
**Abstract**

The aim of the present study was to investigate whether behaviours typical of working memory problems are associated with poor academic attainment in those with attention-deficit-hyperactivity disorder (ADHD), as well as a non-clinical group identified on the basis of working memory difficulties.

Children clinically diagnosed with ADHD-combined (n=31; mean age 9y 7mo, SD 12mo; 27 males) were matched with 44 low working memory children (mean age 9y 4mo, SD 15mo; 32 males) and 10 healthy controls (mean age 10y, SD 12mo; 5 males). Working memory behaviour was measured using the Working Memory Rating Scale (WMRS) and academic attainment was assessed with standardized tests of literacy and numeracy.

The majority of children considered by their teachers to have problematic behaviours performed poorly in literacy and numeracy. When the whole sample were split into two groups on the basis of their working memory behaviour (on the WMRS), the 'At Risk' group performed significantly worse in academic attainment.

As children with ADHD and a non-clinical group exhibit classroom behaviour typical of working memory problems, early screening to prevent subsequent learning difficulties is important. The use of the WMRS allows educators to draw on their expertise in the classroom for early detection of children with working memory failures.

Abstract
The present study investigated whether children with ADHD and those with working memory impairments have a common behavioral profile in the classroom. Three teacher checklists were used: the Conners' teacher rating scale (CTRS), the behavior rating inventory of executive function (BRIEF), and the working memory rating scale. The Conners' continuous performance test (CPT) was also included to determine whether there is a correspondence between performance on this widely used cognitive measure of attention deficits and teacher ratings of classroom behavior. All three behavior scales, but not the CPT, were able to successfully discriminate children with ADHD and those with working memory deficits from typically-developing children. Both the CTRS and the BRIEF discriminated a significant proportion of the children with ADHD from those with working memory deficits, indicating that while both groups exhibit behavioral problems in the classroom, they are characterized by differential attention profiles. The children with ADHD were identified on the basis of oppositional and hyperactive behavior, while those with working memory deficits were more inattentive.

**Abstract**

The objective of this study was to investigate the mechanisms underlying the deficit in visuospatial working memory (VSWM) seen in children with developmental coordination disorder (DCD) and to compare brain activity while performing a VSWM task in children with DCD and typically developing children.

Behavioural performance and event-related potentials (ERPs) were recorded in 24 children (12 males, 12 females; mean age 139 mo, SD 4 mo) with DCD (as determined by a score <5th centile on the Movement Assessment Battery for Children - Second Edition) and in 30 age- and sex-matched typically developing children (15 males; 15 females; mean age 140 mo, SD 5 mo) recruited from local schools, while performing one spatial non-delay and two time-delayed spatial memory tasks.

Compared with typically developing children, children with DCD exhibited longer reaction times ($p = 0.022$; partial $\eta(2) = 0.10$) and lower accuracy rates ($p < 0.001$; partial $\eta(2) = 0.35$) on the two spatial memory tasks. Electrophysiological indices also showed distinct modulatory effects, with children with DCD exhibiting smaller P3 ($p < 0.001$; partial $\eta(2) = 0.26$) and positive slow wave ($pSW; p = 0.003$; partial $\eta(2) = 0.16$) amplitude and a smaller area under the curve of P3 and pSW components ($p = 0.002$; partial $\eta(2) = 0.17$).

The combined analysis of behavioural performance and ERP data suggests that children with DCD have deficits of visuospatial working memory owing to fewer resources being allocated to comparison of spatial locations, less effort allotted to the response selection, and less neural processing employed during the retrieval process phase.
Reports of co-morbid symptoms of ADHD in children with ASD have increased. This research sought to identify ADHD-related behaviours in a sample of children with ASD, and their relationship with the ASD triad of impairments and related cognitive impairments. Children with ASD ($n=55$) completed a comprehensive cognitive assessment whilst a semi-structured parental interview (3Di) provided information on ASD and ADHD symptoms. Co-morbid presentation of ADHD traits in these participants was associated with reports of more ASD related behaviours. Inhibitory control performance was directly related only to the ADHD symptom of impulsive behaviour. In contrast, while there was a relationship between social difficulties associated with ASD and theory of mind ability, there was no such relationship with behaviours relating to ADHD.

**Abstract**

This study aimed to examine the effectiveness of a translated version of the short version of the Developmental, Dimensional and Diagnostic Interview (3Di) in discriminating children with autism spectrum disorders (ASDs) from typically developing children. Two groups, comprising 63 children with clinically ascertained ASDs and 67 typically developing children, were interviewed with the short 3Di translated version. Mean 3Di scale scores in each domain of autistic symptoms (social reciprocity, communication, and repetitive/stereotyped behaviors) were significantly higher in the ASD group than in the typically developing group. The optimal receiver operating characteristics curve cut-off scores were found to be 10, 8, and 3 for social reciprocity domain, communication domain, and repetitive/stereotyped behaviors domain, respectively, which are identical to the original English standardization. Corresponding sensitivities and specificities were 76.2% and 80.9% for the social reciprocity domain; 85.7% and 73.5% for the communication domain; and 66.7% and 80.9% for the repetitive behaviors domain. The areas under the curve were 0.89 (95% CI = 0.84–0.94), 0.88 (95% CI = 0.82–0.94), and 0.79 (95% CI = 0.71–0.87), respectively. The short 3Di-Thai version is found to be a useful diagnostic instrument for differentiating between clinically diagnosed children with ASDs and typically developing children, although further replication is needed.

**Abstract**

Autism spectrum disorder (ASD) symptoms are present in unaffected relatives and individuals from the general population. Results are inconclusive, however, on whether unaffected relatives have higher levels of quantitative autism traits (QAT) or not. This might be due to differences in research populations, because behavioral data and molecular genetic research suggest that the genetic etiology of ASD is different in multiplex and simplex families. We compared 117 unaffected siblings and 276 parents of at least one child with ASD with 280 children and 595 adults from the general population on the presence of QAT using the Social Responsiveness Scale (SRS). Mean SRS scores for siblings, control children, parents and control adults were 25.4, 26.6, 33.7 and 32.9. Fathers of children with ASD showed significantly higher levels of QAT than controls, but siblings and mothers did not. We could not detect a statistically significant difference in SRS scores between relatives from simplex and multiplex families. These results do not support the theory of differential (genetic) etiology in multiplex and simplex families and suggest that a carried genetic risk is generally not expressed phenotypically in most relatives, except in fathers.

Abstract
Atypical sensory processing is common in autism spectrum disorders (ASD). Specific profiles have been proposed in different age groups, but no study has focused specifically on adolescents. Identifying traits of ASD that are shared by individuals with ASD and their non-affected family members can shed light on the genetic underpinnings of ASD. Eighty adolescents with ASD (64 boys, 16 girls), 56 non-affected adolescent siblings (21 boys, 35 girls) and 33 adolescent controls (18 boys, 15 girls) filled out the Adolescent/Adult Sensory Profile, a self-report questionnaire resulting in four sensory quadrants according to Dunn's model of sensory processing. Adolescents with ASD differed significantly from controls on the quadrants Sensation Seeking and Sensation Avoidance. On quadrant 2 (Sensation Seeking) siblings scored significantly lower than controls and significantly higher than ASD. These results confirm the presence of atypical sensory processing in adolescents with ASD. We argue that reduced Sensation Seeking might be a candidate for an intermediate phenotype.


Abstract

The Diagnostic Interview for Social and Communication Disorders (DISCO) is an interviewer-based schedule for use with parents and carers. In addition to its primary clinical purpose of helping the clinician to obtain a developmental history and description of the child or adult concerned, it can also be used to assist in providing a formal diagnostic category.

In this study we compared two algorithms based on the ninth revision of the schedule (DISCO 9). The algorithm for ICD-10 childhood autism comprised 91 individual, operationally defined items covering the behaviour outlined in the ICD-10 research criteria. The algorithm for the autistic spectrum disorder, as defined by Wing and Gould (1979), was based on 5 DISCO items that represented overarching categories of behaviour crucial for the diagnosis of autistic disorders. The aim of the study was to examine the implications for clinical diagnosis of these two different approaches. Parents of 36 children with clinical diagnoses of autistic disorder, 17 children with learning disability and 14 children with language disorders were interviewed by two interviewers. Algorithm diagnoses were applied to interview items in order to analyse the relationship between clinical and algorithm diagnoses and the inter-rater reliability between interviewers.

Clinical diagnosis was significantly related to the diagnostic outputs for both algorithms. Inter-rater reliability was also high for both algorithms. The ICD childhood disorder algorithm produced more discrepant diagnoses than the Wing and Gould autistic spectrum algorithm. Analysis of the ICD-10 algorithm items and combination of items helped to explain the reason for these discrepancies.

The results indicate that the DISCO is a reliable instrument for diagnosis when sources of information are used from the whole interview. It is particularly effective for diagnosing disorders of the broader autistic spectrum.

Link to the full version of the paper:
http://infantlab.fiu.edu/articles/lord,%20risi%20et%20al%202000%20JADD.pdf

Abstract
The Autism Diagnostic Observation Schedule-Generic (ADOS-G) is a semistructured, standardized assessment of social interaction, communication, play, and imaginative use of materials for individuals suspected of having autism spectrum disorders. The observational schedule consists of four 30-minute modules, each designed to be administered to different individuals according to their level of expressive language. Psychometric data are presented for 223 children and adults with Autistic Disorder (autism), Pervasive Developmental Disorder Not Otherwise Specified (PDDNOS) or nonspectrum diagnoses. Within each module, diagnostic groups were equivalent on expressive language level. Results indicate substantial interrater and test-retest reliability for individual items, excellent interrater reliability within domains and excellent internal consistency. Comparisons of means indicated consistent differentiation of autism and PDDNOS from nonspectrum individuals, with some, but less consistent, differentiation of autism from PDDNOS. A priori operationalization of DSM-IV/ICD-10 criteria, factor analyses, and ROC curves were used to generate diagnostic algorithms with thresholds set for autism and broader autism spectrum/PDD. Algorithm sensitivities and specificities for autism and PDDNOS relative to nonspectrum disorders were excellent, with moderate differentiation of autism from PDDNOS.

Abstract
Pervasive developmental disorder-not otherwise specified (PDD-NOS) is the most common and least satisfactory of the PDD diagnoses. It is not formally operationalized, which limits its reliability and has hampered attempts to assess its validity. We aimed, first, to improve the reliability and replicability of PDD-NOS by operationalizing its DSM-IV-TR description and, second, to test its validity through comparison with autistic disorder (AD) and Asperger's disorder (AsD). In a sample of 256 young people (mean age = 9.1 years) we used Developmental, Diagnostic and Dimensional (3Di) algorithmic analysis to classify DSM-IV-TR AD (n = 97), AsD (n = 93) and PDD-NOS (n = 66). Groups were compared on independent measures of core PDD symptomatology, associated autistic features, and intelligence. Contrary to the assumption that PDD-NOS is heterogeneous, almost all (97%) of those with PDD-NOS had one distinct symptom pattern, namely impairments in social reciprocity and communication, without significant repetitive and stereotyped behaviors (RSB). Compared to AD and AsD, they had comparably severe but more circumscribed social communication difficulties, with fewer non-social features of autism, such as sensory, feeding and visuo-spatial problems. These individuals appear to have a distinct variant of autism that does not merely sit at the less severe end of the same continuum of symptoms. The current draft guidelines for DSM-V, which mandate the presence of RSBs for any PDD diagnosis, would exclude such people from the autistic spectrum.

Abstract
The recent Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (DSM-5) reformulation of autism spectrum disorder has received empirical support from North American and UK samples. Autism spectrum disorder is an increasingly global diagnosis, and research is needed to discover how well it generalises beyond North America and the United Kingdom. We tested the applicability of the DSM-5 model to a sample of Finnish young people with autism spectrum disorder (n = 130) or the broader autism phenotype (n = 110). Confirmatory factor analysis tested the DSM-5 model in Finland and compared the fit of this model between Finnish and UK participants (autism spectrum disorder, n = 488; broader autism phenotype, n = 220). In both countries, autistic symptoms were measured using the Developmental, Diagnostic and Dimensional Interview. Replicating findings from English-speaking samples, the DSM-5 model fitted well in Finnish autism spectrum disorder participants, outperforming a Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition (DSM-IV) model. The DSM-5 model fitted equally well in Finnish and UK autism spectrum disorder samples. Among broader autism phenotype participants, this model fitted well in the United Kingdom but poorly in Finland, suggesting that cross-cultural variability may be greatest for milder autistic characteristics. We encourage researchers with data from other cultures to emulate our methodological approach, to map any cultural variability in the manifestation of autism spectrum disorder and the broader autism phenotype. This would be especially valuable given the ongoing revision of the International Classification of Diseases-11th Edition, the most global of the diagnostic manuals.

Abstract
Sex differences have been found amongst toddlers and young children with autism spectrum disorder (ASD). We investigated the presence and stability of these ASD sex differences throughout childhood and adolescence. Participants (N = 325, 52 females; aged 3-18 years) consecutively received an ASD diagnosis at a clinic for assessing high-functioning ASD (mean verbal IQ = 92.6). There were no IQ sex differences. By parent report and direct observation, females had less repetitive stereotyped behaviour (RSB), with male-equivalent levels of social and communication impairment. Teachers reported males with ASD as having greater externalising and social problems than females. The female phenotype we describe was stable across our sample's age range. Their milder RSBs and less severe difficulties at school may lead to under-recognition of ASD in females.

Abstract
Oppositional behavior in childhood is a probabilistic risk factor for the subsequent development of more serious conduct problems characteristic of conduct disorder (CD). The capacity to understand the subjective states of others (socioemotional competence) helps regulate antisocial behavior in typical development. We hypothesized that socioemotional competence moderates the developmental relationship between oppositionality and CD symptoms, such that oppositional defiant disorder (ODD) symptoms pose the greatest risk for subsequent CD symptoms in children with poor socioemotional competence.

Parent-report data were collected for 6,218 children at 7 and 10 years of age. Bootstrap multiple regression predicting CD symptoms at age 10 was used to test for an interaction between socioemotional competence and ODD symptoms, while also accounting for direct effects and controlling for sex, maternal education, attention-deficit/hyperactivity disorder symptoms, and CD symptoms at 7 years. We further tested whether the interaction applied to both males and females, and to both aggressive and rule-breaking CD symptoms.

A significant interaction was found between ODD and socioemotional competence: the association between oppositionality at 7 years and CD traits at 10 years was strongest for children with poor socioemotional capacities. As predicted, this moderation effect was significant in a model predicting aggression, but it was not significant for rule-breaking CD symptoms.

Socioemotional competence moderates the developmental relationship between mid-childhood oppositionality and more serious conduct problems in later childhood. A capacity to understand the subjective states of others may buffer the risk posed by oppositionality for later CD symptoms, including aggression.

Abstract
To use confirmatory factor analysis to test the construct validity of the proposed DSM-5 symptom model of autism spectrum disorder (ASD), in comparison to alternative models, including that described in DSM-IV-TR. Participants were 708 verbal children and young persons (mean age, 9.5 years) with mild to severe autistic difficulties. Autistic symptoms were measured using the Developmental, Dimensional and Diagnostic interview (3Di). The fit of the two-factor DSM-5 model, which has a social communication and a restricted, repetitive behavior (RRB) factor, was compared with that of alternative models. In one half of the sample, properties of the DSM-5 model were examined to investigate the validity of specific diagnostic criteria, informing the development of a better fitting DSM-5 model. This was then cross-validated in the remaining “hold-out” half of the sample; and its stability was tested across groups defined by age, sex, and symptom severity.

The DSM-5 model was superior to the three-factor DSM-IV-TR model. It was improved by the removal of items measuring “play and imagination” and “stereotyped and repetitive use of language.” A scale measuring sensory abnormalities was added to the model, and loaded onto its RRB factor. This DSM-5 model fit well in the hold-out sample; was stable across age and sex; and fit adequately in those with clinical and sub-threshold autistic presentations.

Among higher-functioning individuals, ASD is a dyad, not a triad, with distinct social communication and repetitive behavior dimensions. As suggested in the proposed DSM-5 criteria, sensory abnormalities are part of the RRB symptom cluster.

Abstract
Autism is currently conceptualised as a unitary disorder, in which social-communication impairments are found alongside repetitive interests, behaviours and activities (RIBAs). This relies upon the validity of the assumption that social-communication impairments and RIBAs co-occur at an above chance level as a result of sharing underlying causes. In the current review it is argued that the evidence for this assumption is scarce: the very great majority of RIBA research has not been intended for or suited to its examination. In fact only three studies are fit to address directly the question of the relationship between social-communication impairment and RIBAs, and these contradict each other. In consequence, further relevant evidence was sought in the behavioural and genetic literature. This approach suggested that the correlation between social-communication impairments and RIBAs has been exaggerated in the current consensus about the autism syndrome, and that these aspects of autism may well share largely independent underlying causes. Some clinical and research implications are discussed.
Abstract
To explore attachment narratives in children diagnosed with reactive attachment disorder (RAD).

We compared attachment narratives, as measured by the Manchester Child Attachment Story Task, in a group of 33 children with a diagnosis of RAD and 37 comparison children.

The relative risk (RR) for children with RAD having an insecure attachment pattern was 2.4 (1.4-4.2) but 30% were rated as securely attached. Within the RAD group, children with a clear history of maltreatment were more likely to be Insecure-Disorganised than children without a clear history of maltreatment.

Reactive attachment disorder is not the same as attachment insecurity, and questions remain about how attachment research informs clinical research on attachment disorders.

Abstract
To estimate associations between trajectories of conduct problems and social-cognitive competences through childhood into early adolescence.

A prospective population-based cohort, the Avon Longitudinal Study of Parents and Children (ALSPAC) recruited in the prenatal period (13,988 children alive at 12 months) formed the basis for the current study. Socio-emotional and pragmatic language competences were examined in relation to conduct problem development in a group of 6,047 children with no known autistic-spectrum disorders. Specifically, conduct problem trajectories (low, childhood-limited, adolescent-onset, and early-onset persistent) identified using maternal prospective reports (Strengths and Difficulties Questionnaire: ages 4 through 13 years) were contrasted. Demographic confounders, child verbal IQ and other psychopathologies were controlled.

In contrast to individuals with low conduct problem levels, all conduct problem groups presented with difficulties in both social-cognitive domains. Deficits among those with early-onset persistent conduct problems were particularly apparent: 40.6% of boys and 24.3% of girls with persistent conduct problems met impairment criteria for one or other social-cognitive domain. Associations remained robust after controlling for demographic confounders (maternal age at birth, low SES, maternal education), child verbal IQ, and internalizing and inattention symptoms. For boys, results indicated that overlaps with overactivity symptoms may contribute problems with pragmatic language; this was not the case for girls or for socio-emotional difficulties.

Findings have far-reaching implications for children with conduct problems, particularly those with early onset and persistent difficulties. Traditional parent training interventions are likely to be bolstered by strategies that help to develop the social competences of these children.

Abstract
Children with autism spectrum disorders (ASD) frequently encounter difficulties in visuomotor tasks, which are possibly caused by atypical visuoperceptual processing. This was tested in children (aged 9–12 years) with pervasive developmental disorder (PDD; including PDD-NOS and Asperger syndrome), and two same-age control groups (Tourette syndrome and typical developers) using two tasks: a visual and non-visual tactile tracking task (modified from Hermelin & O'Connor 1970 task) and the Developmental Test of Visual-Motor Integration (VMI). Both tasks revealed marked differences between the PDD group and the controls. Confirming Hermelin and O'Connor's findings in 'classical' autism, the children with PDD were faster than the controls on the non-visual tracking task, whereas they performed similarly to the controls when they could see the tracks. However, VMI copy scores were lowest for the children with PDD, while their scores on the visual perception and motor coordination subtests did not differ from the controls. The results support observations of an atypical visuomotor performance in children with PDD, which appears to derive from a deviant use of visual information in planning and guiding movements.

Abstract
Autism is a diagnostic spectrum of variable severity, with significant comorbidity. No existing standardized interview measures autistic features dimensionally. The authors aimed to develop a parental autism interview that could be administered to unselected clinical and general population samples that measures both symptom intensity and comorbidity across the full range of the autistic spectrum.

A computerized procedure was devised for administration by trained interviewers that generates symptom and diagnostic profiles for both autism and non-autistic conditions. Test-retest reliability and interrater reliability were assessed in unselected clinical (n = 50) and nonclinical (n = 30) populations. Concurrent validity (n = 120), discriminant validity (n = 120), and criterion validity (n = 29) were evaluated in autistic spectrum and non-autistic patients.

Test-retest and interrater reliabilities were excellent (most intraclass correlation coefficients > 0.9). Concurrent validity (agreement with independent clinician formulation) was very good (mean kappa = 0.74). Criterion validity, a comparison with the Autism Diagnostic Interview, was excellent. Discrimination between autistic spectrum versus non-autistic subjects was almost perfect (sensitivity 1.0; specificity > 0.97).

The Developmental, Dimensional and Diagnostic Interview (3di) provides an efficient and accurate means of assessing, in dimensional terms, the presence of autistic symptoms in both clinical and normal populations. It offers novel opportunities for those engaged in research and clinical practice.

Abstract
Attention to social stimuli is associated with language development, and arousal is associated with the increased viewing of stimuli. We investigated whether skin conductance responses (SCRs) are associated with language development in autism spectrum disorder (ASD): a population that shows abnormalities in both attention to others and language development. A sample of 32 children with ASD (7-15 year; M = 9 year) was divided into two groups, based on language onset histories. A typically developing comparison group consisted of 18 age and IQ matched children. SCRs were taken as the participants viewed faces. SCRs differentiated the ASD group based on language onset and were associated with abnormal attention to gaze in infancy and subsequent language development.

Abstract
Discussion of an overlap between specific language impairment (SLI) and autism spectrum disorder (ASD) is on going. The most intriguing overlap between both phenotypes is the similarity in the observed language deficits described in SLI and a subgroup of ASD with co-occurring linguistic impairment, ASD-LI. Examining whether a similar neuroanatomical substrate underlies this phenotypical linguistic overlap, we studied the white matter microstructural properties of the superior longitudinal fascicle (SLF) of 19 ASD-LI adolescents (mean age 13.8 ± 1.6 years) and 21 age-matched controls and compared them with 13 SLI children (mean age 10.1 ± 0.4 years) and 12 age-matched controls. A linguistic profile assessment and a diffusion tensor imaging analysis of the SLF were performed. Linguistic testing revealed a mixed receptive-expressive disorder profile in both groups, confirming their overlap at phenotypical level. At neuroanatomical level, no significant differences in mean SLF fractional anisotropy (FA) and mean SLF apparent diffusion coefficient values between ASD-LI participants and controls were seen. By contrast, the mean SLF FA was significantly reduced in the SLI children as compared with their controls. The observation of structural SLF disturbances in SLI but not in ASD-LI suggests the existence of a different neuroanatomical substrate for the language deficits in both disorders.

Abstract
The executive function (EF) theory of autism has received much support recently from a growing number of studies. However, executive impairments have not always been easy to identify consistently and so novel "ecologically valid" tests have been designed which tap into real-life scenarios that are relevant to and representative of everyday behavior. One characteristic of many of these tasks is that they present the participant with an "ill-structured" or "open-ended" situation. Here, we investigated the possibility that tasks with greater degrees of open-endedness might prove more sensitive to detecting executive impairment in autism. Forty-five children with autism spectrum disorder (ASD) were compared to 27 age- and IQ-matched control children on a range of cognitive tests of EF. Group differences were found on half of the tasks, with the greatest degree of impairment detected on the more open-ended tasks. The ASD group also performed more poorly on a simple control condition of a task. Detailed consideration of task performance suggested that the ASD group tended to create fewer spontaneous strategies and exhibit more idiosyncratic behavior, which particularly disadvantaged them on the more open-ended tasks. These kinds of behaviors have been reported in studies of neurological patients with frontal lobe involvement, prima facie suggesting a link between the scientific fields. However, we suggest that this behavior might equally result from a poor understanding of the implicit demands made by the experimenter in open-ended test situations, due to the socio-communicative difficulties of these children.

Abstract
The Embedded Figures Test assesses weak central coherence and individuals with autism are commonly assumed to perform superiorly; however, the evidence for this claim is somewhat mixed. Here, two large (N = 45 and 62) samples of high-functioning children (6-16 years) with autism spectrum disorder performed similarly to typically-developing children on accuracy and reaction time measures; this could not be attributed to insufficient power. Inconsistent past findings are most likely due to methodological and analysis techniques, as well as heterogeneity in central coherence within autism spectrum disorders. While this task has been useful in establishing weak central coherence as a cognitive theory in autism, inconsistent past findings and its inability to disentangle global and local processing suggest that it should be used with caution in the future.

Abstract
Language-impaired individuals with autism perform poorly on tests such as non-word repetition that are sensitive clinical markers of specific language impairment (SLI). This has fuelled the theory that language impairment in autism represents a co-morbid SLI. However, the underlying cause of these deficits may be different in each disorder. In a novel task, we manipulated non-word stimuli in three ways known to influence the repetition accuracy of children with SLI. Participants with SLI were affected differently by these manipulations to children with autism. Children with autism performed similarly to language-matched typical children in terms of levels and patterns of performance, and types of error made, suggesting that the underlying cognitive cause of non-word repetition deficits is different in each disorder.

Abstract
The Diagnostic Interview for Social and Communication Disorders (DISCO) is a schedule for the diagnosis of autistic spectrum and related disorders and assessment of individual needs. It enables information to be recorded systematically for a wide range of behaviours and developmental skills and is suitable for use with all ages and levels of ability. In addition to helping the clinician to obtain a profile of each individual’s pattern of development and behaviour, the DISCO also enables identification of specific features found in autistic spectrum disorders that are relevant for use with established diagnostic systems.

This paper describes the historical background of the DISCO, outlines its structure and reports the results of an inter-rater reliability study with parents of 82 children aged 3 to 11 years with autistic spectrum disorder, learning disability, language disorder or typical development.

Inter-rater reliability for the items in the interview was high (kappa coefficient or intra-class correlation at .75 or higher). This level of agreement was achieved for over 80% of the interview items.