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

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?
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

Outcome – two snapshots

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

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
Case example

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

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’
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)!

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

Viewer with autism

Typical Viewer
Age: 27, FSIQ: 110

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)

ASD/Asperger & Violence

- 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; Hurlburt & Sondik, 2012; Lerner et al., 2012)
- How to make sense of these two findings?
ASD/Asperger & Violence (PV ML)

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

Understanding potential legal risk (NL)

- 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 (Herren et al., 2011)
     - How individual judges action worthy of praise or blame
     - DIFFERENT from motives
     - Not unique to ASD

ASD individuals as victims (NL)

- 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
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 (Laws, 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

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

Clinical and Policy Implications I (ML)

- Education of Law enforcement & Defense Bar
  - Vulnerability to false confessions & manipulation (Selma et al., 2014; North et al., 2008; Resnik, 2000)
  - Memea rea or involuntary intoxication issue (Burstein, 2014)
  - Best practices training (Delainey, 2002)
- Legal education for persons with ASD
  - Specific, nonstigmatizing
- Public awareness
  - ASD: NOT dangerous!
  - Patience & understanding needed in challenging situations
Key References


Additional References