PREFACE

Major advances have been made over the past two decades in understanding the communication and social difficulties of young children with pervasive developmental disorders (PDD). This progress has resulted in a greater emphasis on early socialcommunicative patterns in the diagnostic criteria for the generic category of PDD, which includes the sub-category of autistic disorder (American Psychiatric Association, 1994). The following essential features for autistic disorder comprise the most current diagnostic criteria in the DSM IV (APA, 1994): (1) impairment in social interaction, manifested by impairment in the use of nonverbal behavior; lack of spontaneous sharing, lack of social/emotional reciprocity, and/or failure to develop peer relationships; (2) impairment in communication, manifested by delay in or lack of development of spoken language and gestures; impairment in the ability to initiate or maintain conversation, repetitive and idiosyncratic use of language; and/or lack of pretend play; and (3) restricted repertoire of activity and interests, manifested in preoccupation with restricted patterns of interest; inflexible adherence to routines, repetitive movements, and/or preoccupation with parts of objects.

Since language and communication are essential features of this syndrome, the speech-language pathologist should play a major role in both assessment and intervention programs for children with autism/PDD.

There has been a resurgence of interest in traditional behavioral programs designed to teach speech and other skills to children with autism based on the work of Ivar Lovaas at UCLA. Lovaas conducted groundbreaking research in the 1960s and

1970s that demonstrated children with autism can acquire many skills, including speech. Over the past 20 years, the fields of special education and speech-language pathology have advanced in knowledge and behavioral technology. They moved away from teacher-directed discrete trial approaches to more naturalistic approaches designed to enhance spontaneity and generalization. In the 1990s the Lovaas method has received much attention in both the media and at professional meetings. The Lovaas method presents challenges for speech-language pathologists, because our field is rooted in developmental theory and many aspects of this program are incompatible with principles of developmentally appropriate practice. The Lovaas method also presents challenges for the contemporary field of applied behavior analysis because it is not based on current recommended practice, such as functional assessment and positive behavior support. Clinicians and educators need access to current information to help sort out the issues and myths associated with the current state of knowledge on what intervention procedures work with young autistic children.

Dawson and Osterling (1997) recently reviewed eight early intervention programs for preschool children with autism, ranging from intensive, one-on-one discrete trial approaches to programs in inclusive settings using pragmatically oriented procedures. They concluded that the level of success achieved across these programs was similar; the programs generally were effective for about half of the children. They noted that few of these programs documented progress on goals addressing social and communicative aspects of development. My interpretation of these findings is that there is not evi-

dence that one program or approach works better than the other, and that there is much to learn about effective programs that enhance social and communication skills in children with autism.

I invited authors with behavioral as well as developmental orientations to contribute to this volume to help clinicians and educators access the most current information on intervention programs for young children with autism and be exposed to innovative intervention procedures for enhancing communication and social skills in these children. Barry Prizant and I present a historical review and theoretical discussion of intervention approaches focusing on social communication. We describe features of intervention approaches along a continuum, from traditional behavioral to developmental, and underscore the need for more meaningful outcome measures to sort out issues regarding efficacy of early intervention. Lynn Koegel, Robert Koegel, and Cynthia Carter describe the Natural Language Teaching Paradigm, which is a contemporary behavioral program designed to identify pivotal behaviors related to motivation and social communication. Clinicians will be particularly interested in how they have incorporated developmental principles within a behavioral framework. Andrew Bondy and Lori Frost describe the Picture Exchange Communication System (PECS), which is rooted in behavioral theory. Clinicians will find the delineation of the steps in this program—from requesting to commenting—highly innovative, and the relationship of PECS to the development of speech most interesting.

Enhancement of language in children with autism is intimately related to social development. Phillip Strain and Frank Kohler trace the development of peermediated social skills intervention. Clinicians will appreciate their lucid description of peer-mediated procedures and outcome measures. Then, Kathleen Quill defines and describes the use of environmental supports to enhance the social communication of children with autism. She provides a rationale for and examples of two types of environmental supports used to aid language comprehension and social-communicative interactions: visually cued instruction and modified sociolinguistic input. Her article provides a review of the theoretical basis and empirical findings on these types of environmental supports.

The clinician is left with the task of applying this information to clinical work with specific children. My hope is that this volume will direct clinicians to delve deeper into specific topics that offer innovative techniques which can be used eclectically. Then the clinician, as "scientist" will need to explore and document the effectiveness of the specific intervention procedures used with particular children.

REFERENCES

American Psychiatric Association (1994). Diagnostic and statistical manual of mental disorders (Fourth edition). Washington, D.C.: APA. Dawson, G. & Osterling, J. (1997). Early intervention in autism. In M. Guralnick (Ed.),

The effectiveness of early intervention (pp. 307–326). Baltimore, MD: Paul H. Brookes.

Amy M. Wetherby, Ph.D. Guest Editor