
Asperger Syndrome in Adulthood: A Comprehensive Guide for Clinicians, by Kevin Stoddart, Lillian Burke and Robert King, is a valuable resource for any clinician working with individuals with Asperger’s. All three authors have had extensive clinical experience with autism spectrum disorders (ASDs), developmental disabilities and mental health. Dr. Stoddart’s doctorate is in social work; he is Founding Director of the Redpath Centre and Adjunct Professor in the Factor-Intwentash Faculty of Social Work at the University of Toronto. Dr. Burke is Psychologist and Assistant Director at the Redpath Centre (Toronto and London, ON). (The Redpath Centre for Social and Emotional Development addresses “the social and emotional needs of children, adolescents and adults with Asperger syndrome and mental health concerns through best practices, cross-sector collaboration, education and research” (The Redpath Centre, n.d.). Dr. King is Psychiatrist with Brighton/Quinte West Family Health Team (Belleville, ON); he is internationally recognized for his work in assessing and treating individuals with ASDs, developmental disabilities and mental health concerns.

The “Guide” provides an evidence-based approach to both primary care assessment and treatment. It particularly offers insightful observations based on the experiences of both trained professionals and individuals diagnosed with Asperger syndrome. The sections are comprehensive; they include thorough overviews of the constellation of symptoms, accompanying manifestations, as well as discussions of the psychological assessment process, psychiatric treatment, complementary interventions and examinations of associated neurodevelopmental, genetic, psychosocial, mental health and medical issues.

Strictly speaking, the Guide is not necessarily intended for lay readers; it is rich in detail, particularly in relation to the minutiae of psychometric testing, psychological assessment and psychiatric diagnoses, which might alienate those outside of the professional community. Thankfully, however, it does include clear and helpful information for non-professionals struggling to understand and to assist those with Asperger syndrome. For example, the chapter on psychosocial issues provides helpful charts and readily comprehensible suggestions for caregivers, parents and partners trying to address and to cope with the challenges posed by Asperger’s. The Guide’s attention to how those challenges manifest in everyday life will be especially appreciated by those seeking guidance and direction on a practical basis. The overview it provides would likely prove particularly helpful for those hoping to achieve a better understanding
of the syndrome’s symptoms to yield more reasonable expectations of those secondarily affected by the syndrome. The Guide may be aimed at professionals, but it is sufficiently inclusive and practical to be a beneficial resource for non-professionals.

For clinicians, however, one of the Guide’s key achievements is its clear and precise differentiation between the often-blended diagnoses of Asperger syndrome and autism. The diagnostic criteria from the DSM-IV are clearly defined to create an accurate picture of the syndrome for clinicians. Readers should be aware that in the new DSM-5, separate diagnostic labels of autistic disorder, Asperger’s disorder, and pervasive developmental disorder – not otherwise specified (PDD-NOS) have been replaced by the umbrella term “autism spectrum disorder (ASD)” (American Psychiatric Association, 2013). These changes to formal diagnostic criteria are major. People who currently have DSM-IV diagnoses are likely to receive a different diagnosis when they are re-evaluated using DSM-5 criteria. Such changes may be confusing for persons who identify with their current diagnosis and for parents and others as well. It is not possible to predict how changes in the DSM-5 might affect the lives of people presently living with “Asperger syndrome” (Autism Research Institute, 2014).

The book assists with supporting the professional working with individuals who are being assessed for Asperger syndrome through the initial meeting, assessment process, helpful questionnaires and scales with a sample assessment protocol. The summary lists features for clinical observation which are extremely helpful for making the clinician mindful of communication and interactional patterns. Furthermore, the case studies included are informative, engaging and effectively presented for practical consideration and analysis.

The Guide also addresses social/contextual issues, including the lack of adequate psychiatric care and the deficit of knowledge amongst clinicians, which shifts the emphasis on providing adequate and appropriate treatment of those diagnosed with Asperger syndrome. Self-care strategies and program modifications are given special attention, and this helps to emphasize the importance of community support mechanisms to improve the functioning of people with Asperger’s, mechanisms which are all too rarely available. The Guide reminds its readers that access to community support mechanisms is often further complicated by the difficulty in accessing current mental health programs due to long wait times and patients insufficiently meeting the current diagnostic criteria. Unfortunately, patients with Asperger syndrome usually do not meet the formal criteria for a diagnosis of a developmental disability; this often excludes them from services and support. They may not also meet the criteria of having a comorbid psychiatric diagnosis, which could potentially cause exemption for further services. This emphasizes the importance of precise and efficacious diagnosis and awareness of manifestations associated with the syndrome.

The Guide’s information should facilitate clinical dealings with family, coworkers and others in aiding those afflicted with the syndrome. If an involved community has a greater awareness of the resources to better support an individual with Asperger’s syndrome, it may be accessed more readily which will only benefit the patient in terms of his/her social functioning and interpersonal relationships.

This Guide also serves to advise clinicians and prescribers regarding psychotropic medications for behavioural and psychiatric manifestations for Asperger’s. It reviews the pharmacokinetics of the medications, how they may benefit the client, how to establish monitoring parameters for the clinician and how to anticipate and address any adverse pharmaceutical side effects. The review of benzodiazepines was beneficial, reinforcing the addictive potential and difficulty with the withdrawal syndrome. The Guide, however, would have benefitted from further discussion regarding PRN protocols. (The term PRN comes from the Latin “pro re nata” and means “as the occasion arises,” or “as needed.” In PRN protocols, the decision of when to administer the medication (either over-the-counter or prescription) is left to the nurse, caregiver or the patient’s prerogative. Although the Guide did assert the importance of a client-centred careplan, examples of such care-plans involving PRN protocols would have been helpful for caregivers so they could more readily implement them. It should also be noted that the authors made no mention of the potentially adverse effects of adrenergic beta
blockers such as bradycardia (very slow heart beat rate) and hypotension (very low blood pressure) (Schmidt do Prado Lima, 2009).

There is a deficiency of research in the adult population who have Asperger syndrome which compounds the issue of lack of awareness. As ever, more information and evidence-based data is needed for us to properly address these individuals and improve the services that are required to assist in their overall functionality. This Guide, however, is an essential resource of information for any professional who is treating the problematically under-diagnosed and often inadequately-understood symptoms of Asperger syndrome. It sets a precedent for the need for specialty care and services to treat these individuals to assist them to achieve optimal potential.


**Editor’s Note**

As of December, 2014, in addition to being in private practice, Ms Janicas will work as consultant in psychiatric assessment for a community agency that provides services to people with developmental disabilities.

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**References**


