

Editorial

It is nearly 30 years since the publication of the edited book by Rutter and Martin (1972), *The child with delayed speech* (London: Heinemann), which drew attention to the two-way relationship between language and behaviour. In the book the mechanisms whereby psychiatric disorders can have an involvement with language development were identified. Also, Mike Rutter suggested various ways in which delayed language development could impinge upon other aspects of psychological development. The current issue of the *JCPP* has a number of papers that examine the relationship between language development and aspects of cognition and behaviour. These include a long-term follow-up for a group of individuals with receptive language disorder who were first studied at about the time that the 1972 book was published.

The paper by Snowling et al. reports the literacy outcome at 15 years of a sample of children who in the preschool years had specific language impairment and were of normal IQ. An important finding was that many children in the cohort made a good start with basic literacy skills but went on to have difficulties in later years. This is particularly true of a subgroup whose oral language difficulties had resolved by 5½ years and who showed normal reading and spelling development at 8 years. However, their deficits in word recognition and nonword reading at 15 years indicate that such children remain vulnerable. As the demands of reading increase, children encounter a wider range of written vocabulary that is not only difficult to decode but also contains words that are of relatively low frequency. It is probable that written material of this kind continues to challenge the subtle but persisting processing difficulties these children have. In a similar vein, a subgroup who had persistent language impairments at 5½ years showed a relative decline in reading accuracy during their school years. At 8 years their problems had been primarily with reading comprehension and at 15 all aspects of reading were affected.

The corollary of these findings is that the rate of specific reading retardation in the sample was found to have increased between 8 and 15 years. From the point of view of clinical assessment, this means that the kinds of children who are diagnosed as “dyslexic” on the basis of a discrepancy between their IQ and reading attainment would differ according to age. Ideally, such clinical assessments should also explore spoken language abilities. Linguistic processing deficiencies in some children may require intervention if the child is to be able to access the curriculum fully.

We are beginning to understand some of the underlying brain structure and functional changes that are associated with persistent reading impairment. The study by Eliez et al. establishes a link between a specific neuroanatomical defect (reduction of left temporal grey matter volume) and dyslexia. This finding suggests that the functional differences previously reported in the same anatomical regions are not simply the result of poor performance or poor reading but rather the result of an underlying

structural defect. The reductions in temporal lobe grey matter may reflect a regional decrease in the numbers of neurones and therefore dyslexic individuals are “coping” and compensating for some very real brain-based differences. Ultimately, such imaging techniques may help to identify children at risk for dyslexia and make early intervention more of a reality, thus avoiding some of the secondary behavioural problems that so often arise in children with reading disabilities.

Farmer examines the mechanisms whereby children with impaired language development have an increased rate of social and behavioural difficulties. In discussing the results of this paper, Farmer contrasts various alternative mechanisms that have been identified by Bishop (1997). The evidence presented by Farmer suggests that for some children with specific language impairment, contrary to previously held belief, a deficit in the area of social cognition may be linked to difficulties in the development of social competence. The social cognition abilities of these children should therefore routinely be assessed and targeted for intervention as necessary.

Children with hearing impairment are another clinical group that is at risk for language and behavioural difficulties. The study by Rieffe and Meerum Terwogt investigates the mental state attributions that deaf children give when explaining emotions. They found that this process is not impaired but is different in deaf children when compared to the response pattern of a control group. Deaf children’s mental state references seem to depend on the kind of relationship they want to establish with others. In communication between hearing people, explicit desire references are frequently unnecessary because they can be understood from the context of the conversation. Deaf children, on the other hand, want to avoid possible misunderstandings and explicitly stress desires and needs regardless of context. Frequently referring to their desires could seem demanding to other people; however, it can be understood when we consider the daily communication problems deaf children are faced with in a hearing society.

The paper by Sterne and Goswami concerns the development of phonological awareness skills in deaf children. Their findings suggest that deaf children can develop phonological awareness skills that are important for literacy, but that awareness of the rime may be underdeveloped compared to hearing children. They suggest that this could reflect deaf children’s necessarily greater reliance on visually perceived speech information, which leads to a stronger representation of the onset than of the rime. In contrast, prereading hearing children show stronger representation of the rime than of the onset, and this difference may be important when considering literacy tuition for the deaf, for whom a focus on rhyme could be very beneficial. A selective difficulty in developing awareness of the rhyme could have particularly marked consequences for literacy acquisition in English, as spelling patterns for rhymes are more consistent across the orthography than spelling patterns for vowel phonemes alone.

A recurring issue in the study of language and behaviour is that of the appropriate nosology. The papers by Mawhood, Howlin, and Rutter present important long-term outcome information on adults who showed either autism spectrum or specific language disorders in childhood. The papers indicate that the types of outcome that can be expected for relatively intellectually-able individuals are of concern. Although cognitive and linguistic skills in both groups tend to improve with age, as adults independence levels are still very low, and most individuals remain highly dependant on their families for support. Educational, social, and employment services are clearly not offering the degree of help that is required to enable individuals in both these groups to function adequately as adults. If anything, services are even more inadequate for individuals with development language delays than they are for people with autism.

There are papers in this issue that are not concerned with the topic of language and behaviour, and I would like to comment on the clinical significance of just two of these. Goodman et al. argue that if epidemiological studies of the prevalence of child psychiatric disorders are to be useful for planning clinical services, then the measures of disorder have to be clinically relevant. It would be prohibitively expensive, however, to use clinicians to interview epidemiological samples of thousands of children and their parents. Goodman and his colleagues describe an economical approach that can in-

corporate clinical judgement. Children and parents are assessed "in the field" by lay interviewees who supplement fully structured questions by asking informants to describe problems in their own words. Clinical raters "back at base" draw on the verbatim transcripts to judge if respondents understood the structured questions, to decide who to believe when informants disagree, and to assign "not otherwise specified" diagnoses when children have clinically significant problems that do not meet operationalised diagnosed criteria. The initial validity findings suggest that this approach has considerable potential.

Lastly the paper by Pine et al. concerns the need to provide information on factors that create a high risk of persistence in children with behavioural problems. They observe the course of symptoms of conduct disorder in adolescents as a function of various comorbidity patterns. Symptoms of two disorders, social phobia and attention deficit hyperactivity disorder, moderated the course of conduct disorder symptoms. Symptoms of ADHD predicted a more persistent cause to conduct problems, whereas symptoms of social phobia predicted a more benign course. These data suggest that children with either high levels of ADHD symptoms or low levels of social phobia symptoms may warrant additional clinical attention.

Jim Stevenson