

Autistic Spectrum Disorders and Criminal Justice

Kent Grelling, PhD

Grelling Psychology Associates

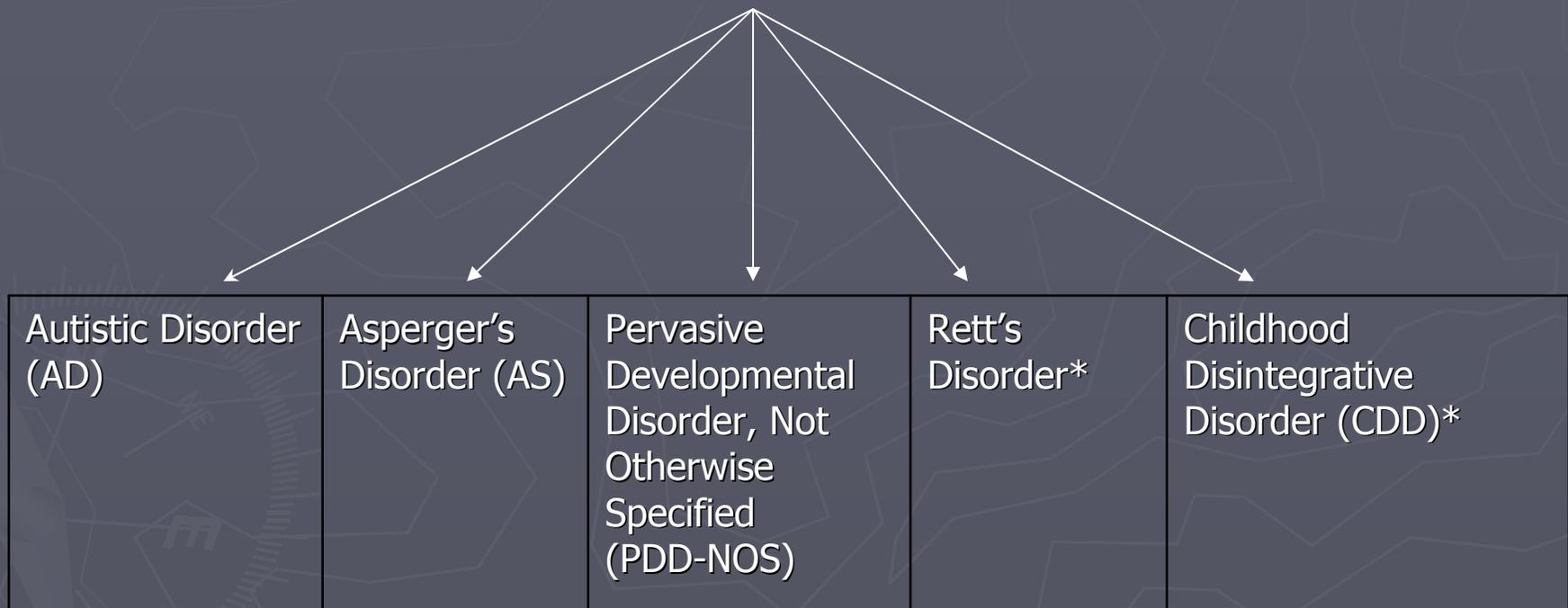
Orinda, CA

www.drgrelling.com

What are ASD's

- ▶ “Autistic Spectrum Disorders”
 - Not a formal diagnostic term but widely used
 - A class of disorders marked by deficits in:
 - ▶ Social Impairment
 - ▶ Communication
 - ▶ Repetitive or restricted interests
 - Multiple sub-diagnoses
 - ▶ Autistic Disorder
 - ▶ Asperger's Syndrome
 - ▶ Pervasive Developmental Disorder
 - ▶ Etc.

Pervasive Developmental Disorders (Autistic Spectrum Disorders)



Social Impairments:

- ▶ Marked impairment in the use of multiple nonverbal behaviors such as eye to eye gaze, facial expression, body postures, and gestures to regulate social interaction
- ▶ Failure to develop peer relationships appropriate to developmental level
- ▶ A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g. by a lack of showing, bringing or pointing out objects of interest)
- ▶ lack of social or emotional reciprocity

Communication Impairment

- ▶ Delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gestures or mime)
- ▶ In individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
- ▶ Stereotyped or repetitive use of language or idiosyncratic language
- ▶ Lack of varied, spontaneous make believe play or social imitative play appropriate to developmental level

Repetitive or Restricted Behavior, Activities, and Interests

- ▶ Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
- ▶ Apparently inflexible adherence to specific non-functional routines or rituals
- ▶ Stereotyped and repetitive motor mannerisms (e.g. hand or finger flapping or twisting, or complex whole body movements.)
- ▶ Persistent preoccupation with parts of objects

DSM-IV Autistic Disorder

- ▶ At least 6 of 12 criteria (over all three areas)
 - Social Impairments (at least 2)
 - Communication Impairments (at least 1)
 - Restricted Range of Routines & Interests (at least 1)
- ▶ Delays or abnormal functioning prior to the age of 36 months
- ▶ Not better accounted for by Retts or CDD

DSM-IV Asperger's Disorder

- ▶ Qualitative impairments in:
 - Social interaction (at least 2)
 - Restricted Range of Routines & Interests (at least 1)
- ▶ Clinically significant impairment in social occupational or other functioning
- ▶ No clinically significant general delay in language
 - Single words by 2 years, phrases by 3 years
- ▶ No clinically significant general delay in cognitive development
 - e.g. not MR
- ▶ Do not meet criteria for another PDD (e.g. autism) or Schizophrenia

DSM-IV Pervasive Developmental Disorder NOS (PDD-NOS)

- ▶ "...severe and pervasive impairment in the development of reciprocal social interactions or verbal and non-verbal communication skills, or when stereotyped behavior, interests and activities are present, but the criteria are not met for a specific Pervasive Developmental Disorder, Schizophrenia, Schizotypal Personality Disorder, or Avoidant Personality Disorder."
 - "Catch-all" category when a person meets some of the PDD criteria but not enough for a diagnosis of Autism or Asperger's disorders

Making an ASD Diagnosis

- ▶ Behavioral diagnosis
- ▶ No blood test, genetic test, or brain scan can make an ASD diagnosis
 - And unlikely to be the case in the future
- ▶ A medical ASD diagnostic evaluation may include:
 - Parent interviews
 - History/file review
 - Play-based observations
 - Cognitive testing
 - Medical examination
 - Clinical impressions of an ASD professional
- ▶ The evaluation determines if the child meets the ASD criteria in three core areas

The ADOS

- ▶ The Autism Diagnostic Observation Schedule
 - Has become the “gold standard” for diagnostic testing
- ▶ 4 levels based on developmental/ language level of the person
 - Each level contains a series of semi structured social “presses” designed to elicit social interaction
 - Can be used with adults and higher functioning persons
- ▶ Often used in combination with the ADI (Autism Diagnostic Interview)
 - Developmental interview for parents/caregivers

Other “spectrums” in ASD

- ▶ In addition to multiple diagnoses there are:
 - Variable levels of social impairment
 - ▶ HFA – “High Functioning Autism”
 - Variable levels of IQ and language impairment
 - ▶ From gifted to profoundly MR
 - Changing presentation developmentally
 - ▶ Can only be dx’d in adults with adequate developmental hx
 - ▶ Typically need reliable collateral sources to do this
 - Changing diagnostic categories over time
 - ▶ Asperger’s only introduced with DSM-IV
 - ▶ Now many with Asperger’s diagnosed as autistic as our understanding evolves
 - Multiple co-morbid conditions affect presentation

Diagnoses with “symptom overlap” with ASDs

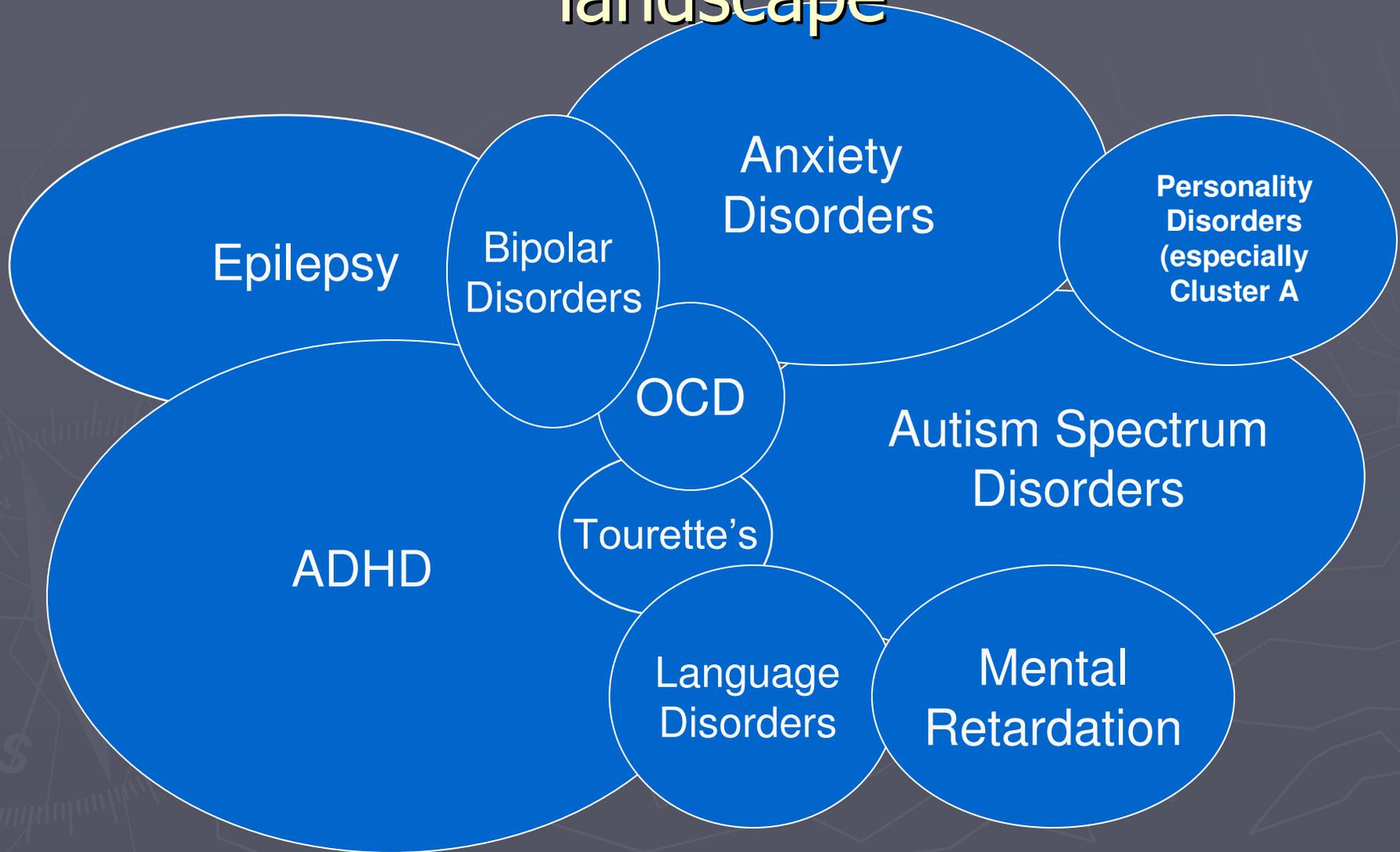
- ▶ ADHD
- ▶ Language disorders
- ▶ Mental retardation
- ▶ Bipolar Disorder
(especially childhood onset)
- ▶ OCD
- ▶ Tourette's syndrome
- ▶ Social phobia
- ▶ Schizoid/Schizotypal/Avoidant and other personality disorders
- ▶ Epilepsy (in various manifestations)
- ▶ Psychotic Disorders
- ▶ etc.

Comorbid Symptoms

In persons with ASD's as many as:

- ▶ 60% with poor attention/concentration
- ▶ 40% hyperactive
- ▶ 88% with morbid or unusual preoccupations
- ▶ 37% with obsessive thinking
- ▶ 86% with rituals
- ▶ 89% with stereotyped language
- ▶ 74% with sig fears/anxiety
- ▶ 44% with depressed mood, irritability and agitation
- ▶ 11% with sleep problems
- ▶ 43% with self injury
- ▶ 10% with tics

A "map" of the neurodevelopmental landscape



Non-DSM Diagnoses in ASD persons

- Sensory Integration Disorder (and other terms)
 - ▶ Over sensitivity to sound, touch, taste etc
 - ▶ Or Under sensitive to sound, touch, taste etc
 - ▶ Usually diagnosed by occupational therapist
- Auditory Processing Disorder
 - ▶ Brain does not recognize or misinterprets sounds
 - ▶ “chair” is heard as “hair”
 - ▶ Usually diagnosed by audiologist, speech & language therapist
- Nonverbal Learning Disorder (NVLD)
 - ▶ Good at verbal abilities (reading)
 - ▶ Poor at visual-spatial abilities (math)
 - ▶ Also poor social abilities
 - ▶ Usually diagnosed by psychologists

Autism in Adults

- ▶ Lack of social understanding
 - inappropriate, awkward, too loud, too close, too intense
- ▶ Anxiety
 - Common to majority of higher functioning autistic people
- ▶ Preoccupations
 - Intense obsessive interest in particular topics
 - Often compulsive behaviors as well
- ▶ Atypical communication style
 - Subject changes, lack of reciprocity, self-focused, extreme expression of emotion (or little expression)
- ▶ Sensory issues
 - Fear or agitation in response to being touched, loud noises, etc.
- ▶ Social withdrawal
 - Can be quite extreme in some persons
- ▶ Depression

Differences in adult presentation

- ▶ More obvious symptoms may fade
 - Repetitive behaviors like hand-flapping
 - Speech delays
 - Lack of eye contact
- ▶ Sometimes evolve into more subtle forms
 - Hand wringing instead of flapping
 - Slow verbal responses or hyperverbal style
 - Prolonged or unusual eye contact, stiff posture, atypical gestures
 - Voice tone unmodulated for situation (too loud or soft)

Epidemiology

- ▶ Prior to the 1990's - autism: 4/10,000
- ▶ Currently - 1/500-1/150 for ASD
- ▶ Recent Research:
 - Frombonne 2003: 1/166 based on 3 studies using same methods
 - CDC 2006: 2-6/1000 based on data from approximately 20 studies

An Autism Epidemic?

- ▶ Previous prevalence numbers often based on “classical autism”
 - Our current prevalence numbers are reflective of the entire spectrum (autism, PDD-NOS, Asperger’s)
- ▶ Diagnoses themselves have changed
 - Dramatic increase in prevalence with release of DSM-IV and its gradual adoption by clinicians and researchers
- ▶ Increased societal awareness and acceptance leads to increased seeking of treatment and subsequent diagnosis
 - Autism is on cover of Time, on Oprah, on Boston Legal, etc.
- ▶ More and better services for children with ASD’s leads to greater motivation to get diagnosis
 - Previously both parents and clinicians avoided label. Now it is key that unlocks access to educational and social services
- ▶ Possibly other factors as well...
 - Much research is going into this area to determine if environmental factors playing a role.

Common meds used

- ▶ Not my area of expertise as a psychologist
- ▶ However...
 - Many ASD adults and kids on SSRI's to cope with anxiety, obsessive behaviors and depression
 - Often atypical antipsychotics used to address aggression/ anger
 - ▶ As well as psychotic symptoms in subset of cases
 - Stimulants common for attentional issues
 - ▶ Though these are often the result of anxiety rather than classic attention problems
 - Mood stabilizers also used with persons showing mood problems
- ▶ Persons with ASDs seem prone to atypical reactions to meds and this often must be approached slowly and carefully in order to avoid adverse reactions

ASD's and Crime

- ▶ Little clear evidence about prevalence in this population
- ▶ Some studies show no correlation, others mildly increased rates, and still others dramatically higher rates
 - Different methods, populations, time frames confound comparison
- ▶ However, several high profile cases have gotten much media attention
 - 18 yo English boy claimed AS after murdering a 10 yo girl
 - School shooter at Virginia Tech reportedly had dx of Autism (high functioning)
- ▶ However most researchers believe persons with ASD far more likely to be victims than perpetrators of crime
 - Perpetrators may be more likely to have co-morbid conditions (e.g. psychosis) and environmental triggers (family conflict, bullied, socially rejected, sexually rejected, lack of MH services, etc.)

Why might ASD persons commit crimes?

- ▶ Social delays can manifest as lack of empathy for others.
- ▶ Limited insight and self reflection can lead to denying responsibility, and blame others.
- ▶ Problems with social perception can lead to poor prediction of consequences of behavior.
- ▶ Anxiety and sensory defensiveness can lead to impulsive, sometimes aggressive, behaviors
- ▶ Social naivety and misinterpretation of relationships can result in exploitation by others
 - This seems very common in my personal experience with clients with ASDs.

(Howlin, 2004;Berney, 2004)

Continued...

- ▶ Misinterpretation of societal rules can lead to involvement in criminal behaviors.
 - E.g. public masturbation or exposure
- ▶ Difficulty judging the age of others, and understanding their developmental level and intentions may lead to incestuous relationships, sexual advances to minors etc.
- ▶ Obsessive interests can lead to thefts, stalking, etc
- ▶ Social difficulties, poor response to anxiety and sensory defensiveness may lead to conflict with police in high pressure situations and patients being arrested for behaviors that others would not be prosecuted for.
 - ASD adult gets out of car at traffic stop, acts "erratically", officers try to restrain, person becomes agitated and aggressive, leading to assault or charges of resisting arrest.

Common factors

- ▶ Murrie et al (2002): Analysis of six case histories of ASD adults in forensic settings. Commonalities across cases included:
 - ▶ Deficient empathy
 - ▶ Interpersonal naiveté
 - ▶ Sexual frustration
 - ▶ Immediate confession
 - ▶ Links to preoccupations
- ▶ Barrie-Walsh & Mullen (2004): Analysis of five cases. Similar themes raised, especially deficient empathy

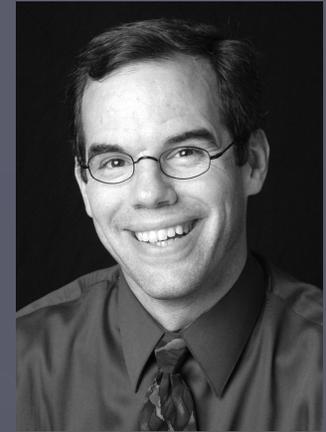
Service Problems for Persons with Adult ASD

- ▶ Limited outcome research for persons similar to those being currently diagnosed
 - We don't know what happens with high functioning persons or what they really need in adulthood
- ▶ Limited social services for adults with autism
 - Especially for higher functioning adults
 - Autism Society of America has called this a "national crisis"
- ▶ Dramatically increasing numbers of adults with ASD
 - And this likely to continue for the foreseeable future as more children getting diagnosed each year
- ▶ Limited knowledge of effective treatments for adults
 - Vast majority of research focused on children under 5

Resources

- ▶ Childnet.tv video on Police and Autism
 - http://www.childnettv.com/videos/services/police_and_autism
 - Run by Dan Marino foundation, site has a range of videos for parents and professionals
- ▶ Autism Society of America
 - www.autism-society.org
 - Largest parent, professional and consumer support organization
- ▶ Centers for Disease Control
 - <http://www.cdc.gov/ncbddd/autism/>
- ▶ OASIS (Online Asperger's Support and Information Services)
 - <http://www.udel.edu/bkirby/asperger/>
 - Listing of numerous online support groups and forums for parents and consumers

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Grelling Psychology Associates

Mailing Address:
21C Orinda Way #141
Orinda CA 94563

925-215-8694

www.drgrelling.com