to entering the profession. These programmes generally include coursework relating to disability, inclusive education, curriculum and assessment, behaviour support, autism and supervised professional placements in educational settings (University of New England, 2026). Following initial qualification, teachers may (but are not required to) also undertake postgraduate study to develop expertise in specialist areas such as deaf education, blindness and low vision, intellectual disability, autism and behaviour support. For education support staff, these professionals must complete either a certificate III or IV in school-based education support which includes coursework relating to supporting literacy learning, working with diverse people, providing support to students with autism and supervised professional placements in educational settings (Chisholm, 2026).

Participant Demographics

In the first instance, it is important to note that 83 special education teachers were recruited, but only the data from 78 was included in the final analysis. A detailing of why only 78 out of the original 83 were included can be found within the member checking procedure detailing. A total of 83 special education teachers from 10 different schools in the state of Victoria participated in the study. The sample was drawn predominantly from government specialist schools (81, 97.6%), with a small number from private specialist settings (2, 2.4%). Most participants were teaching in the primary school department of the special school (61, 73.5%), while the remaining teachers were employed in the secondary department of the special school (22, 26.5%). Table 1 shows the participant demographics of the current study.

The majority of participants were working in schools in metropolitan areas (80, 96.4%), while the remaining 3 (3.6%) were in regionally based schools. Participants demonstrated a wide range of professional experience, with years of service spanning from 2 to 21 years ($M=9.70$, $SD=4.99$). The majority of teachers were employed full-time (62, 74.7%), followed by those in part-time positions (14, 16.9%) and casual or relief roles (7, 8.4%).

In terms of gender distribution, 56 participants identified as female (67.5%) and 27 as male (32.5%). Educational qualifications were notably high, with 48 teachers holding a master's degree (57.8%) and 35 holding a bachelor's degree (42.2%).

A subset of participants identified as neurodivergent (15, 18.1%), while the majority did not (68, 81.9%). This diversity in professional experience, educational

TABLE 1 Participant demographics of the current study.

Characteristic	Category	n of 83 (%)
School Sector	Government	81 (97.6%)
	Private	2 (2.4%)
School Level	Primary	61 (73.5%)
	Secondary	22 (26.5%)
School Location	Metropolitan	80 (96.4%)
	Regional	3 (3.6%)
Employment Status	Full-time	62 (74.7%)
	Part-time	14 (16.9%)
	Casual/Relief	7 (8.4%)
Gender	Male	27 (32.5%)
	Female	56 (67.5%)
Highest Qualification	Bachelor Degree	35 (42.2%)
	Master's Degree	48 (57.8%)
Neurodivergent Identity	Yes	15 (18.1%)
	No	68 (81.9%)
Years of Teaching Experience	Minimum	2 years
	Maximum	21 years
	Mean (SD)	9.70 (4.99)
	Range	19 years

background and personal identity reflects the breadth of perspectives represented in the study.

Data Generation

Consistent with the qualitative framing, data were generated through semi-structured interviews. Interviews were conducted online using platforms such as Zoom, Microsoft Teams or WebEx. Participants were free to select their preferred online collaboration tool from those mentioned above. Participants were also given flexibility in how they appeared during the interview, including the option to leave their camera off and/or to modify or remove their display name if preferred. Although the study allowed individuals to participate without being recorded, all participants provided consent for recording.

During the interview, a conversational style was adopted, whilst ensuring the key questions were asked of all participants for consistency, and questions regarding demographics were also asked. Participants were asked questions such as (a) what is it like to experience echolalia in the classroom, (b) what pedagogical adjustments do you implement for your students with echolalia, amongst others. A full interview guide is presented in Data S1.

In sum a total of 78 interviews occurred. There was approximately 38h of recordings (shortest interview length=12.1 min, longest interview length=45.2 min, range of interview lengths=33.1 min, average interview length 27.9 min, $SD=10.37$). Variation in interview length

reflected differences in the depth and extent of participants' responses. While some participants provided concise answers to interview questions, others offered more detailed descriptions, examples and reflections on their experiences. Consequently, interview duration varied according to the amount of information participants chose to share rather than differences in interview structure or procedure.

Aligning with ethical guidelines, participants completed two stages of informed consent. First, at the point of registration, individuals reviewed the plain language statement and consent form items and were required to indicate their consent by marking each consent item with a check within the online Qualtrics form. Second, prior to commencing the interview, participants were asked to provide verbal confirmation of their consent. In addition to participant-level consent, and in accordance with the relevant Department of Education ethics processes, school-level approval was obtained from each site's principal (or their delegate) permitting staff to participate in the study.

Data Analysis

Data were analysed using reflexive thematic analysis. NVivo for Mac was used as a data management tool to organise and store the interview transcripts, facilitate text highlighting and enable segments of data to be grouped and examined across emerging analytic categories. The analytic approach broadly followed the reflexive thematic analysis framework outlined by Braun and Clarke (2006, 2020), while also drawing on procedural elements described by Guest et al. (2006); Guest et al. (2012), Kushnir (2025) and Vaismoradi et al. (2016).

The analysis progressed through six stages: (a) transcription and immersion in the data, (b) initial coding, (c) generation of preliminary themes, (d) review and refinement of themes, (e) development of theme definitions and names and (f) construction of the manuscript narrative.

The analytic process began with a period of data familiarisation. The researcher (first author) read and re-read the interview transcripts to develop an in-depth understanding of the dataset and recorded preliminary observations. Transcription was undertaken through a combination of researcher-led (first author) manual transcription and through the use of a professional transcription service. Upon receipt of the transcripts, these were checked for clarity and transcription accuracy. From both the researcher's own transcription and that of the professional service, it was found that there were some segments (a total of 4 min of audio across all 38 h) which were too inaudible to be accurately transcribed. These inaudible segments were excluded from subsequent data processing. During the coding phase, transcripts were coded inductively using meaning units that captured distinct experiences and interpretations.

Initial codes were then organised into broader experiential categories. Through iterative cycles of comparison and refinement, these categories were examined for patterns and relationships across the dataset (Braun & Clarke, 2020; Kushnir, 2025). This process involved merging overlapping categories, identifying outliers or divergent perspectives and repeatedly testing emerging themes against the dataset as a whole to ensure coherence and analytic relevance (Braun & Clarke, 2006; Vaismoradi et al., 2016).

It is at this stage that a member checking procedure occurred (Lincoln & Guba, 1986; Varpio et al., 2017). Specifically, a document which contained the researcher selected illustrative quote, the provisional theme name and theme definition, was returned via email to all 83 participants. Participants were asked to advise if the researcher selected illustrative quote and its characterising overarching theme accurately reflected their experiences. Of the 83 participants, a total of 78 (93.9%) responded within the 3-week time period, leaving 5 participants who did not respond. Several follow up emails were sent to the 5 participants who had not responded; however, no further response was received from these participants; therefore, the quotes selected by the researcher were not able to be confirmed by the participant as representative of their experience and were not included in further analysis and are not presented in this study.

The final themes were constructed to reflect the practice-related challenges and considerations raised by special education teachers when working with students who use echolalia, including challenges arising within classroom practice and collaboration with other professionals. An expanded description of the data analysis procedure is presented in [Data S2](#).

Credibility, Dependability, Confirmability and Transferability

Several procedures, largely following those in seminal work by Lincoln and Guba (1986) were employed to enhance the trustworthiness of the study and ensure the credibility, dependability, confirmability and transferability of the findings.

Credibility was strengthened using the member checking procedure. Our study achieved a particularly strong 93.9% member checking engagement rate.

Dependability was supported through the use of a systematic analytical process, with coding and theme development undertaken in a consistent manner across all interview transcripts. We show the individual representative codes developed during analysis.

Confirmability was enhanced through the use of a documented coding schema. The first and second authors independently undertook formal analysis of the data, with these coding schemas reviewed by the third

author. In addition to the coding schemas, the third author interrogated all interpretative decision making.

Transferability was further supported by the inclusion of a large and diverse sample of special education teachers and paraprofessionals drawn from specialist school settings in Australia. The breadth of participant experiences captured within the dataset, together with detailed contextual descriptions and illustrative quotations, provides readers with sufficient information to determine the extent to which the findings may be applicable to other educational contexts.

RESULTS

Five themes emerged from the analysis that together illustrate the professional landscape within which teachers encounter and respond to echolalia in special education

classrooms. Rather than necessarily describing echolalia itself as the primary challenge, participants consistently pointed to structural issues surrounding knowledge, guidance and professional collaboration. [Figure 1](#) pictorialises the practice problems special education teachers encounter.

Teachers described working with limited foundational knowledge, lack of practical classroom strategies given from speech pathologists, navigating inconsistent interpretations provided by speech pathologists, receiving support from speech pathologists who had limited classroom presence, and operating within unclear professional role boundaries. These themes collectively reveal the conditions under which teachers are required to interpret and respond to echolalia in everyday classroom practice. Each theme is outlined below with representative participant excerpts. [Table 2](#) presents a thematic map, including derived descriptions

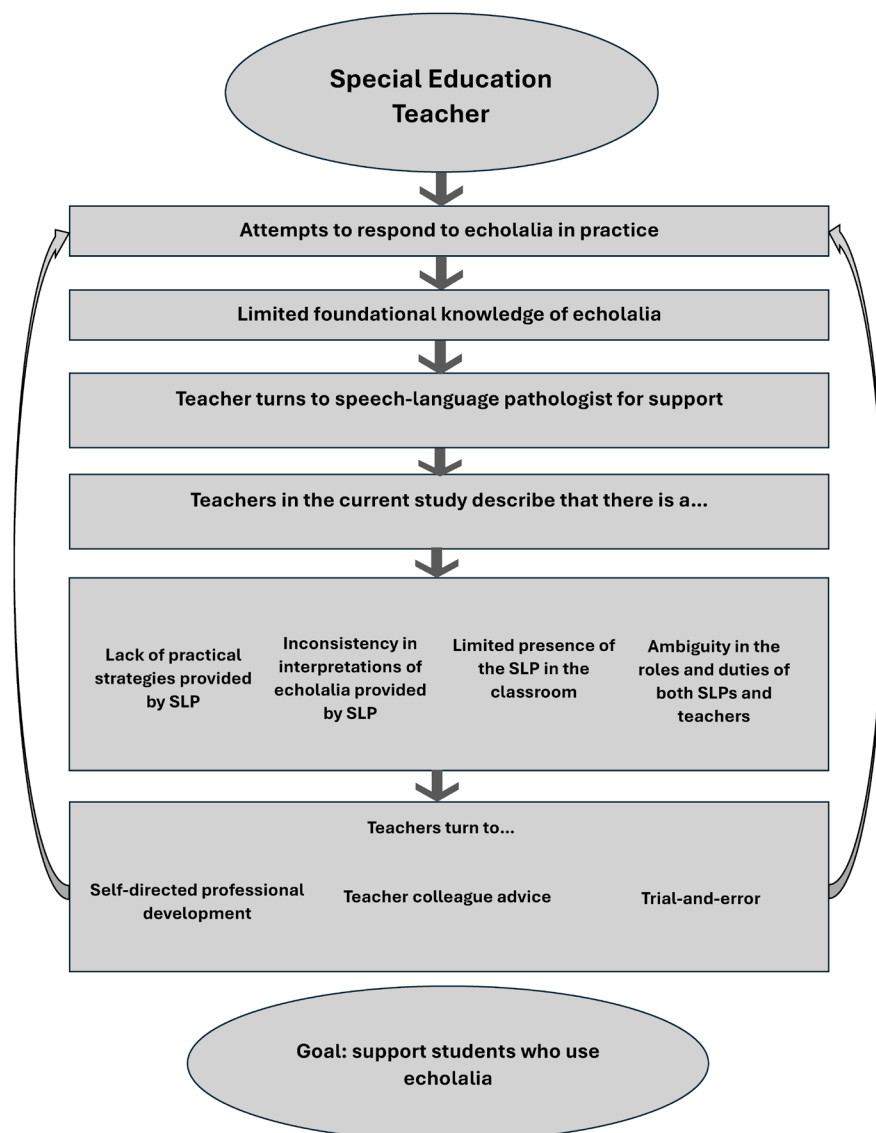


FIGURE 1 Practice Problems of Special Education Teachers in Supporting Students who use Echolalia.

TABLE 2 Thematic Map.

Theme	Derived Description	Key Features
Foundational Knowledge Gap	Teachers reported lacking a clear or coherent professional explanation of echolalia despite encountering it frequently in their classrooms. This absence of foundational knowledge left educators making instructional and interactional decisions without an established conceptual framework.	- No formal training on echolalia - Limited information provided by professionals - Teachers relying on informal sources (colleagues, self-directed professional development) - Development of personal interpretations through trial-and-error
Lack of Practical, Classroom-Based Strategies	Teachers described receiving little or no actionable guidance about how to respond to echolalia during classroom interactions, leaving them without clear strategies for addressing repeated speech during instruction and daily routines.	- Speech pathologists not providing practical strategies - Advice framed in abstract or theoretical terms - Teachers relying on improvisation or intuition - Difficulties guiding education support staff
Inconsistent Interpretations Amongst Speech Pathologists	Teachers reported receiving conflicting explanations and recommendations from different speech pathologists regarding the meaning and management of echolalia, resulting in uncertainty about how to respond in practice.	- Different professionals offering contradictory explanations - Shifting advice depending on which speech pathologist was consulted - Teachers attempting strategies only to later be told they were incorrect - Unstable conceptualisations of echolalia
Limited Presence of Speech Pathologists and Contextual Understanding	Teachers reported that speech pathologists were present in classrooms only briefly or infrequently, limiting their ability to observe how echolalia unfolds across different classroom contexts and times of the school day.	- Short or infrequent classroom visits - Limited exposure to everyday classroom dynamics - Teachers being asked to report echolalia rather than speech pathologists' observing it directly - Concerns about lack of contextual understanding
Role Ambiguity and Unclear Professional Responsibilities	Teachers described uncertainty about who holds responsibility for interpreting, responding to, and intervening in relation to echolalia within school teams, particularly between teachers and speech pathologists.	- Unclear division of professional responsibilities - Teachers unsure whether they should implement intervention strategies - Hesitation to encroach on speech pathology roles - Teachers feeling accountable for student outcomes despite unclear guidance

TABLE 3 Themes, Frequencies, and Representative Codes.

Theme	Frequency (of $n = 83$)	Representative Codes
Foundational Knowledge Gap	56 (67.5%)	Limited understanding of echolalia; Uncertainty regarding function or meaning; Lack of formal training; Learning through experience; Difficulty interpreting student repetitions
Lack of Practical, Classroom-Based Strategies	75 (90.4%)	Absence of classroom guidance; Trial-and-error responses; Uncertainty regarding how to respond; Difficulty translating theory into practice; Lack of intervention resources
Inconsistent Interpretations Amongst Speech Pathologists	61 (73.5%)	Conflicting advice from speech pathologists; Different explanatory frameworks; Contradictory recommendations; Variation across professionals; Uncertainty resulting from inconsistent guidance
Limited Presence of Speech Pathologists and Contextual Understanding	79 (95.2%)	Infrequent access to speech pathology support; Limited classroom observation; Lack of understanding of classroom realities; Restricted opportunities for collaboration; Recommendations perceived as disconnected from context
Role Ambiguity and Unclear Professional Responsibilities	75 (90.4%)	Uncertainty regarding professional roles; Teacher–speech pathologist boundary issues; Responsibility for intervention unclear; Referral dependence; Lack of ownership of support decisions

and key features of each theme. Table 3 presents the themes, their frequencies and the individual representative codes through which the presented overarching themes were built.

Foundational Knowledge Gap

Participants consistently reported that they had never been provided with a clear or comprehensive explanation

of echolalia from any professional source, despite working with students who used echolalia daily. Teachers described feeling responsible for responding to echolalia even though they did not fully understand it. The absence of foundational knowledge produced a persistent sense of uncertainty, as teachers found themselves making decisions without a legitimate knowledge base from which to work.

Several participants noted that what little information they had received was either superficial, decontextualised or delivered in terminology that did not illuminate classroom realities. The result was an epistemic vacuum in which educators were expected to exercise professional judgement in a domain where they had been given no professional preparation.

Specifically, one special education teacher said

‘No one has ever sat down with me and explained echolalia in a way that actually means something for me personally or my teaching. You know, I’ve had kids repeat everything for years and I’m still guessing what’s happening and what I’m meant to do. It shouldn’t be like that’.

(Participant 3)

In the absence of formal guidance, teachers turned to other informal and formal sources: colleagues, online searches, parents and personal trial-and-error. These led to significant variation in how echolalia was interpreted and managed. Of this, one teacher said ‘my colleague does something entirely different to me, which I tried with my student, is the different practice helping or hurting. But my colleague said echolalia was different to what I told her I read online’ (Participant 13).

Without a foundational explanatory framework, teachers described feeling as though they were ‘working blind’, attempting to interpret echoes whose meaning remained professionally unarticulated. Participant 9 detailed how they just pieced things together and saw what happened because they got no guidance from professionals who were supposed to know, they reflected

‘I feel like I’m just piecing together bits of information from wherever I can find it. Nothing is coming from the professionals who are meant to know. So we end up making our own theories based on whatever we see, and every teacher comes up with something a bit different’.

(Participant 9)

Lastly, a teacher spoke about how they believed there was an underlying knowledge assumption that teachers were just supposed to ‘know’ despite never being formally told. This teacher explained:

‘I’ve taught for years and no one has ever properly explained echolalia to me. Not once. I’m still guessing what it means, what it doesn’t mean, and whether I’m supposed to respond. It feels like everyone assumes we as teachers should just ‘know’, but we don’t if we are not told by the people who are supposed to do the telling’.

(Participant 5)

For some participants, the knowledge gap persisted despite years of professional exposure to students who use echolalia. Experience alone was not viewed as sufficient to develop understanding, with one teacher explaining:

‘I’ve worked with students who echo for nearly a decade and I still wouldn’t say I understand it. I recognise it when I hear it, but understanding why it is happening or what I’m meant to take from it is a completely different thing’.

(Participant 21)

Others contrasted echolalia with other areas of special education practice in which formal guidance, training and professional learning were more readily available. One participant reflected:

‘With behaviour, autism, AAC, even literacy interventions, there’s usually training or somebody who can point you in the right direction. Echolalia feels different. It’s just sort of there, and everyone expects you to work it out for yourself but I don’t have any understanding to be able to work it out myself’.

(Participant 47)

The absence of foundational knowledge also created concern that teachers may unintentionally respond in ways that were unhelpful for students. One participant described the uncertainty associated with making decisions without a clear understanding of echolalia:

‘Because I have no idea and no background knowledge about echolalia, what worries me is that I could be doing the wrong thing and not know it. If I don’t understand what the repetition means, how can I be confident that my response is actually helping the student?’

(Participant 34)

Lack of Practical, Classroom-Based Strategies

Teachers described the absence of actionable strategies from the people they believed were supposed to provide

them with strategies: that of speech pathologists. Of this, one teacher spoke of how they were told about a possible reason for echolalia, but this did not extend to what they could actually do in the classroom. This teacher explained

‘The speechie said that it was because he was processing, but did not then tell me what that means next. Does that mean I wait for them to answer, will they answer, will they just repeat, do I ask the question again, do I just ignore it. I don't know what action they expect me to take with that information’.

(Participant 11)

A different participant, participant 31, detailed how one speech pathologist told them that they should just do ‘trial-and-error’ until something works and stick with that, they explained ‘one speechie here told me that I should just try things until something works and then go with it. They didn't have any actual classroom-based strategies of recommendations for me’. In a similar vein, another teacher detailed how the speech pathologist advised them to do whatever they ‘felt’ was right at the time, they said ‘one speechie said that the ES and I should do whatever we feel the student is wanting or trying to say. Doing what we feel is not a strategy that works in the classroom’ (Participant 76).

The absence of practical strategies became especially problematic in classrooms with multiple other staff members. Specifically, education support (ES) staff looked to teachers for direction, but teachers themselves lacked any strategies. As one participant detailed, this created a perpetual circle of not knowing what to do; they reflected ‘the ES wants me to tell them what to do when we hear a particular repetition, I don't know what to do. So we just tell the student to stop, over and over. There is no strategy here’ (Participant 56).

Several participants reported receiving recommendations that they perceived as theoretically reasonable but practically difficult to implement within the realities of classroom environments. One teacher described being provided with advice that appeared better suited to individual therapy sessions than busy educational settings:

‘The strategy sounded fine when it was explained to me, but then you get back into a classroom with ten other students needing support and it just isn't realistic. Nobody seems to explain how these things actually work in practice’.

(Participant 18)

Others expressed frustration that recommendations were often too broad to guide moment-to-moment decision making. As one participant reflected:

‘I've been told to follow the student's lead, but what does that actually mean? Two people can interpret that completely differently. I need to know what that looks like when I'm standing in front of a class and the student is repeating the same thing over and over’.

(Participant 42)

For some participants, the lack of practical strategies resulted in inconsistent responses across staff members working with the same student. One teacher explained:

‘Everyone ends up doing something different. One ES ignores it, another redirects it, someone else tries to answer it. The student gets three different responses depending on who is in the room because nobody has given us a consistent strategy’.

(Participant 67)

Several teachers also described uncertainty regarding how to balance responding to echolalia with competing classroom demands. One participant stated:

‘Even if I stop and try to work out what the student means every time, I still have a whole class to teach. The challenge isn't just understanding echolalia, it's knowing what to do in that moment while everything else is happening around you’.

(Participant 24)

Inconsistent Interpretations and Understanding Amongst Speech Pathologists'

Participants described concerns with the inconsistency they encountered amongst speech pathologists themselves. Specifically, teachers detailed that they were provided with different interpretations and understandings of echolalia dependent upon which speech pathologist they interacted with.

On this, one participant detailed how they were told different things by three different speech pathologists, they said:

‘Three different speechies told me three completely different things about the same student. One said it was communication, one said ignore it, one said it was sensory and I need to change something. I mean... what do I do with that? If it is [him] communicating something to me, then I shouldn't ignore it like the other speechie told me’.

(Participant 18)

Several teachers went on to describe that the different interpretations of echolalia meant that some teachers went and tried things but only to be told by a different speech pathologist down the track that they were doing the wrong thing.

Specifically, Participant 22 said:

‘My regular consulting speech pathologist told me that [name removed] was just too stimulated and needed to go to the sensory room. We did that, but then when the regular speech pathologist was away, a different one asked me why we were sending them to the sensory room and said that it was wrong’.

A different teacher spoke about how two different speech pathologists defined echolalia in different ways was told to listen for different things in the classroom; they said ‘one speechie told me that echolalia was only words and we should only respond to instances of clearly repeated words. The other speechie said that echolalia was noises. And that repetitive words were fine but repetitive noises were what we wanted’ (participant 27). A different participant detailed how they are left to decide between what the school speech pathologists say.

Participant 28 said:

‘One speechie told me its scripting, one said that echolalia is a repetitive behaviour, the other said I should look for communication. So, with all of that that I am one left to decide and decipher. Shouldn't they be telling me or better yet doing the deciding and deciphering’.

Several participants reported that recommendations appeared to change over time, creating uncertainty regarding whether previous advice remained valid. One teacher reflected:

‘What I find difficult is that the advice seems to change every few years. Something we were told to encourage before is now something we're told not to encourage. It makes it hard to know whether we're actually doing the right thing’.

(Participant 63)

Others described inconsistencies in the significance attributed to echolalia. While some speech pathologists framed echolalia as highly meaningful, others appeared to minimise its importance. As one participant explained ‘One speechie would analyse every repetition and tell us it meant something. Another would say not to worry about it because it was just echolalia. The problem

is that those two positions lead to completely different responses from staff’ (Participant 35).

For some teachers, repeated exposure to contradictory advice led to a gradual loss of confidence in professional recommendations. One participant stated ‘After a while you stop knowing who to listen to. Every speechie seems to have their own explanation, and eventually you just end up relying on what you think is working because the professional advice doesn't line up’ (Participant 52).

Limited Presence of Speech Pathologists' and Contextual Understanding

Another theme unearthed through analysis was that of participants describing speech pathologists as occupying a peripheral presence in the context of echolalia. Specifically, they advised that whilst the speech pathologist did visit, it was often for a brief period of time, infrequently or under tightly controlled schedules, making it difficult for them to develop a complete picture of the emergence and fluctuation of echolalia across the school day.

Specifically, one participant said

‘The speech pathologist might come in for 15 minutes every third or fourth day. I mean, that is not enough to understand echolalia. Echolalia looks different at 9am, at lunch-time, during transitions, and I can't see how they would know about it unless they are actually with [name removed]. So the advice they give me, is that based off 15 minutes?’

(Participant 2)

Along with the concerns of speech pathologist presence by Participant 2, many other participants discussed that, to them, the speech pathologist has to see and experience echolalia. Here, Participant 63 questioned what the speech pathologist was seeing; they said ‘if they aren't in the classroom everyday, then how can they tell me what to do. What are they actually seeing?’ A different participant also discussed that they were unsure how the speech pathologist could have the contextual knowledge required to understand echolalia without regular classroom presence; this participant said ‘I am not sure how they understand the context if they come in 1 time per week. They don't get to hear it in other environments and places. So for them, it is fixed in one point in time’ (Participant 44).

A different participant also expressed concern with the limited presence of the speech pathologist in the classroom but further detailed how they are asked by the speech pathologist to provide them with examples of the echoes they heard; however, the teacher then discussed that this approach was not effective and the speech

pathologist needed to be there to hear echolalia firsthand. Specifically, this participant said

'The speechie asks me to tell them what echoes I hear, but when I tell them it is not the same as they don't get the other background information. They need to be in the class and working alongside the student to hear it firsthand. Relying on me to tell them is just me giving them what they student said and nothing more'.

(Participant 50)

Several participants noted that speech pathologists were often present only during scheduled observation periods, which they believed did not capture the full range of circumstances in which echolalia occurred. One teacher reflected:

'The speechie usually comes during literacy because that's when they're free, but that's not necessarily when the echolalia is most noticeable. They don't see the transitions, the yard duty issues, or the times when the student is overwhelmed'.

(Participant 29)

Others described concerns that recommendations were being made without sufficient appreciation of the broader classroom environment. One participant explained:

'The advice sometimes sounds like it assumes I'm working one-on-one with the student all day. In reality, I've got multiple students, ES staff asking questions, and things happening all around me. If you're not in the room regularly, it's hard to understand those pressures'.

(Participant 38)

For some participants, the issue extended beyond observing echolalia itself and into understanding the circumstances surrounding its occurrence. As one teacher stated 'They might hear the echo, but they don't always see what happened before it or what happens afterwards. Sometimes that context is the most important part' (Participant 71).

Several teachers emphasised that they were not seeking more written reports or recommendations, but greater opportunities for shared observation and collaborative problem solving within classroom environments. One participant explained 'What would help is having the speechie alongside us while it's happening. Not another report. Just someone there who can see it, talk about it with us, and work it through in the moment' (Participant 15).

Role Ambiguity and Unclear Professional Responsibilities

Teachers in the study expressed concern with respect to the lack of clarity around roles and responsibilities. Specifically, they described uncertainty as to who was responsible for interpreting echolalia, determining whether or how to respond, and who held the decision-making authority regarding using different approaches.

Participant 71 detailed how they were unsure of who was responsible for providing the student with intervention; they pondered 'Is the speechie responsible for providing intervention, if yes, then the student might only get it when they are in the room. If I am responsible, I can do it all the time. It is my job or theirs?' A different participant detailed how they were confused about their role in continuing to support the student with echolalia; they said 'Echolalia is language, so does that mean that I continue to do the things the speechie does when they are here? Is that my job to provide echolalia support or the speechies. I don't actually know'.

Several other teachers also discussed how they felt uneasy about possibly encroaching on what they believe is the speech pathologists' role. For example, one teacher said 'I hesitate all the time wondering if I will be going too far into speech pathology by trying manage the echoing' (Participant 37). Other teachers highlighted how the speech pathologist did not always articulate their expectations clearly; participant 53 noted that 'the advice is to respond to it, but what is the response, and should I extend, not extend. They need to tell me what my role is, not just the strategy'.

Interestingly, some teachers were concerned that, as they are ultimately responsible for all the students in the room, they would be accountable if something went wrong. This teacher said 'I am responsible for all the students and their development in the room, if I give the wrong response or do something wrong, it will be me who is responsible, not the speech pathologist' (participant 79).

Several participants questioned who ultimately held the authority to make decisions regarding support approaches when professional opinions differed. One teacher reflected 'If the speechie says one thing, but I'm seeing something different every day in class, who gets the final say? I don't know where that line is supposed to be' (Participant 14).

Others described uncertainty regarding the boundary between educational responsibilities and therapeutic responsibilities. As one participant explained 'I'm comfortable teaching, adapting curriculum and supporting behaviour. But when it comes to echolalia, I'm never quite sure whether I'm acting as a teacher or whether I'm stepping into a therapy role' (Participant 46).

Role ambiguity was also reported to extend beyond teachers and speech pathologists to other members of the educational team. One participant described how

education support staff frequently sought clarification regarding responsibilities that the teacher themselves could not confidently answer ‘The ES staff ask me whether they should respond, ignore it, redirect it, or document it. They assume I know because I’m the teacher, but I’m often asking exactly the same questions myself’ (Participant 61).

For some participants, the uncertainty surrounding roles created a situation in which responsibility remained with the teacher, despite a lack of clarity regarding expectations. One teacher stated:

‘At the end of the day, the student is still in my classroom and I’m still responsible for them. The difficult part is being held accountable for something when nobody has clearly explained where my responsibilities start and finish’.

(Participant 33)

DISCUSSION

The current study set out to explore special education teachers’ lived experiences of echolalia: how they encounter it, interpret it, and navigate it within the dynamic ecology of special education classrooms. Yet as interviews progressed, a notable pattern emerged. Participants frequently redirected discussions away from describing echolalia as a phenomenon and toward the practical problems they encountered when supporting students who echo. These shifts occurred repeatedly across interviews and often arose spontaneously, even when teachers were not directly asked about challenges or barriers. Such a pattern suggests that these concerns occupied a central place in participants’ experiences and were perceived as requiring attention. Consequently, what emerged from the data was not simply an account of teachers’ experiences of echolalia, but a picture of the systemic and practice-based difficulties that teachers felt hindered their ability to support echolalic students effectively.

The findings suggest that the challenges identified in this study are not best understood as five independent practice problems requiring separate solutions. Rather, the repeated tendency of participants to redirect discussions of echolalia toward the practical difficulties they encountered in supporting students who echo points to a broader underlying issue. Across interviews, teachers described uncertainty about what echolalia is, how it should be understood, what their role should be, what role speech pathologists should play, and how support should be implemented in classroom settings. Taken together, these concerns suggest not merely gaps in knowledge or resources, but a lack of a coherent professional framework through which teachers can orient their practice.

Accordingly, the discussion that follows does not consider each theme in isolation. Instead, the themes are interpreted as interconnected indicators of a broader need for professional orientation when supporting students who use echolalia. The findings indicate that effective support depends not on the actions of individual professionals alone, but on the presence of professional conditions that enable informed, consistent and collaborative practice. Viewed in isolation, each theme could be addressed through targeted recommendations, such as additional resources, professional development opportunities, or access to specialist consultation. However, such responses risk treating the symptoms rather than the underlying issue.

In response, the present study proposes the ABC Model as a conceptual framework for understanding and strengthening support for students who use echolalia within specialist school settings. The model conceptualises effective practice as a progression from Awareness of contemporary understandings of echolalia, to the Building of professional knowledge through structured education and ongoing learning, and ultimately to Collaboration between teachers and speech pathologists in classroom practice. In this way, the ABC Model is presented not as a solution to any single theme, but as a potential orienting framework intended to address the broader conditions that gave rise to all five themes.

Figure 2 presents the ABC Model.

The sections that follow examine each component of the model as a necessary and interdependent condition for supporting students who use echolalia in educational settings.

A—Awareness

Awareness represents the foundational condition of the ABC Model and refers to (as found in data) teachers’ recognition that they don’t yet fully understand echolalia from a conceptual level. Historically, echolalia has often been interpreted primarily as a behavioural characteristic requiring reduction or elimination (Wang et al., 2020). However, contemporary research has increasingly challenged these deficit-oriented interpretations, positioning echolalia as a complex communicative, regulatory and neurodiversity-affirming phenomenon (Cohn, McVilly, & Harrison, 2023b; Marom et al., 2018; Prizant & Fields-Meyer, 2022; Sterponi & Shankey, 2014; Stiegler, 2015; Xie et al., 2023). Awareness, in this context, does not simply involve recognising the presence of echolalia, but understanding that the conceptual lens through which echolalia is viewed has shifted (Cohn, McVilly, & Harrison, 2023b). Without this awareness, teacher understandings of echolalia are likely to remain anchored in outdated assumptions, even when professionals are motivated to support students effectively. It is likely that one of the main factors that teachers have little

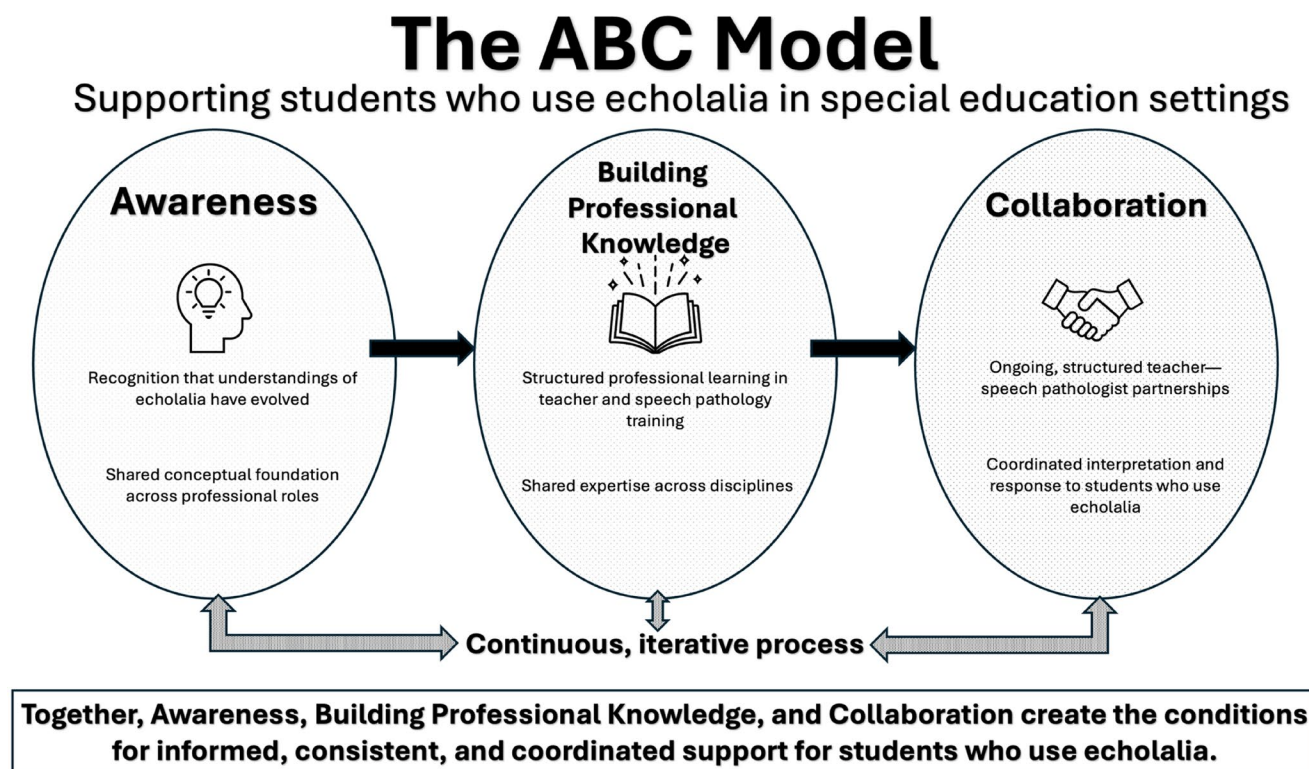


FIGURE 2 The ABC model for Supporting Students who use Echolalia in Special Education Settings.

foundational knowledge of echolalia is that they have historically not been considered to be within the sphere of encounter of the echolalic student (Cohn et al., 2022, 2026) despite, paradoxically, observing echolalia in their day-to-day teaching. Work by Cohn et al. (2022) and Cohn et al. (2026) advocates for the need for teachers (and paraprofessionals) to be not only considered but placed as an integral part of ongoing support for students with echolalia.

Indeed, a similar shift in conceptual understandings has also occurred in the context of social skills (Soto-Icaza et al., 2015). Differences in social norms (maintaining eye contact, initiating social interactions, taking turns in conversations and using facial expressions, amongst others) are still often framed as deficits to be fixed through behavioural training so that autistic children and those with intellectual disability could interact with those considered to be 'neurotypical' (Baker, 2025; Bottema-Beutel, 2026). Such behavioural training was done through a variety of different interventions, primarily focusing on requiring children to be more attentive and assertive (Matson & Burns, 2017; Weiss & Harris, 2001). We refer to the narrow defining of how a skill should be performed as 'normalising social skills', which are inherently focused on privileging the neuromajority and asking an autistic person to behave in a way that seems non-autistic.

However, more recent understandings focus instead on achieving the desired interpersonal outcome of these 'social skills' without judging the means through which this outcome is achieved. Neuroaffirming 'social skills'

prioritise understanding how an autistic and non-autistic communication partner can interact with each other effectively while allowing individuals to perform these skills in ways that allow themselves to be act as their authentic self, adhering to their values and social norms (Harrison, 2022). It is the increasing embrace of shifting responsibility from autistic individuals to a collective responsibility for anyone interacting with others that lies at the centre of Milton's conceptualisation of the Double Empathy Problem, with this shift having an increasing influence on both researchers and teachers (Milton et al., 2022).

The findings of the present study indicate that many teachers did not have any foundational knowledge about echolalia, relying instead on teacher colleague advice, personal experience or self-directed professional development to guide their responses. Whilst these endeavours show the proactive nature of teachers in wanting to support their students with echolalia, over time these approaches might produce variation in understanding and practice not only between schools, but between teachers within the same school, resulting in inconsistent support for students who use echolalia. In support of the findings of the current study Cohn et al. (2026), concluded that early childhood professionals provide inconsistent support for students who use echolalia because they are unsure of how to distinguish between developmentally expected speech repetition associated with language learning and echolalia, due to a lack of knowledge about echolalia.

To that end, awareness of contemporary understandings of echolalia could support teachers to develop a foundational understanding of echolalia, something which they reported they were lacking. Further, when speech pathologists share the same conceptual awareness, it might support a more consistent and aligned interpretation of echolalia, something which is counter to what teachers receive in practice as reported in our data.

B—Building Professional Knowledge

Building professional knowledge represents the second condition of the ABC Model and refers to the structured development of shared expertise amongst teachers and speech pathologists through professional education, training and ongoing learning opportunities. While awareness establishes recognition that understandings of echolalia have changed, awareness alone is insufficient to support students effectively in classroom settings. Professionals must be equipped with practical, evidence-informed knowledge that can guide day-to-day responses to echolalia. In this regard, we feel that teachers and speech pathologists have been let down.

Recent work aimed at supporting teachers to work alongside their students with echolalia by Cohn and Harrison (2025) and Cohn et al. (2022) provided strategies that classroom teachers could implement to adopt neurodiversity-affirming practices for echolalia (Cohn & Harrison, 2025) and to understand the possible communicative functions of echolalia (Cohn et al., 2022). Although not specifically aimed at teachers, Prizant (1983) provides some approaches which can be adopted to support students with echolalia. Whereas, Stiegler (2015) offers guidance for speech pathologists. However, outside of this literature, research which offers guidance to teachers and speech pathologists in the form of translating contemporary understandings of echolalia into actionable strategies that can be applied within educational environments is scarce.

Effective support for students who use echolalia depends on the availability of structured learning opportunities within both teacher education and speech pathology training programmes, as well as ongoing professional development within schools (Cohn et al., 2022). Importantly, knowledge development must occur across professional boundaries so that teachers and speech pathologists share a common understanding of echolalia and its implications for classroom practice. When knowledge is developed in isolation within separate professional domains, differences in interpretation and response are likely to persist. Conversely, when knowledge is built together, professionals are better positioned to establish consistent approaches to supporting students who use echolalia.

This collective approach to knowledge development also reflects the interdisciplinary nature of echolalia within specialist school settings. Teachers bring expertise in pedagogy, curriculum and classroom management, while speech pathologists contribute specialised knowledge of communication and language development (Weiss & Rodgers, 2025). Building professional knowledge involves integrating these complementary forms of expertise so that support for students who use echolalia is both educationally meaningful and communication focused. In this way, knowledge development becomes a shared professional endeavour that bridges disciplinary perspectives, something advocated for by Cohn et al. (2026) and Cohn et al. (2022) and strengthens the capacity of school teams to respond effectively to students with echolalia.

Indeed, within the teaching professional more broadly interdisciplinary professional development has shown enhanced student and teacher outcomes with mathematics and science (Yasar et al., 2014), learning about supporting students with autism and intellectual disabilities by psychologists, special education teachers and speech pathologists (Price et al., 2024), and supporting autistic youth explore post-school opportunities (Kester et al., 2019). In interdisciplinary professional development, professionals from different disciplines learn alongside each other so that they have a shared understanding of the phenomenon. Importantly, this does not mean that they practice in the same way; rather, it means that they have the same foundational knowledge. Within interdisciplinary professional development already happening in various contexts within teaching, and in the context of supporting autistic students, it gives rise to the argument that, as supported by our data, such a technique needs to occur in the context of echolalia.

Within the ABC Model, building professional knowledge is positioned as the second condition because it transforms awareness into professional capability. Awareness signals that understandings of echolalia have changed and that these contemporary understandings must be known by teachers and speech pathologists, but building professional knowledge provides the tools required to act on that recognition.

C—Collaboration

Collaboration represents the third condition of the ABC model and refers to the coordinated work (that should be happening) between teachers and speech pathologists. While awareness (the first step) establishes a shared conceptual understanding of contemporary insights into echolalia, and building professional knowledge (the second step) strengthens the capacity to respond, collaboration provides the mechanism through which that capacity is enacted into practice. Our data suggests that collaboration between classroom teachers and speech

pathologists in special education schools in Australia is not occurring, with the same finding being unearthed by Cohn et al. (2026) within the context of early childhood settings.

Indeed, collaborative practice between classroom teachers and speech pathologists is not a new suggestion (Archibald, 2017; Armstrong et al., 2023; Evans et al., 2025). Within an Australian context, the regulatory organisation for speech pathologists, Speech Pathology Australia, published a position statement to guide speech service delivery in schools (Speech Pathology Australia, 2022). The position statement advocates for speech pathologists to work alongside classroom teachers in collaborative teams. Indeed, a study examining the experiences of speech pathologists' and classroom teachers' collaboration by Havlovick et al. (2025), showed enhanced speech, language and literacy outcomes when speech pathologists' and teachers collaborate in planning and service delivery. Further evidence of enhanced outcomes for school-aged students when collaboration between speech pathologists and teachers occurs has been highlighted in the research literature (Archibald, 2017; Armstrong et al., 2023; Cirrin et al., 2010; Evans et al., 2025; Glover et al., 2015; McGinty & Justice, 2006).

Work by Shaughnessy and Sanger (2005) found that unclear role definitions and responsibilities resulted in some facets of a kindergarten literacy development programme unattended to by either the speech-language pathologist or the classroom teacher. In our study, it was not facets of a programme that were left unattended; rather, it was indeed the support for students with echolalia which was left unattended. Stephenson et al. (2024), like the teachers in our study, found that teachers had little knowledge of the role and scope of practice of speech pathologists.

Indeed, literature in other allied-health contexts proposes collaborative models such as that from within social work by Bronstein (2003). Acknowledging that disciplinary siloed practice is likely not capable of supporting all people with complex needs nor can a single professional have all the knowledge needed to respond to circumstances from within a different field's expertise, the model by Bronstein (2003) includes the sharing of roles and responsibilities as a key step, something which participants in our study reported as not occurring. In a review by Mahdizadeh et al. (2015), seven collaborative frameworks and models in the context of clinical care were reviewed, with each of those reviewed frameworks and models highlighting the critical nature of interdisciplinary collaboration for successful client-centred care. With much literature devoted to interdisciplinary collaboration either by way of proposing models or purporting its success, the need for it, as found in our study, cannot be understated and should not be underestimated.

Importantly, the findings of our study should not be interpreted as a critique of individual speech

pathologists or their commitment to students. School-based speech pathologists frequently operate under significant systemic constraints, including high case-loads, limited time allocations to schools, consultative rather than classroom-embedded service delivery models, and competing priorities from leadership teams, families and multidisciplinary colleagues (Brimo & Huffman, 2023; Pearce et al., 2025; Shelton et al., 2021; Vlcek et al., 2020). These structural pressures can restrict speech pathologists' capacity to build deep contextual knowledge of classrooms and students that is required for sustained, collaborative support—particularly given the highly variable and context-sensitive nature of echolalia (Charlop, 1986; Ryan et al., 2022). Rather, we believe that proper collaboration, not intermittent advice, would allow for teachers and speech pathologists to not only have a shared understanding of each other's roles, duties and responsibilities, but also ensure that each and every student with echolalia is supported. Table 4 presents some practical actions that might be taken by both teachers and speech pathologists within the ABC Model.

CONCLUSION

This study examined special education teachers' experiences of supporting students who use echolalia within specialist school settings in Australia and identified a set of interconnected conditions that shape professional practice. Teachers described encountering echolalia regularly while simultaneously navigating uncertainty about its meaning, limited access to structured knowledge, and inconsistent opportunities for collaboration with speech pathologists. These findings suggest that challenges in supporting students who use echolalia are not attributable to individual professional shortcomings, but to the absence of coordinated systems that support informed and consistent practice.

In response to these findings, the study proposes the ABC Model as a conceptual framework for strengthening professional support for students who use echolalia. The model positions Awareness, Building Professional Knowledge and Collaboration as interdependent conditions that enable teachers and speech pathologists to respond to echolalia in coordinated and educationally meaningful ways. Together, these conditions shift the focus from isolated professional responsibility to shared professional capacity. By conceptualising support for students who use echolalia as a collective and developmental process, the model offers a pathway for aligning professional understanding, preparation and practice within specialist school environments.

Ultimately, supporting students who use echolalia requires more than individual effort; it requires systems that make informed, collaborative practice possible.

TABLE 4 Practical actions for supporting students who use echolalia within the ABC Model.

Professional Focus	Examples of Professional Actions
Recognising Contemporary Understandings of Echolalia	Develop a shared understanding that echolalia may serve communicative, regulatory or interaction-based functions Use consistent terminology when discussing echolalia across staff and professional disciplines Reflect on how personal or historical assumptions about echolalia influence professional responses and reconsider these in light of new understandings Particularly for students with limited expressive language abilities, recognise that echolalia may be serving a communicative function
Developing Practical, Classroom-Relevant Knowledge	Participate in ongoing professional learning related to communication development and echolalia Share newly acquired understandings of echolalia and successfully implemented strategies across all school professionals who work with and learning from the student who uses echolalia Develop and trial classroom-based approaches to supporting students who use echolalia Use student communication, regulation and interaction data and observations to guide decision-making Review and refine supports based on student response and participation in learning
Coordinating Professional Practice in the Classroom	Engage in regular communication between professionals regarding student communication needs Plan supports collaboratively as part of routine teaching and learning, ensuring a continuity of care across professionals Observe and document when and how echolalia occurs within classroom routines and learning activities Ensure each professional understands their roles and responsibilities in supporting students who use echolalia, including sharing responsibility (if appropriate) Maintain consistent responses to echolalia across staff members and classroom contexts, acknowledging that echolalia is highly individual and might change as the student develops communicative and linguistic mastery Conduct joint observation to support understanding of student communication patterns Adjust supports collaboratively as student needs change over time

LIMITATIONS

Several limitations should be considered when interpreting the findings of this study. First, the study focused exclusively on the experiences of special education teachers working within specialist school settings in Australia. While this focus enabled an in-depth examination of professional practice within a defined context, the findings may not fully reflect the experiences of teachers working in mainstream schools, early childhood settings or other educational systems. Professional roles, access to speech-language pathology services and organisational structures vary across educational contexts, and these variations may influence how echolalia is understood and supported in practice. As such, the findings should be interpreted as reflecting experiences within special education schools rather than as representative of all educational contexts in which echolalia may occur.

Second, the study examined teachers' experiences and perceptions of supporting students who use echolalia but did not include direct observations of classroom practice or the perspectives of speech pathologists or students themselves. As a result, the findings represent teachers' accounts of practice rather than documented interactions or interdisciplinary decision-making processes. Future

research could build on the present study by incorporating multiple professional perspectives and observational data to provide a more comprehensive understanding of how support for students who use echolalia is enacted within classroom environments.

A further limitation relates to the heterogeneity of students attending Victorian special education schools. These settings serve students with a wide range of intellectual abilities, developmental profiles and neurodevelopmental conditions. Although participants reported working with students who used echolalia across diverse classroom contexts, specific diagnostic and student-level information was not collected. As a result, it remains unclear whether the experiences described by participants were influenced by differences in student characteristics, the form and presentation of echolalia or the broader educational context in which echolalia occurred. Future research should examine whether teachers' experiences differ across student populations and educational settings.

Finally, the conceptual nature of the proposed ABC Model should be understood as an interpretive synthesis of the study findings rather than a tested framework. The model is intended to organise and explain the professional conditions that might support effective responses

to echolalia, rather than to prescribe specific strategies or predict outcomes. Further research is needed to examine how the model operates across different school contexts and to explore its practical application within professional training, school leadership and interdisciplinary collaboration.

AUTHOR CONTRIBUTIONS

Presented here are the contributions from the authors using the CRediT roles taxonomy (Hosseini et al., 2025). **Matthew J. Harrison:** Formal analysis; methodology; validation; visualization; writing – original draft; writing – review and editing. **Eli G. Cohn:** Conceptualization; data curation; formal analysis; investigation; methodology; project administration; resources; supervision; validation; visualization; writing – original draft; writing – review and editing. **Jess Rowlings:** Validation; visualization; writing – original draft; writing – review and editing.

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The authors have nothing to report.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ETHICS STATEMENT

The project protocol was reviewed and approved by the University Human Research Ethics Committee from the University of Melbourne, Australia with approval number 2024-31481-61204-3.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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