

**[Developmental editing sample: Inner-office memo written to senior editor critiquing first-draft manuscript. This critique was used as the basis for revising the author's work.]**

To: XXXX  
From: Sarah  
Re: review of CBT for Adult Asperger Syndrome

Thank you for giving me the opportunity to review this. The general comments below are followed by chapter-specific feedback.

General comments: strengths

- > Well written and organized. I do not see any significant problems with its organization. See comments below on a few style suggestions and tightening tips. I think the revisions should not take too long or be too difficult.
- > Interesting, well-presented content. (see below for specific suggestions and potential problems)
- > Page count is fine; she stayed within the contracted length. Regular text: 303; app. & ref: 20; charts/tables/worksheets: 14; total: 337. Contracted: 350 manuscript pages, 250 printed.
- > Let's be sure to thank the author for her thoroughness regarding permission requests and signed case releases. No oversights here (but see comment below re: her use of DSM criteria).

General weaknesses and suggestions:

- > Weak introduction. Rather than rework Chapter 1, I suggest the author write a Preface that introduces herself and her background to readers; introduces the goals and rationale of the book; lays out its organization (perhaps in a "how to use this book" subsection); and, perhaps most compelling, introduces her "philosophy" of AS. Buried in some of the chapters are interesting comments on her view of the disorder, which could be drawn out; e.g., Ch 4's subsection, "A Philosophical Word ..." about how AS is not "a bad thing"; Ch 6's mention of the author's lifetime developmental perspective on AS; her "don't throw out the baby with the bathwater" view, etc. It would be nice to foreshadow these views in a preface. The series editor note will function as an introduction of sorts, but more of an introductory note should come from the author as well.
- > Awkward use of the third-person voice. Throughout, the author writes about herself as "this author ..." and at times her first-person voice clearly wants to break through; it often (but not always) seems stiff and unnatural to stay in the third-person, as though she is distancing herself from what she is saying, keeping her advice at arm's length rather than embracing it. It would be relatively simple for a copyeditor to go through and massage all the third-person constructions to the first-person. However, changing to the first person might undercut the book's authority and formality. Have other authors in the series used the first-person or third-person to describe their own clinical experiences?
- > No gender balance in the case examples, and no discussion of the prevalence of AS in males vs. females. Eight case examples are presented (in addition to brief anecdotes), and only two are female and those two women are presented only tangentially. The main

examples that are used for case formulation are all male. Chapter 1's discussion of prevalence rates does not consider gender. The book therefore leaves the (erroneous?) impression that this is a predominantly male disorder.

> In Chapter 1, p. 2, she explains how AS overlaps with adult HFA and PDD-NOS, and this manual can be used for that population. If that's the case, then that can expand the book's audience and usefulness and perhaps more should be made of that in the Preface or even the book's subtitle. (Also, at some point, perhaps in a preface when she discusses who the book is for, might she want to briefly mention "the politics" around this terminology -- isn't there a desire to be labeled AS rather than HFA, and some autism advocates don't want resources diverted to the high end of the spectrum?)

> The book lacks any acknowledgement that some AS clients may have children of their own, and therefore lacks any guidance of how to address their issues as parents. When we talked to XXXX of GRASP, he said he learned about and recognized his AS when his son went through diagnosis, and he says it's fairly typical that adults realize they have AS only if and when their child develops it, so I was surprised [the author] made no mention of this. Here are places she could consider addressing this:

- Ch 3's bulleted list on why patients enter treatment; include mention of adult who recognizes AS in self during the course of his/her child getting diagnosed?
- Ch 8, p. 6, section on Collateral Therapy for Family Members – what about if patient has child(ren) of his/her own?
- Ch 9, p. 9, discussion of family members being an obstacle to treatment – seems like a natural place to discuss what to do if client's kids are getting in the way.

> The book also lacks any mention of sex. I have to imagine that awkwardness and ignorance about sexual intimacy is a significant issue for adult AS clients; how does the clinician handle their need for guidance on this issue? Perhaps she could address this in Ch 6's discussion of skill building, and Ch 8's discussion of adjunctive therapies (would referral to a sex therapist ever be appropriate?).

> I was surprised by the length and open-endedness of the treatment. It is not until Ch 5 that she mentions that this therapy can go on and on for years. Isn't that atypical for CBT? Perhaps she should mention this early on in preparing for treatment – the clinician apparently should not have the expectation that this therapy will last for a certain number of sessions and then should wrap up. Also, in Chapter 10 on ending treatment, she might offer more guidelines about the quantity or length of sessions and when to expect when enough is enough.

> She presents two main components to treatment: AS-specific skill building to address core problems of AS (Ch 6) and more traditional CBT for comorbid conditions but tailored to needs of AS client (Ch 7). However, very little if any guidance is given on how to integrate these two components. Should the skill-building come first, the CBT later? Or should a typical session be divided roughly in half, with half spent on skill building, the other half on CBT? The text briefly mentions on p. 3 of Ch 6 that the skill building and CBT will occur simultaneously, and obviously it depends on the individual client's needs to determine how and when these components will overlap, but additional guidance on how to structure the sessions and integrate the treatment approaches could be helpful.

> Weak conclusion at end of Ch 10 – it feels too neat and tidy, overly simplistic and tacked on. Can she be more forward-thinking and/or include any call to action? Potential

issues to address in a conclusion: What are trends or new directions in the field? What might the DSM-V mean to AS? How is the general public's and/or professionals' perception of AS changing or how does it need to change?

Other misc. considerations:

- > Trim size? Case Formulation Worksheet (Ch 3), assorted worksheets in Chs 6 and 7, will need at least a 7 x 10. Will it need to go up to 8.5 x 10.5 or would 7 x 10 be large enough for clinician to photocopy and fill in?
- > The author reprints DSM criteria verbatim. She should be aware that this is very costly in terms of permission fees; APA usually grants one-time use only (so she'll have to reapply for permission if we do a revised edition); and also, if DSM-V is coming out, could this date the book? Could author adapt rather than reprint DSM criteria, or does she feel strongly about including it verbatim in table form? Even taking it out of the table form and adapting it to her own bulleted list can help skirt the permissions issue.