


**Autism and related conditions:
An introduction and legal issues**

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An overview of Autism


- **What is autism?**
- **The social nature of autism**
- **Adult outcomes**
- **What do we know about risk of legal involvement in autism?**



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What is autism?


- **A condition characterized by**
 - Problems in social interaction (autism)
 - Problems in dealing with change
 - Problems in communication
- **First described in 1944**
 - Understanding has evolved
 - 50's parents blamed
 - 60-70's strong evidence of brain and gene involvement
 - Officially 'recognized' as a diagnosis 1980
 - Explosion of research past 20 years



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Common Misconceptions

- **Autism related to social class**
 - Not true, see all social classes, countries
- **Not associated with intellectual deficiency**
 - Scatter on cognitive testing is common
 - Splinter or 'savant' skill sometimes seen (10%) of cases
 - BUT with early diagnosis and intervention most (not all) children doing better





Evolution of diagnostic concept

- **1944 Infantile autism (Leo Kanner)**
- **1980 DSM-III recognized infantile autism**
- **1994 DSM-IV included autistic disorder**
 - Along with Asperger's disorder, PDD-NOS (subthreshold autism) and others in Pervasive Developmental Disorder Class
- **2013 DSM-5 autism spectrum**
 - Includes all previous categories but probably excludes some cases



Asperger - 1944

Series of cases - all male
Marked social problems
Good cognitive/language
Motor problems
Circumscribed interests
+ Family Hx (esp. fathers)
"Autistic Psychopathy" / Autistic personality disorder

How common is Autism? – Is the frequency increasing?

- No question that more cases are being identified but is there a 'real' increase?
- Issues:
 - Changes in definition
 - Pre DSM III → DSM-IV & ICD-10 → DSM 5
 - Better diagnosis at both 'ends' of the spectrum
 - More awareness of the condition
 - Implications for service (diagnostic substitution)
- Generally
 - Variation with sample size
 - Study design (case eval vs. record)
 - Issues with definitional change

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Outcome – two snapshots

First studies: Good (n=1156), Fair (n=1166), Poor (n=1179)

Next wave!: Good (n=1189), Fair (n=1191), Poor (n=1194)

Data adapted from Howlin, 2005
Good: independent, Fair: Semi-independent
Poor: 24/7 care

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Outcome

- Better overall outcome over time
 - Probably due to early diagnosis and intervention programs better
 - But even with more adults being independent and self sufficient
 - VERY little info on aging
 - LIMITED information on employment, legal risk, etc.
 - In CT supports tied to intellectual disability
 - High rates of anxiety and depression

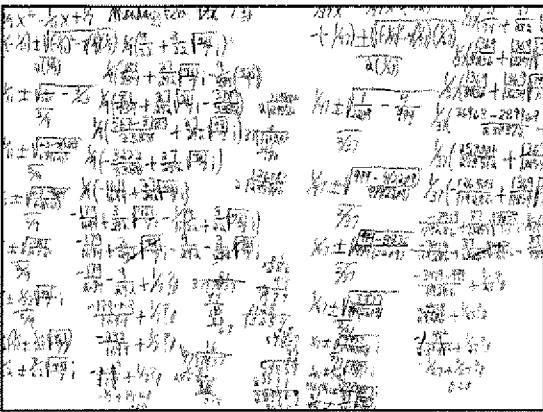
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Case example

- Please take a guess as to what the next page of equations is about!




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Social difficulties autism



- **Severe and persistent**
 - Defining characteristic of the condition
 - Probably lead to much of the related cognitive disability and problems in real world (adaptive) skills (generalization)
 - Do change over time
 - Aloof → Passive → Active but odd (Lorna Wing)
 - Difficulties in mutual gaze, joint attention, pragmatics, 'theory of mind'



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If you have a social frame!



- **If you come into the world (like most of us) with a social 'frame' to view it many things happen!**
 - People are the center!
 - Joint attention
 - Affective development
 - Desire to communicate
 - People become THE most important things in the world (starting with parents)!

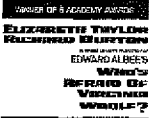
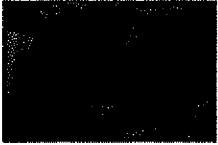
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If you DON'T have the social frame - everything matters!

- **Interest in nonsocial world**
- **Failure in social orientation**
 - Meaning sought thru environment
 - Consistency and stability and
 - Contingency!
 - Gestalt learning style
 - Difficulties in multitasking


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Viewer with autism
 Age: 38, FSIQ: 119,
 ADOS-4 / ADI-R +,
 Vineland Socialization: 69

Typical Viewer
 Age: 27, FSIQ: 110

Klin et al. (2002). *American Journal of Psychiatry*. 159, 895-908.



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Focus on mouths vs. focus on eyes → lose about 90% relevant information

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ASD/Asperger & Violence ^(ML)

- **The nature of the data and its limitations**
 - What do we know and not know?
- **Increased risk of contact with legal system** (e.g., North et al., 2008)
- **But NO increased risk of violence or violent crime** (Murrie et al., 2002; Wahlund & Kristiansson, 2006; Woodbury-Smith et al., 2006; Hillbrand & Sandik, 2012; Lerner et al., 2012)
- **How to make sense of these two findings?**

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Legal Issues


- **Arise in various contexts**
 - Guardianship, involvement in criminal justice, long term estate planning
 - Increased risk (7X) involvement in criminal justice system
 - Poor judgment, social isolation, etc. increase risk
 - Asperger's – case reports of violence
BUT
 - Not good systematic data to show this
 - More frequently *victims* (anecdotal & some empirical evidence)

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ASD/Asperger & Violence (FV, ML)


- **The nature of the data and its limitations**
 - Case reports
 - Case series (prisons)
 - PROBLEM with above
 - There are really NO epidemiological studies



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Understanding potential legal risk (ML)


- **Lerner et al. (2012) model**
- 1. Theory of Mind** (Baron-Cohen, 1988)
 - understand others' perspective
 - NOT deficits in empathy, *per se*
 - Not unique to ASD
- 2. Emotion Regulation** (Laurent & Rubin, 2004)
 - Inhibit expression of strong emotions
 - Does NOT mean a person is *violent*
 - Not unique to ASD
- 3. Moral Reasoning** (Moran et al., 2011)
 - How individual judges action worthy of praise or blame
 - DIFFERENT from *motives*
 - Not unique to ASD




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ASD individuals as victims (FV)

- **People with ASD:**
 - a sense of social isolation can lead to potential for suggestibility/gullibility
 - Can be caught up in being bullied (or sometimes doing bullying)
 - In one study 44% reported being bullied
 - Tendency to be concrete, literal, overfocused, not get 'big picture' can lead to problems in reporting to police




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ASD individuals as perpetrators (ML)

- **NOT more likely**
- **but model may help explain how it happens when it does**
- **Confounds**
 - misdiagnosis and a lack of appropriate community-based supports (Lauer, 2014)
 - labeling as substance disordered, those patients with ASD who self-medicate (Bursztajn, 2014)
 - PTSD spectrum Sx -- comorbid due to vulnerability to bullying and stigmatization?
- **legal implications**


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Clinical and Policy Implications I (ML)

- **TRANSDIAGNOSTIC factors: Assessment and treatment**
 - theory of mind, emotion regulation, moral reasoning
 - isolation
- **Note: these factors are relevant in everyone**
 - Including those with typical development

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Clinical and Policy Implications I (ML)

- **Education of Law enforcement & Defense Bar**
 - Vulnerability to false confessions & manipulation (Salseda et al., 2011; North et al., 2008; Perske, 2000)
 - *mens rea* or involuntary intoxication issue (Bursztajn, 2014)
 - Best practices training (Debbaudt, 2002)
- **Legal education for persons with ASD**
 - Specific, nonstigmatizing
- **Public awareness**
 - ASD: NOT dangerous!
 - Patience & understanding needed in challenging situations

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Clinical and Policy Implications II (FV)

- **total (more or less) lack of work with adults and knowledge of same**
 - Need for better models of care
 - Need for research on basic issues like
 - Mental health needs
 - Supports that impact independence and outcome



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