

Autism Spectrum Disorders: Offending and the CJS



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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
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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
 - poor insight and consequential learning
 - Present specific challenges and vulnerabilities within the mainstream CJS for police, courts and corrections (treatment vs punishment)
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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
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What is PDD, ASD & Autism?



- Pervasive Developmental Disorders are defined as a continuum of disorders
 - Autism, Aspergers, Childhood Disintegrative Disorder, Retts Syndrome, PDD NOS
- Autism Spectrum Disorder is a spectrum from Autism to Aspergers
- 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

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

I. Communication:

Impairment in verbal and non-verbal communication

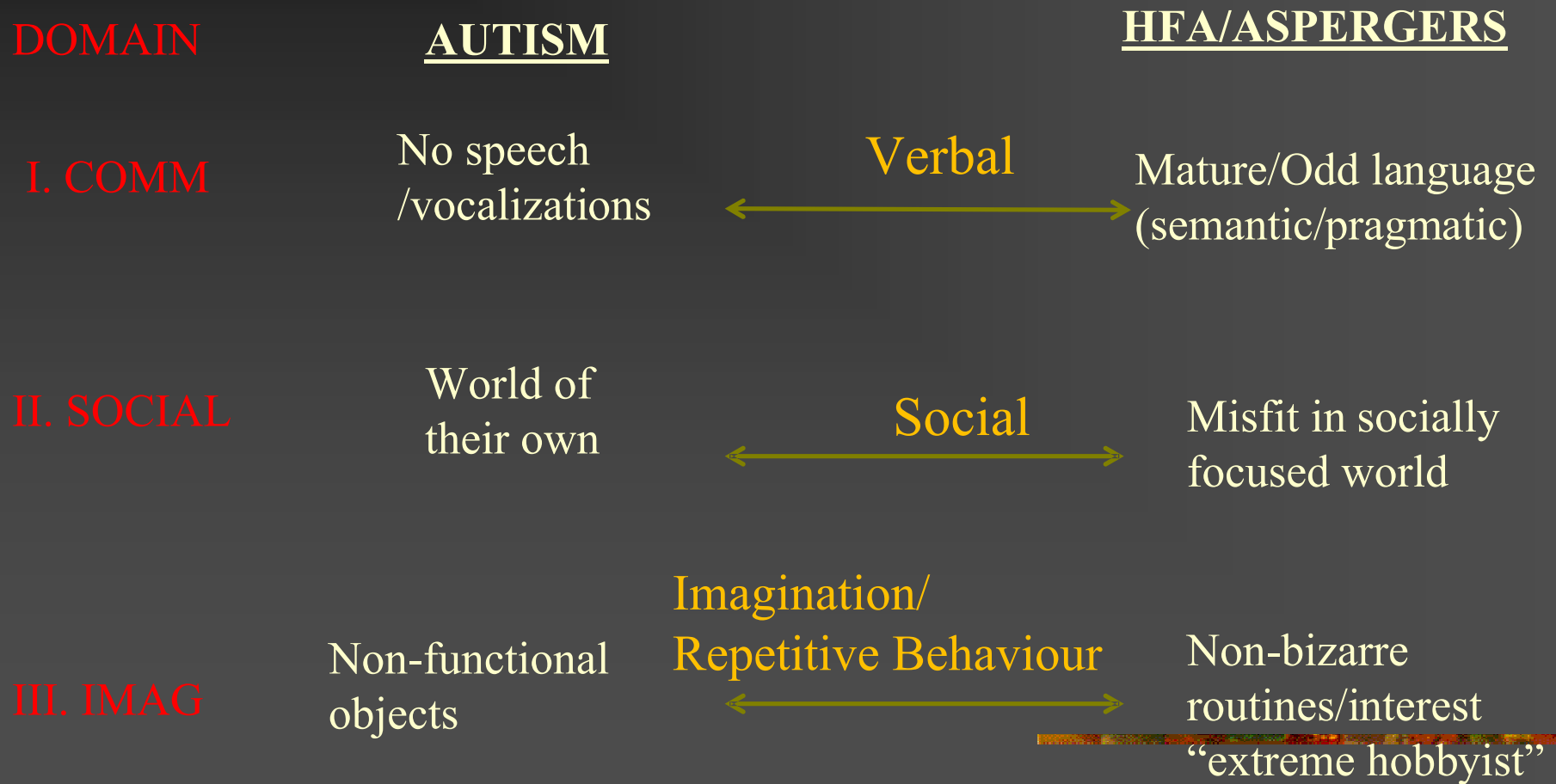
II. Social Relationships:

Impairment in reciprocal social interaction

III. Imagination and Rigidity:

Impairment in imaginative play and limited interests

ASD Spectrum



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
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Phenotype of ASD and Risk

- Social impairment:
 - Interpreting social cues and interactions (distorted intentions)
 - 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

RCP (2006) Risk Variables in ASD

- 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
 - Chronic anxiety and attachment problems
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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 than 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
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Assault and ASD

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

Sexual Behaviours and ASD

- Higher risk and vulnerability due to:
 - more likely to experience abusive sexual events
 - less likely to have experiences that enhance 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)

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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

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)
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Legal system and ASD

INEQUITIES OF JUSTICE



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
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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!
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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



Thank you!

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