Editorial

This is the beginning of the journal’s 7th year. Since the time of our first issue the number of submissions to the journal has increased steadily, both in quantity and quality. We have attempted to keep to our original remit of publishing articles that, whilst being of potential practical value to readers, are backed up by adequate research data. We have also attempted to include work from countries across the world. This issue, we believe, provides a good example of how those aims have been met. The articles come from England, Scotland, America, Israel and Sweden. The issues covered include diagnosis, autistic symptomatology, and social functioning.

The article by Stone and her colleagues describes the Parent Interview for Autism–Clinical Version (PIA–CV), designed to measure symptom severity across a wide range of behavioural domains. Of particular interest is the fact that the research presented indicates that this may be a potentially important tool for making diagnoses in very young children, as the authors report significant group differences in social communication skills between 2-year-old children with autism, and a developmentally matched sample. Given the emphasis on early intervention for children with autism, the development of reliable diagnostic instruments that can be used with very young children is clearly of major importance. The data also indicate that the PIA–CV may be helpful in monitoring changes and improvements in children who are involved in therapy, and possibly, too, to compare the effectiveness of different therapies. Although the authors note that, so far, the instrument has only been used to investigate differences between groups of children, and is not designed to provide individual diagnoses, its potential applications, both in the field of research and clinical practice, are considerable.

Exploring another area related to diagnosis, Brogan and Knussen examine the responses of parents to the diagnosis of an autistic spectrum disorder for their child. Although it is sometimes argued that ‘labelling’ of young children is not helpful, either for them or their parents, this study of children aged from 3 years upwards, indicates that amongst the parents interviewed, the majority found the diagnosis to be helpful, and in many cases diagnosis resulted in the provision of follow-up help and support. The way in which the diagnosis was given, however, was also very important, with parent satisfaction at the way in which the disclosure was made correlating with many other variables. In line with other studies in this area,
the results indicate that professionals can do much to influence parents’ experience of disclosure; they can ensure that parents feel supported, respected and informed or, conversely, they can leave parents feeling confused, angry, distressed and humiliated. The aim of all professionals should be the improvement of disclosure practices, as diagnosis can be the gateway to appropriate health, education and social provision and help to ensure that both the child and his/her family have access to the services they need as early and as smoothly as possible.

The final article concerning diagnostic issues examines how well early diagnosis of autism stands the test of time. Moore and Goodson, a psychologist and speech and language therapist working in the South of England, found diagnosis based on the Autism Diagnostic Interview (ADI–R) to be very stable over time, although there are some changes in the profile of symptoms. Thus, as has been noted in previous reports, routines and rituals may not be particularly evident in very young (2-year-old) children, and are more likely to be observed amongst 3- to 4-year-old children.

While some professionals are still reluctant, despite all the evidence, to assign specific diagnoses to young children with autism, even more are sceptical about the value of psychometric assessments. It is often claimed that these are irrelevant, or unreliable for this group of children, because of their particular difficulties in language and social communication. However, again, research belies such claims. It is clear that IQ data, if obtained from instruments that are appropriate to the child’s developmental level, are reliable, but that patterns of cognitive functioning do tend to change with age. For example, whereas verbal IQ tends to be low, relative to non-verbal IQ, during the preschool years, as time goes on and children develop better language skills, this gap tends to close. Within verbal and non-verbal domains there are also particular profiles of skills and difficulties that have important implications for teaching. The study by Mayes and Calhoun examines various aspects of ability profiles in children with autism, according to age and IQ, and although the data are cross-sectional rather than longitudinal, and therefore do not allow an examination of individual change, it appears that in the early school years (age 3 to 8) IQ scores tend to increase, but thereafter become more stable. The reason for these changes in the early years still requires greater explanation, but it is an important finding and one that needs to be taken account of by those claiming that specific intervention programmes have had a positive impact on IQ. Clearly there are variables other than therapy that may result in changes in IQ over time and hence this is a crucial area for future research.

The final two articles focus on social interactions in people with autism. Bauminger and Shulman report the results of their research on maternal
perceptions of friendship amongst typically developing children and high-functioning children with autism. Although the authors note the need for a more direct, observational study of friendships amongst children with autism, the present research indicates that those who are high functioning can develop relationships with their peers, although the nature and quality of these friendships does tend to differ from those of typically developing children. In particular, mothers of children with autism were more involved in forging and maintaining close friendships, and the degree of environmental structure required in order to facilitate interactions was also greater. Nevertheless, it was clear that children could develop friendships, both with other children with difficulties, and with their typically developing peers. ‘Non-mixed’ interactions (i.e. with other children with disabilities) tended to be more common at school, whereas ‘mixed’ friendships mostly developed at home, with children in the neighbourhood. The most common factor relating to the development of friendships was a shared interest in particular topics. This is further evidence of the important role that the special interests or skills associated with autism can play in fostering wider social interactions and increasing the chances of social inclusion.

The final article, by Engström et al. in Sweden, moves on from children to study social outcomes in adults. The findings are mixed, with the numbers of individuals rated as having a good outcome being lower than in some other follow-up studies, but with fewer cases being identified as having a poor or very poor outcome. The article illustrates the variability of findings amongst follow-up studies of adults with autism, although some of the findings - for example the numbers of people in regular work, or making long-term relationships - are fairly typical. The individuals in this study had a higher rate of psychiatric morbidity than is generally reported but, since data on cognitive and linguistic abilities are limited, it is not clear how far these findings can be generalized to other groups of individuals with autism. However, the finding that almost 90 percent had either a good or fair outcome is encouraging, and may indicate that the future, at least for higher functioning individuals within the autistic spectrum, may be improving over time.