Forensic Risk Assessment and Autism

Dr David Murphy
Chartered Forensic and Consultant Clinical Neuropsychologist
Broadmoor Hospital
Berkshire, UK

Abstract

The assessment of risk forms an integral component of risk management. The recent National Institute for Health and Care Excellence (NICE) guidelines for autism in adults recommend that an assessment of risk of harm to others should form part of a comprehensive diagnostic assessment. Although there is limited research examining risk assessment procedures within autism, existing risk assessment aids for interpersonal violence appear to have limited application. In the absence of any specific risk assessment aids for autism, the view held by many clinicians is that such assessments should be informed by an individual's immediate environmental context, along with their cognitive, affective, sensory and emotional dysregulation difficulties associated with the condition, as well as any psychiatric co-morbidity, dysfunctional coping and decision-making strategies. The presence of any protective factors should also be examined, such as the introduction of any care management interventions. It is suggested that, whilst it is unlikely that any single risk assessment aid will capture all of the possible vulnerability factors and risk scenarios for an individual with autism, a set of good practice guidelines would be helpful for assessing and managing risk in this population.

Introduction

Within forensic services, the process of minimising any vulnerability to engage in offending behaviour forms a key part of the management of individuals who have previously offended or who may have the potential to offend. Integral to this process is the assessment and formulation of risk. By definition, risk refers to a negative behaviour or hazard that is incompletely understood and the occurrence of which can be forecast only with uncertainty. Applied to individuals, a risk assessment is the process of evaluating a specific problem behaviour leading to a formulation and interventions to reduce the likelihood of that behaviour. The assessment of risk is a well-established process in mainstream forensic psychiatry and psychology, with the availability of good practice guidelines (1,2). Very little is known, however, about how best to assess risk for individuals who have an autism spectrum disorder (ASD). There is also the view held by many clinicians that whilst individuals with ASD represent a small proportion of the offending population, they present with specific difficulties with regard to assessing risks for offending (3,4). Although no guidance on how to perform it is provided, it has also been recommended that the assessment of risk of harm to others by individuals with autism should form part of a comprehensive diagnostic assessment (5).

A range of conventional risk assessment aids exist to help clinicians assess the relative risk of offending and other problem behaviours in mainstream offenders. Very little is known, however, about how well these apply to, or indeed, whether they can be used at all with individuals who have ASD. One recent study (4) of a high-secure psychiatric sample of individuals with ASD, examining their risk profiles as measured using the most widely used risk assessment aid - the HCR 20 (6) found that out of the 20 historical, clinical and risk management items comprising the measure, 9 were present in 50% or less of the whole sample (n = 20). Having a history of substance misuse, major mental illness, psychopathy, displaying negative attitudes, active symptoms of major mental illness, impulsivity, being considered unresponsive to treatment, being vulnerable to exposure to destabilizers (such as using alcohol or illicit substances) and non-compliance with remediation attempts were therefore not considered significant risk factors for most individuals. In contrast, the other 11 items were present in 65% to 100%. It is not surprising that all individuals had histories of previous violence and were considered vulnerable to some form of future stress. The majority (90%) also had a history of relationship instability and 85% were considered to lack insight into their specific difficulties. Early maladjustment

(at home, school or in the community before the age of 17 years of age) and personality disorder (suspected as well as formally diagnosed) were also considered important for most individuals (75% and 80% respectively).

Vulnerability factors for offending associated with ASD

If many conventional forensic risk items such as those included in the HCR 20 do not contribute much to formulating the risk vulnerability of an individual with ASD, what should be assessed? Clinical experience, a growing body of case descriptions (7,8,9) and literature reviews (10,11) all highlight the characteristic 'triad of impairments' (significant difficulties with social communication, social interactions and different dimensions of imagination), along with a number of key features associated with having ASD that appear to increase an individual's vulnerability towards potential problem behaviours. Of those difficulties associated with having ASD considered particularly significant in terms of the assessment of risk are the cognitive difficulties, such as with theory of mind (specifically problems with empathy and perspective taking, notably with having an egocentric view of world or perhaps making incorrect interpretations of the mental states of others), central cohesion (particularly difficulties with appreciating the context of a situation - 'context blindness' - and applying rules in a flexible way) and in different dimensions of executive functioning (such as with planning and organisation, cognitive flexibility, appreciating the consequences of one's actions, as well as generalising learning from one situation to another). Cognitive dysfunction combined with social naivety may also be problematic for some individuals vulnerable to exploitation by others, as might be a failure to deal with sensory hypersensitivity and difficulties dealing with change in routine. For other individuals, cognitive dysfunction within the context of pursuing a preoccupation or deviant interest may also lead to problems (9). Whilst the relative intensity and nature of a preoccupation is important to assess, it may be the function of a preoccupation that is crucial (12). In an unpublished study comparing a non-forensic and a high-secure psychiatric care sample of individuals with ASD, it was also found that the latter group tended to pursue more solitary and deviant interests than the former, whose interests were more social in nature (13). In extreme situations, the lack of internal central cohesion and presence of 'compartmentalising' characteristics has also been suggested as leading to the development of inner preoccupations and maladaptive fantasies (14).

Several studies and reviews highlight psychiatric comorbidity as a risk factor for violence among individuals with ASD (15,16). A problem with these reviews is the range of psychiatric diagnoses present, including depression, obsessional neurosis, schizoaffective disorder and paraphilias. Other studies suggest that comorbid psychosis and illicit substance misuse may be particularly problematic in increasing the vulnerability of an individual with ASD towards interpersonal violence (17). In a community study of individuals with Asperger syndrome, including those who had offended, schizophrenia, depression, anxiety, attention deficit disorder and some form of personality disorder were all said to have been present in a significant number (18). The presence of developmental disorders of antisocial behaviour has also been highlighted for a small number of individuals with ASD who offend (19), as have the presence of psychopathic characteristics (20). Whilst psychiatric comorbidity appears to be a significant risk factor for many individuals with ASD, it is unlikely to operate without the influence of the cognitive and affective difficulties. It is also possible that, for some individuals, the presence of a psychiatric disorder such as psychosis may further compromise cognitive capacity.

A less explored but important area of forensic risk assessment is an individual's vulnerability towards developing dysfunctional and restricted coping strategies for dealing with feelings of resentment, which in turn may lead to the belief that there was no alternative way of behaving. In terms of interpersonal violence, some individuals with ASD experience a profound alienation from other adults and develop maladaptive coping strategies such as fantasies and daydreams for dealing with emotional regulation difficulties and interpersonal anxiety. Many individuals may also experience intense feelings of being wronged in some way and become hypersensitive to perceived incidents of personal criticism, perhaps leading to rumination, feelings of revenge or a wish to 'prove a point' (21). Recent research also highlights the role of emotional regulation difficulties in making individuals with ASD vulnerable to behaviour problems and offending (11,22). For some individuals with ASD it has

also been suggested that Intermittent Explosive Disorder (IED) may be applicable, i.e. a failure to resist impulses that result in serious assault or destruction of property, with the degree of aggression being grossly out of proportion to any precipitating psychological stressor (23). Research within high-secure psychiatric care has also found that self-report profiles highlight particular difficulties with 'suppressed' anger (21).

In summary, individuals with ASD present with a number of associated vulnerability factors that can increase risk of offending in some situations. It is unlikely, however, that any single factor would be responsible for an offence. A combination of difficulties, notably cognitive and affective, as well as comorbid psychiatric disorder within the context of their immediate environment (including other people) is more likely to determine actions. It has been highlighted, however, that whilst evidence suggests individuals with Asperger syndrome who commit violent offences appear to be influenced by factors specific to the disorder, because of the lack of strong evidence to support a link with violence, as well as the relatively small number of studies completed, caution is required before describing any characteristics that may distinguish the violence of individuals with Asperger syndrome from other diagnostic groups (24).

Future directions

Whilst some conventional risk assessment aids such as the HCR 20, including the revised version with its focus on formulation and inclusion of pervasive developmental disorders, offer some help with assessing risk for offending among individuals with ASD, clinical experience suggests that for the majority of cases it is a combination of associated predisposing and precipitating difficulties in specific contexts (such as high personal stress) that increases vulnerability towards offending and that are not captured by most existing risk assessment tools. Failing to include these difficulties in any forensic risk assessment of an individual with ASD is therefore likely to result in inadequate and poor risk management plans. Much remains to be established with regard to what makes some individuals with ASD vulnerable towards offending in some circumstances, notably the factors influencing the decision-making difficulties of individuals with ASD (25). It is also significant that whilst clinicians have a good understanding of the difficulties associated with having ASD, 'protective' factors against offending remain less clear. For example, the context in which behaviour occurs is crucial and it may be that social inclusion protects against developing some problem behaviours and dysfunctional beliefs. It is also likely that structure, consistency and avoidance of ambiguity in the immediate environment is important for many individuals in minimising the occurrence of problem behaviours as is illustrated by the National Autistic Society's SPELL approach. SPELL (an acronym for Structure, being Positive, Empathy, Low arousal and Links) follows a person-centred care management approach that encourages an individual's strengths and pro-social behaviour, but which attempts to reduce the occurrence of problem behaviours with changes in an individual's immediate environment and interpersonal interactions that minimise potential sources of confusion, misunderstandings or stress, as well as to promote positive learning. Given the variation in individual circumstances and difficulties, as well as the range of offending behaviours, it seems unlikely that a single risk assessment tool would capture all relevant vulnerability factors. It is suggested that a set of good practise guidelines specifically for assessing and managing forensic risk in this group of individuals would be helpful.

GP Comment.

What have I learned from this paper?

1. This paper is regarding refining the assessment of the risk of interpersonal violence as applied to a highly select sample of the general population, offenders with an autism spectrum disorder.

2. The vast majority of GPs will have no direct experience of such risk assessments nor of working in a secure setting. Indeed it is not clear to me whether these risk assessments are done in a multidisciplinary way, eg clinical psychologist(s) and psychiatrist jointly together, though this may be likely by the frequent use of the word clinician.

3. I understand the main point of the article was a suggestion to move away from the checklist style of risk assessment, HCR- 20, to a more context specific one.

4. I do wonder whether the colourfully named condition "Intermittent Explosive Disorder" is an example of over-medicalisation of anger with physical damage.

Dr Tanveer Haider
GP, Leagrave Surgery
Luton, UK.

References

1. Department of Health (2007). Best practise in managing risk: principles and evidence for best practise in the assessment and management of risk to self and others in mental health services. Document prepared for the National Mental Health Risk Management Programme. Department of Health, June 2007.
2. Royal College of Psychiatrists (2008). Rethinking risk to others in mental health services. Final report of a scoping group. College report CR150. Royal College of Psychiatrists, London.
3. Staufenberg, E. (2007). Risk appraisal in developmental forensic neuropsychiatry: an introduction and guide to the existing knowledge and clinical practice basis. Advances in Mental Health and Learning Disabilities. 1, 4, 33-43.
4. Murphy, D (2013). Risk Assessment of Offenders with Autism Spectrum Disorder. Journal of Intellectual Disabilities and Offending Behaviour. 4, 1/2.
5. National Institute for Health and Clinical Excellence (2012). Autism: recognition, referral, diagnosis and management of adults on the autism spectrum. NICE clinical guideline 142. Guidance.nice.org.uk/cg142.
6. Webster, C., Douglas, K., Eaves, D. & Hart, S. (1997). HCR 20 version 2: assessing risk for violence. Mental Health Law and Policy Institute. Simon Fraser University.
7. Murrie, D., Warren, J., Kristiansson, M. & Dietz, P. (2002). Asperger's syndrome in forensic settings. International Journal of Forensic Mental Health. 1, 1, 59-70.
8. Haskins, B. & Silva, A. (2006). Asperger's disorder and criminal behaviour: forensic psychiatric considerations. Journal of the American Academy of Psychiatry and Law. 34, 3, 374-384.
9. Barry-Walsh, J. B. & Mullen, P. (2004). Forensic Aspects of Asperger's Syndrome. The Journal of Forensic Psychiatry and Psychology. 15 (1), 96-107.
10. Gómez de la Cuesta, G. (2010). A selective review of offending behaviour in individuals with autism spectrum disorders. Journal of Learning Disabilities and Offending Behaviour. 1, 2, 47-58.
11. Lerner, M., Haque, O., Northrup, E., Lawer, L. & Bursztajin, H. (2012). Emerging perspectives on adolescents and young adults with high functioning autism spectrum disorders, violence and criminal law. Journal of the American Academy of Psychiatry and Law. 40 (2), 177-190.
12. Woodbury-Smith, M., Clare, I., Holland, A., Watson, P., Bambrick, M., Kearns, A. & Staufenberg, E. (2010). Circumscribed interests and offenders with autism spectrum disorders: a case control study. The Journal of Forensic Psychiatry and Psychology. 21, 3, 366-377.
13. Mundy, S. & Murphy, D. (2003). Comparison of cognitive, demographic and mentalisation profiles of men with Asperger's syndrome: do forensic and non-forensic groups differ? Unpublished MSc dissertation in forensic psychology. University of Surrey.
14. Silva, A., Ferrari, M. & Leong, G. (2004). The case of Jeffrey Dahmer: sexual serial homicide from a neuropsychiatric developmental perspective. Journal of Forensic Science. 47, 1347-1359.
15. Newman, S. & Ghaziuddin, M. (2008) Violent crime in Asperger's syndrome: the role of psychiatric co-morbidity. Journal of Autism and Developmental Disorders. 38, 1848-1852.
16. Palermo, M. (2004). Pervasive developmental disorders, psychiatric co-morbidities and the law. International Journal of Offender Therapy and Comparative Criminology. 48, 40-48.
17. Långstrom, N., Grann, M., Ruchkin, V., Sjöstedt, G. & Fazel, S. (2009). Risk factors for violent offending in autism spectrum disorder: a national study of hospitalised individuals. Journal of Interpersonal Violence. 24, 1358-1370.

18. Allen, D., Evans, C., Hider, A., Hawkins, S., Peckett, H. & Morgan, H. (2008). Offending behaviour in adults with Asperger's syndrome. Journal of Autism and Developmental Disorders. 38, 748-758.
19. Woodbury-Smith, M., Clare, I., Holland, A., Kearns, A., Staufenberg, E. & Watson, P. (2005). A case control study of offenders with high functioning autistic spectrum disorders. The Journal of Forensic Psychiatry and Psychology. 16, (4), 747-763.
20. Rogers, J., Viding, E., Blair, J., Frith, U. & Happé, F. (2006). Autism spectrum disorder and psychopathy: shared cognitive underpinnings or double hit? Psychological Medicine. 36, 1789-1798.
21. Murphy, D. (2010). Extreme violence in a man with an autistic spectrum disorder: assessment and treatment within high security psychiatric care. Journal of Forensic Psychiatry and Psychology.21, 3, 462-477.
22. Clements, J. (2005). People with Autism Behaving Badly: Helping people with ASD move on from behavioural and emotional challenges. London and Philadelphia. Jessica Kingsley.
23. Attwood, T. (2006). The Complete Guide to Asperger's Syndrome. Jessica Kingsley Publishers. London and Philadelphia.
24. Bjørkly, S. (2009). Risk and dynamics of violence in Asperger's syndrome: a systematic review of the literature. Aggression and Violent Behaviour. 14, 306-312
25. Luke, L., Clare, I. & Ring, H., Redley, M. & Watson, P. (2012). Decision making difficulties experienced by adults with autism spectrum conditions. Autism. 16(6), 612-621.