Autism Spectrum Disorders: Offending and the CJS

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Dr. Jessica Jones, C. Psych
Clinical & Forensic Psychologist
Associate Professor of Psychiatry & Psychology
Clinical Director of DD Consulting Program
Acting Chair Division of Developmental Disabilities
Department of Psychiatry
Queen's University

Outline

- Overview of the literature regarding offenders with Autism Spectrum Disorder (ASD)
  - prevalence and characteristics
- Introduction to the salient issues for this population in the CJS
- Case examples

Why important to identify?

- Increased recognition that individuals with ID and/or ASD who offend should be dealt with differently from the general population
  - high prevalence of psychiatric disorders
  - Impaired social perspective taking i.e. social norms
- Present specific challenges and vulnerabilities within the mainstream CJS for police, courts and corrections
  - poor insight and consequential learning
  - treatment vs punishment paradigm

Why important now?

- Process of deinstitutionalisation and bed closures suggest period of resettlement is often difficult
  - increased exposure to risk situations
  - new legal pathways
- Present specific service implications for caregivers and agencies
  - caregiver tolerance threshold
  - system culture change i.e. custody to community

What is ASD & Autism?

- Autism Spectrum Disorders (formally known as PDD) are defined as a continuum of disorders
  - As of June 13 no longer Childhood Disintegrative Disorder, Retts Syndrome, PDD NOS
- ASD is a clinical spectrum from Autism to Aspergers Syndrome
- Individuals exhibit a continuum of diverse characteristics with similar underlying impairments in ***social interaction, communication*** and ***behavioural interests***
- Better to define as the degree of expression of impairment in each of the three areas (DSM IV to DSM-V)

Triad of Impairments (Wing, 1971)

Identification based on presentation of communication skills, social interactions and pattern of skills and abilities

I. Communication:

Impairment in verbal and non-verbal communication

II. Social Relationships:

Impairment in reciprocal social interaction

III. Imagination and Rigidity:

Impairment in imaginative play and limited interests

ASD Spectrum

DOMAIN	AUTISM		HFA/ASPERGERS
I. COMM	No speech /vocalizations	Verbal ⟷	Mature/Odd language (semantic/pragmatic)
II. SOCIAL	World of their own	Social ⟷	Misfit in socially focused world
III. IMAG	Non-functional objects	Imagination/ Repetitive Behaviour ⟷	Non-bizarre routines/interest "extreme hobbyist"

ASD Offenders: Prevalence

- Prevalence studies reflect around 3% of mentally disordered offenders in community (Siponmaa 2001)
- Higher rates of HFA and AS in secure hospitals
  - (Hare, 3% ASD/90% AS, 1999)(Scragg, 1.5% ASD)
- Vulnerable due to unique neuropsychiatric symptoms and behavioural phenotype of ASD

Phenotype of ASD and Risk

- Social impairment:
  - Interpreting social cues and interactions (*distorted intentio*ns)
  - Socially and emotionally unusual behaviours (*b/w rules*)
  - Poor insight or concern about consequences *(empathy, TOM*)
- Verbal /Non-verbal communication:
  - Awkward expressive language (*concrete*)
  - Superficial comprehension (*perceived by others*)
  - Dysprosody/affect modulation *(extreme emotions*)
- Routines and repetitive activities:
  - Obsessional rote pursuit of circumscribed interests
  - Impulsive high risk behaviours, poor self-control
  - Adherence to rules, lack of flexibility

Risk Variables in ASD (RCP, 2006)

- More likely male
- Executive dysfunction difficulties (*stickiness)*
- Social naivety with interpersonal difficulties (*context*)
- Impairment in social judgment of others (*intuition)*
- Difficulty with empathy and remorse (*emotions)*
- Acquiescent to others (*social traffic/rules*)
- History of impulsivity and/or ADHD (*reactive*)
- Chronic anxiety and attachment problems *(mistrustful*)

Offence Type

- Range of offences:
  - Physical Aggression and/or Verbal threats
  - Public Nuisance
  - Sexualized Offences ie stalking, harassment
  - *Criminal Damage*
  - *Fire-setting*
  - *Homicide*

(Murphy et al, Howlin et al, Attwood)

- Precipitating Reasons
  - Isolation
  - Social rejection
  - Sexual rejection
  - Bullying
  - Family conflict
  - MH instability
  - Life event
  - Bereavement

(Allen, Evans et al)

Aggression and ASD

- Offenders more likely to have difficulties with reactive aggression and anger dyscontrol then premeditated violence or malicious intent

- Present as either:
  - Behavioural Reaction (immed. impulsive act)
  - Emotional Response (perceived threat/slight)

- May be '*symptom'* of underlying mental health problem and/or sensory impairments

Assault and ASD

- Revenge (*justified anger)*
- Exclusion *(perceived marginalization)*
- Default identity (*deviant membership*)
- Special Interest (*fascination with extremes*)
- Gaining Recognition (*guaranteed response)*
- Reactive (*environmental ambiguity/sensory defensiveness*)

Sexual Behaviours and ASD

- Higher risk and vulnerability due to:
  - less likely to have experiences that teach sexual health
  - more likely to have distorted/inflexible knowledge of sexuality
- Sexual deviance or paraphilia is distinctly different, rare and often misdiagnosed
- Offenders more likely to exhibit less violent but more sexually inappropriate behaviours due to ‘sexual rule ambiguity’
  - i.e. stalking, public masturbation, exhibitionism, voyeurism
- Indirect non-verbal incidents of self-arousal/attraction

Sexual Offences and ASD

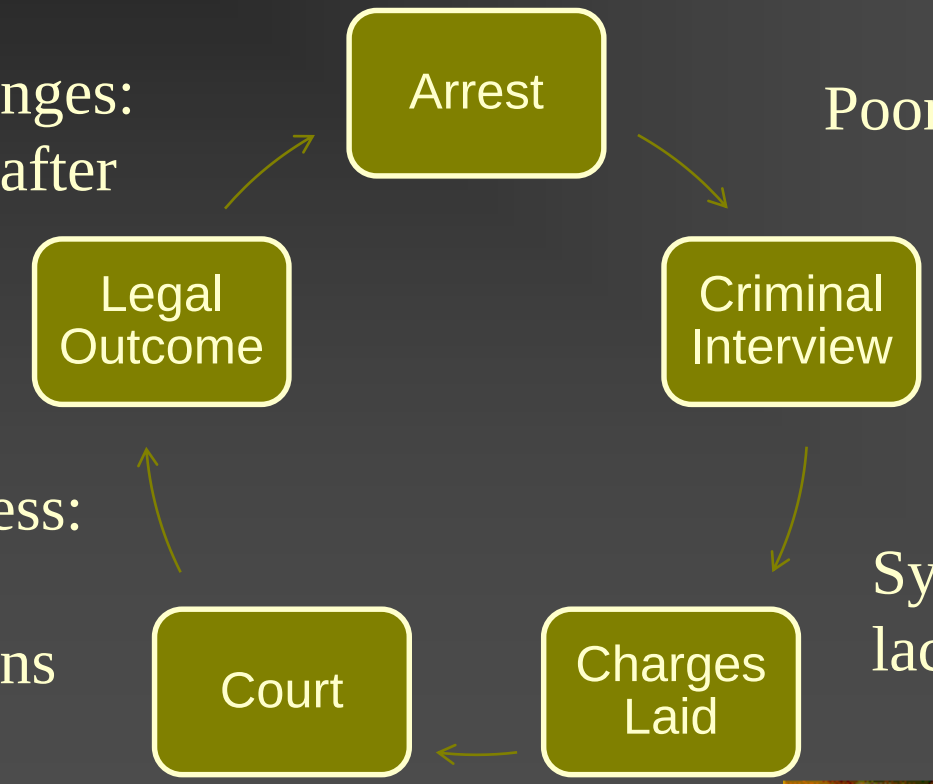
- Lack of normative experiences (*comp. group*)
- Impaired social perspective-taking (*advance*)
- Projected social assumptions (*intimacy)*
- Rote learners and concrete rules (*past exps)*
- Lack of flexibility in social interpretations (*fluidity*)
- Rigid expectations (*dichotomy)*
- Persistence/rumination provoke re/shp change (thwarted affection)

Misguided perceptions of intent and purpose….

- ‘no remorse, callous’ (*poor insight)*
- ‘oppositional, non-compliant’ (*inflexibility)*
- ‘attention seeking’ (*diffs with nuisance)*
- ‘fradulant’ (*sophisticated language)*
- ‘no responsibility/account.’ (*b/w thinking)*
- ‘won’t learn from cons.’ (*diff generalizing)*
- ‘looks guilty’ (*anxiety, motor diff ,clumsy)*

Legal system and ASD

INEQUITIES OF JUSTICE



Poor identification

System challenges: lack of advocacy

Complex process: Minimal court accommodations

Service challenges: Ltd. planning after legal outcome

CJS Vulnerabilities

- Unlikely to be recognised
- Temporal time problems
- Differentiate accountability of self vs others
- Misinterpret sequence of events (literal)
- Misjudge re/shps (advocate vs support)
- Undue compliance or rule rigidity
- Uncautious honesty & unemotive about facts
- Sophisticated language without meaning

CJS & Community Response

- Wide range of variability *'when, why and what for'* CJS is accessed due to:
  - agency policies & philosophy of care
  - behavior tolerance & risk management approach
- Most individuals have different experiences of contact with the law as most move around services
- SO no clear message of what to expect
- DS and MH systems not accommodating as ASD are seen as 'square peg in a round hole'
- False deterrent as inds like structure/routine of CJS

Red Flags in the CJS

- Limited training for police about ASD/MI
- Influence of system pressures: choose ‘least time’ option
- Vicious cycle of breach of probation – *3 strikes your out*

- Message of punishment not treatment
- Rarely a teaching opportunity to change behaviour
- Misused as ‘leverage’ : if beh then jail!

ASD Offending Behaviour Treatment…

- Individually tailored rather than ‘blanket’ approach
  - MUST be based on comprehensive risk assessment and management plan
  - substantial research on ABA intervention programs
  - communication: signing, PECS, visual boards
  - social stories, cartoons & social perspective taking
  - behavioural rehearsal, role-play & skill acquisition
  - sensory integration assessments
  - psychopharmacology (SSRI’s, anti-psychotics, anti-convulsants, anti-anxiety, stimulants)
  - psychotherapy depending on cognitive level (CBT, DBT and systemic)

CJS Cases: ASD & Aggression

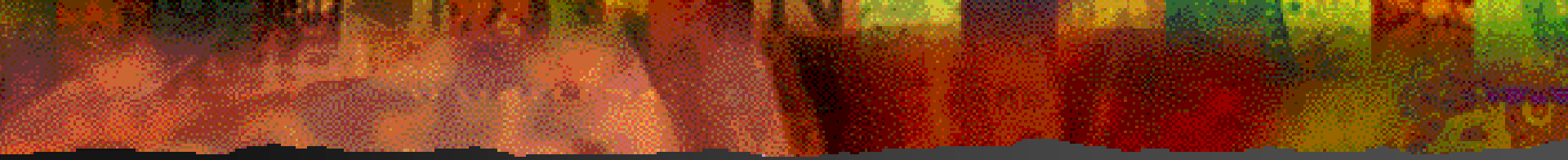
- Rule-based world
  - Strict routine and Intolerance to ‘exceptions to the rule’
  - 42 yr old with multiple physical assaults
- Extreme social experiments
  - Avoids ‘live’ confrontation and elicits extreme reactions due to inability to read non-verbal cues
  - 22 yr old with verbal harassment charges
- Entitled aggression
  - Lack of empathy, TOM and insight leads to egocentric righteous attitude and justified extreme response
  - 30 yr old with threats and arson charges

CJS Cases: Sexual Behs & ASD

- Poor insight and self-identify
  - Unrealistic expectations exacerbate romantic failure
  - 19 yr old with trespassing and stalking charges
- Greys of Relationships
  - Inability to interpret social nuisance and context
  - 25 yr old with sexual solicitation over internet
- Rigid expectations
  - Paucity of romantic exp and rule generalization
  - 17 yr old female with sexual harassment behs at school
- Acceptance: non-judgmental, social immature, un-complex

Queen's DDCP: Dual Diagnosis Program

- SEO Regional inter-professional academic-service team of faculty from psychiatry, psychology, social work and rehabilitation
- Serve children and adults across the lifespan with dual diagnosis: intellectual disabilities and/or autism spectrum disorders with mental health problems
- Offer consultation, assessment, intervention and therapy
- Specialized clinics for TAY, ASD and Dual Diagnosis and Forensics (Offending/Sexuality)



Thank you!

Email: jonesj@queensu.ca

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Child Cases..

- 16 year old Aspergers boy referred by school following suspension for aggression and behavioural outbursts
  - Psychological assessment (NVLD), school conference
  - school reintegration with social stories scripts for EA
- 9 year old PDD boy referred for differential diagnosis of anxiety and behavioural problems
  - parental education about PDD and sensory issues
  - medication trial
- 13 year old referred following threats and assault of a female student
  - School conference on diagnosis and emotional dysregulation
  - individual therapy on social-sexual issues
  - Parenting strategies

Adult Cases..

- Adult male with Aspergers and Tourettes referred following trespassing charge
  - Diagnostic psycho-education and community supports
- Male with autism referred for medication following ‘rage’ attacks on mother
  - Behavioural functional analysis and medication
- Adult male with Aspergers referred following charges of ‘uttering threats’
  - Individual DBT therapy
- Adult male with autism referred following ‘stalking’ charges
  - Agency and parental systemic work around diagnosis
  - community program