FOREWORD

Autism is one of five types of pervasive developmental disorders (PDD) recognized by the American Psychiatric Association and is clearly the most widely known and best studied. In the U.S., about eleven in every ten thousand children in the U.S. are believed to be affected. Three areas of severe and pervasive impairment characterize these children's disorders: social interactions, communication skills, and repetitive stereotypical behaviors and obsessions. A large majority of these children fall in the retarded range on tests of intelligence. For a number of years, autism was believed to reflect a child's psychological reaction to a cold, indifferent, rejecting mother. Although a psychogenic etiology is no longer accepted by most professionals, and genetic and neurochemical etiological accounts are currently popular, the cause(s) of most cases of autism is unknown. As anyone who has spent time caring for, interacting with, or trying to improve the social and communicative disabilities of these children knows, the challenges can be daunting. Those challenges are the focus of this issue of *Seminars in Speech and Language*.

Just as different etiological theories of autism resulted in occasionally rancorous controversies among professionals throughout the middle of the century, different intervention approaches have become a source of another controversy, which has waxed and waned for the better part of the last half of this century. To help us better un-

derstand the issues involved in this controversy and the recent increases in its intensity, I contacted Dr. Amy Wetherby of Florida State University. I wanted someone whom I could count on to provide *Seminars'* readers with a sound, responsible discussion of the issues that seem to have separated well-intentioned clinicians, scientists, caregivers, and others—who have these children's welfare as their common goal—into opposing camps. I also wanted her to provide us with an update on the intervention procedures currently used for children with autism—procedures that show the most promise in making functionally important, lasting changes in their communication and language skills. I am pleased to report that she and the colleagues she has selected as contributors have done all that I asked and more. As is true in most disputes, both camps appear to have much to offer these children.

As is true with every clinical intervention procedure with which I am familiar, however, some procedures seem to work better for some clients than others. The same seems to be true for children with autism, so there are several clinical approaches described in this issue from which you can select. I think that you will find at least one that would likely help a child with autism. See if you don't agree.

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