

Editorial

We have a particular interest in the development of interpersonal communication in this issue, and in some of the problems that are seen when the system goes awry. Subtle deficits of communication are far more common among children referred to child psychiatric facilities than is generally appreciated. It is arguable that they are probably detected rather more easily by other children than by clinicians or even parents. Subtle disorders of language, particularly the higher-order features of language such as pragmatics, may contribute to the social difficulties faced by many children presenting to psychiatrists and psychologists. Unfortunately, until very recently we did not have any really good measures for detecting and measuring these subtle disorders, which may have profound consequences for children's behavioural and emotional adjustment, and may also contribute to educational failure.

A common clinical problem is the appropriate diagnosis to apply to a child who presents with a mixture of communicative and social impairments. Diagnostic difficulties are compounded by the lack of suitable assessment tools for evaluating how children use language in relation to a given social context. We refer to this issue as pragmatics. Bishop presents data on a new checklist for detecting pragmatic deficits, which is designed for completion by teachers or other professionals who are in daily contact with the child. Her instrument represents an important development. Careful evaluation of the checklist has shown that it can be rated reliably. Information obtained from it is intended to complement that from more formal language assessments, which are for the most part insensitive to children's pragmatic skill deficits. Bishop argues that diagnostic difficulties in the field of communication deficits are not uncommon, and her assertion will find echoes in the experience of many clinicians.

Those of us who see large numbers of referrals with neurodevelopmental disorders will know how frequent it is that they do not fit neatly into the diagnostic categories of "autistic disorder" or "developmental language disorder". Rather, they occupy a space some way in between the two. Prior and her colleagues contribute to the continuing debate about whether pervasive developmental disorders can reasonably be subcategorised into autism, Asperger's syndrome, PDD-NOS and so on. One body of opinion holds to the view that autism should be regarded as a spectrum disorder with symptomatic variation within it. The result of Prior et al.'s cluster analytic study of children clinically diagnosed with autism, Asperger's syndrome, or other PDD is interpreted by the authors as supporting the latter concept. They suggest that there is a continuum of severity of cognitive and social impairment underlying the categorical distinctions conventionally made within the range of disorders subsumed by the term "autistic spectrum".

Performance by their clinical sample on theory of mind tasks was consistent with this interpretation. Of potential clinical and diagnostic importance is the fact that this study indicated minimal support for the validity of using early developmental factors, including language delay, as a basis for making distinctions within groups of children with pervasive developmental disorders.

The vexing subject of making distinctions of diagnosis within the range of children who present with severe problems in social relatedness and communication, behavioural rigidity, anxieties, or disordered thinking, is the subject of an article by Buitelaar and van der Gaag. They too comment on the difficulties of finding an appropriate diagnostic category for children who fail to meet conventional criteria for autism or even PDD-NOS. This is an important clinical issue, for the diagnostic "oddities" represent a significant proportion of children seen in everyday practice. Others have previously suggested that we need an additional category of "multiple complex developmental disorder" (McDD), a controversial addition to an already complex classification scheme. In their paper Buitelaar and van der Gaag discuss various ways by which sets of symptoms can be used to make distinctions between PDD-NOS and McDD, the latter being characterised by pronounced affective symptoms, disorganised thinking, and deviant social relationships. They also make recommendations about how the diagnostic criteria in the DSM-IV scheme could be improved to provide better discrimination between PDD-NOS and non-PDD conditions.

Using a conventional and comprehensive approach to evaluate language disorders, Cohen and colleagues investigated a sample of 7–14-year-olds, consecutively referred to mental health centres in Toronto. They found that language skill deficits were present in two thirds of these children, and that half of these had not been suspected at the time of referral. The range of disorders comprised problems in the areas of expressive and receptive components of semantics, syntax, phonology, and auditory verbal memory. Importantly, children who were comorbid for language impairment and psychiatric disorder exhibited a range of other problems too, including social communication skill deficits, poor academic attainments, and impaired social cognition. The authors comment in particular on the association between language problems and ADHD, a subject that was recently discussed in this journal by Tannock, in her contribution to the *Annual Research Review*. They emphasise the importance of remembering that receptive language impairment is associated with more severe and long-standing learning difficulties and psychiatric maladjustment than is expressive language impairment. The reasons for the association between language impairment and other disorders is as yet unclear; the authors are actively attempting to clarify the processes responsible.

Remarkably, they claim there is no literature on using language interventions in psychiatric populations. Clinical implications of their findings are specifically discussed. They conclude that it is important for both clinicians and parents to recognise that the implementation of successful treatment in a range of psychiatric disorders in children needs to take deficits in the various modalities of language into account.

The subject of theory of mind continues to exercise a fascination for many who are interested in the development of autistic-like behaviours, at least on this side of the Atlantic Ocean. Many studies have now shown that one of the chief features of autism is a difficulty in deciphering social cues. Of particular interest is the way in which we develop an ability to understand why, and to predict how, other people are likely to behave, in relation to the way in which we perceive them wanting, feeling, or believing something. Russell et al. follow up and replicate previous research that reported that deaf children had difficulty with a false belief task. This seemed to be due to developmental delay. The development of theory of mind in these subjects came later than in age-matched peers who could hear perfectly well. However, it was in other respects entirely normal when it did eventually develop. Perhaps, they suggest, we normally learn about other people's mental states by means of communication with others. If that is so, then it is not surprising that deafness may restrict the opportunities for such learning.

Theory of mind is characterised by the authors as an important "social tool" that facilitates social interaction by providing a basis by which we learn to explain, predict, and manipulate the behaviour of others. If an otherwise normal child has to contend with social communicative difficulties over and above the speech-related and language-related communication difficulties associated with deafness, this could lead to social maladjustment. They raise the question whether it might be possible to accelerate theory of mind abilities through therapies based on increasing exposure to situations providing opportunities for learning about mental states. For example, it may be possible that deaf children and their families, and even their schools, might be encouraged to communicate in more explicit ways about mental states. They suggest we could create specifically structured frameworks, such as stories or games, which could provide relevant learning opportunities. However, caution is warranted. It is far too early to determine whether such techniques are really capable of accelerating theory of mind development.

Another concern raised here is the outcome of hyperkinetic disorder and the nature of continuities between early to later childhood. In other words, can we predict which active, impulsive, and inattentive preschool children will continue to show evidence of the condition in middle childhood? Marakovitz and Campbell report that there is a central role for the clinician in making such discriminations, with observational measures being more sensitive to differences in behavioural style that will persist over the course of early development than ostensibly more objective cognitive measures of inattention and impulsiveness. Emphasis is put on the need to take account of the heterogeneity of diagnosis within groups of children with attention deficits and "hard to handle" behaviours.

Many children with ADHD are markedly clumsy, and the association between the ability to process visuospatial information efficiently in relation to motor skills is the subject of a paper by Wilson and McKenzie. They describe a condition of Developmental Coordination Disorder (DCD), drawing on previously published literature about motor clumsiness and dyspraxia in the absence of overt neurological disorder. This is a valuable contribution to clinical practice about a subject that has perhaps attracted less attention than is warranted by its prevalence, probably because so few child psychiatrists or clinical psychologists routinely assess motor skills. They present a meta-analysis of evidence to support an association between perceptual problems and poor motor coordination, with an emphasis on the importance of visual processing for accurate motor skills. The author makes a plea for greater care to be taken in the analysis of relevant visuospatial abilities when appraising motor competence.

Finally, we have an annotation on a topic that is of interest to every parent and professional interested in child education: what relationship if any is there between class size and the quality of education children get? Common sense seems to dictate that smaller classes must be a "good thing". Neville Bennett discusses the evidence, in light of the interesting disparity between a view that is widely held by parents and professionals and the hard data, which has informed the attitudes of a series of Ministers of Education. Read and despair. Despite years of research on the topic the findings are "ambiguous". Furthermore, even if better research were to prove substantially smaller classes were desirable, it is unlikely any government would, or could, afford to pay for them.

David Skuse