

Editorial

This issue has a number of papers that are of considerable clinical interest. It starts with an Annotation by Anderson that reaffirms the significance of intelligence as a real and inherited property of brains. The paper claims that there are two dimensions to general intelligence, one related to IQ differences and based on speed of processing and the other related to developmental change in executive functions. The paper includes a theory that accommodates both of these dimensions. This theory presents the nature of developmental disorders in a new light and suggests that education interventions for individuals with a learning disability may need to be reappraised.

The importance of cognitive abilities also emerges in the study reported by Happé, Briskman, and Frith. These papers address the issue that although autism is classified as a disorder and is diagnosed by impairments in social and communicative functioning, people with autism are also surprisingly good at certain tasks. One theory attempting to account for these relative strengths is the notion of a detailed-biased cognitive style referred to as “weak central coherence”. The papers explore this cognitive style in families with a son with autism and as one part of the broader phenotype of this strongly genetic condition. They found that approximately half the fathers and a third of the mothers of the children with the autism showed consistent detail-focus leading to superior performance on visual and verbal tasks. These tests distinguish the parents of boys with autism from parents of boys with dyslexia or no disorder. The second study traced connections between test performance and self-reported real-life skills and preferences where detail-focus can also be seen. This study suggests that the genotypic marker for the genetic predisposition to a disorder such as autism may in fact be superior performance on tests and real-life tasks where detail-focus is beneficial. The paper by Russell and Hill also identifies certain features of autistic children’s performance that does not show impairment. This concerns the ability of children with autism to monitor action and to report intention. These results are discussed in terms of the relationship between executive function and theory of mind.

The theme of underlying cognitive deficits continues in the next papers on hearing loss and on ADHD. The paper by Briscoe, Bishop, and Norbury looks at the development of children with mild-to-moderate sensorineural hearing loss. These children make remarkable progress in their language and reading skills. They are, however, impaired on phonological tasks such as repetition of nonsense words despite language and literacy scores at an age-appropriate level. Some children also show a broad range of phonological impairment that can be linked to levels of hearing loss and poor vocabulary. The relative strengths of children with hearing loss, in terms of verbal memory, language, and literacy outcome, contrast strongly with the pervasive difficulties of children with specific language impairment. Both these clinical groups share a similar size magnitude of deficit on a measure of nonword repetition. This is a marker for the heritable

component of language impairment and the finding points to caution being needed in the interpretation of linguistic difficulties on the basis of this sensitive measure.

There are two papers concerned with ADHD. The first by Scholte et al. demonstrates that caretakers can reliably and validly identify the behaviours found in ADHD. The authors suggest that the adoption of this methodology would allow sensitive pre- and post-treatment ADHD symptom scores to be obtained relatively readily. This method then can be used to identify the efficacy of medical or behavioural treatments. The paper by Scheres et al. investigates the underlying cognitive disabilities of children with ADHD. The study incorporates children with ODD as a comparison group. Their analyses suggest that response inhibition is not yet suitable for diagnostic purposes in ADHD or other disruptive behaviour disorders. Rather than ADHD arising from a response inhibition deficit, they suggest their findings are consistent with the notion of there being a low behaviour activation level in these children. They also found that suboptimal activation states may also be present in children with ODD. It would appear, then, that we are yet to identify clearly the cognitive deficit that differentiates ADHD from ODD and CD. Indeed, the paper also raises the issue that the various comorbid conditions may be distinctive at a cognitive level.

There are two papers by Kolko and colleagues. The first presents the results of the efficacy of cognitive behavioural treatment and fire safety education for children who set fires. The study included a 1-year follow-up. It was found that both these active interventions were more efficacious than a simple brief intervention, namely a home visit from a firefighter. The paper describes ways in which the clinical work with such children and their families should develop. The second paper addresses the issue of the prediction of outcome in both patient and nonpatient samples. It was found that just over half of the initial firesetters became recidivists. However, there were some differences between the referred and nonreferred samples in the particular factors that were predictive of continuing firesetting. These different risk factors need to be borne in mind in the assessment of outcome in these two populations.

One of the main risk factors for psychiatric disorder in children is the presence of psychiatric disorder in their parents. The paper by Foley et al. investigates a large population-based sample to look at the relationship between types of parental psychiatric history and the risk of juvenile disorders. It is important to recognise that the associations reported in this paper are not informative about cause or mechanisms. However, the sample is a genetically informative one in that it involves twins. The findings in this paper will be extended in subsequent papers in terms of aetiological factors, both genetic and environmental, that produce these associations between parent and offspring psychopathology.

The paper by Smith et al. reports that a large proportion of children from Bosnia-Herzegovina show

symptoms of post-traumatic stress disorder some 2 years after the end of major conflict. Both children's direct exposure to traumatic wartime events and the mental health of their caregivers were significant determinants of children's distress. Where whole communities have been exposed to major atrocities and large numbers of individuals are consequently affected, then a public health approach to providing assistance is appropriate. This requires interventions at various levels in the community including schools and youth centres as well as clinics. In showing that parental mental health is associated with child adjustment, the authors suggest that any large-scale community programmes aimed at helping children should also include elements to address parents' needs and to support families.

The impact of negative life events is also investigated in the paper by Meade et al. This study looked at the impact of negative life events on children's health status. This was reported both by parents and by the children themselves. It was found that the child's report of somatic symptoms and the parents' report were only minimally related. It is clear that clinicians need to take both perspectives into account to obtain a more reliable picture. Furthermore, how well a child generally communicates his or her feelings to others affects how parents perceive and report the child's health. Children who are skilled at reporting their feelings have parents who report higher levels of health problems for the child. This suggests that clinicians should be aware that parents'

reports are a function of how well the child communicates to them as well as the presence of symptoms themselves.

The final paper is also concerned with the measurement of children's behaviour. Children do not behave similarly in all kinds of situations. Yet, in the clinical assessment of disordered children, little attention has been made to the specific situations where children display their inappropriate behaviour. The paper by Matthys et al. reports on the use of a teacher questionnaire that may help to identify which specific social situation is problematic for a particular child. This may help guide the development of skills specifically in those situations that are problematic.

I would like to end this editorial by inviting the readers to write to the Editors about papers that appear in the *Journal*. Up to a year or so ago, we incorporated a feature in the *Journal* called "Debate and Argument". We now think it is time to reintroduce the notion of the readers commenting on the research published in the *Journal* in "Letters to the Editor". We see these as relatively brief comments on published material. We would attempt to print these letters as soon after they have been received as possible. However, we will be encouraging the authors of the original papers to provide a brief response. The Editors look forward to receiving comments from the readership of the *Journal*.

Jim Stevenson