



EDITORIAL

Nobody knows for certain why there are increasing numbers of people identified as being on the autism spectrum. With recent estimates at around one in 160 however, there is no doubt that parents, early childhood educators and other professionals are likely to encounter diagnosed children, and need to be prepared on a conceptual and practical level to meet their needs.

Many authors in this edition refer to the 'Triad of Impairments': difficulties in social and emotional understanding, difficulties in communication, and inflexibility in thinking and behaviour. We recognise that in our diverse readership there may be some who are unfamiliar with Autism Spectrum Disorders (ASD) and so, without wishing to downplay the enormous differences between individuals, as implied by the word 'spectrum', we have also included an excerpt from the *Diagnostic and statistical manual of mental disorders* which is a commonly used diagnostic tool to assist those readers seeking further clarification about general characteristics of ASD.

Of course, a child with autism is more than just a collection of symptoms. Even though ASD may be inferred from a person's behaviour (no biological or physical indicators are yet available), our focus must go beyond observable actions. An appreciation of the underlying causes is paramount to understanding the disorder. This point is forcefully made by Rita Jordan from the UK in the introductory article to this special edition, and it is echoed by Keane who emphasises the value of first person accounts when we are trying to understand their sensory and social issues.

Any themed issue in AJEC must inevitably be selective due to space limitations, and this special edition on autism spectrum disorders is no exception. We have reluctantly chosen not to include medical and biological research, although this is currently an area of vigorous investigation which raises fundamental issues about the search for a 'cure' and how we as a society respond to exceptionality. Nor have we solicited articles about specific approaches, such as TEACCH (Treatment and Education of Autistic and other related Communication handicapped CHildren), ABA (Applied

Behaviour Analysis), Floortime, PECS (Picture Exchange Communication System), or Sensory Integration, simply because it would be hard to do them justice in the limited space available.

Instead we have selected papers which suggest principles and practices for deciding whether an approach might be right for particular children. Three articles—by Jordan; by Birkin, Anderson, Moore and Seymour; and by Rodger, Braithwaite and Keen—are particularly useful in this regard. Other papers demonstrate elements that have come to be universally recognised as indicators of good practice, whatever the therapeutic approach. Parental involvement and training is a recommended educational component of good programs and this point is developed by Rodger et al., who discuss how to work with families when prioritising goals for their child. A multidisciplinary approach is also generally endorsed, and Alston and Kilham describe the practices of teaching assistants, who are relatively neglected members of that team. Another good practice indicator is the involvement of the child's peers. This is one of several underlying themes in Attwood's article on bullying, which contains some excellent suggestions for dealing with this distressing issue. Attwood also makes the important point that more evidence-based practice is required in this area. The final article by Dissanayake throws some light on a current debate as to whether Asperger syndrome and high-functioning autism are one and the same.

As divergent as the articles may be, they have in common an understanding that the person with ASD is an individual in their own right, whose deficits should not blind us to their strengths and appealing qualities. Moreover, we cannot expect that they alone must adapt to our culture but we too must make the effort to understand, accommodate, and appreciate their unique ways of being.

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