

ASSESSING, TREATING, AND SUPERVISING AUTISTIC ADULTS WHO HAVE OFFENDED SEXUALLY

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Objectives

- ▶ Explain the differences between the medical and neurodiversity-affirming models of autism
- ▶ Define the neurodiversity-affirming model of autism and differentiate it from the medical model
- ▶ Recognize and describe unique characteristics of autistic individuals, including cognitive, social, and sensory
- ▶ Apply this advanced understanding to clinical practices with autistic individuals who have engaged in harmful or inappropriate sexual behavior

Medical Model of Autism

- ▶ 1. Persistent Deficits in social communication and social interaction across multiple contexts
 - ▶ Deficits in social/emotional reciprocity– back and forth conversation, reduced sharing, failure to initiate or respond to social interactions
 - ▶ Deficits in nonverbal communication– abnormalities in eye contact, understanding and use of gestures, lack of expressions and nonverbal communication
 - ▶ Deficits in developing, maintaining and understanding relationships– adjusting behavior to suit different social contexts, difficulties making friends, absence of interest in peers

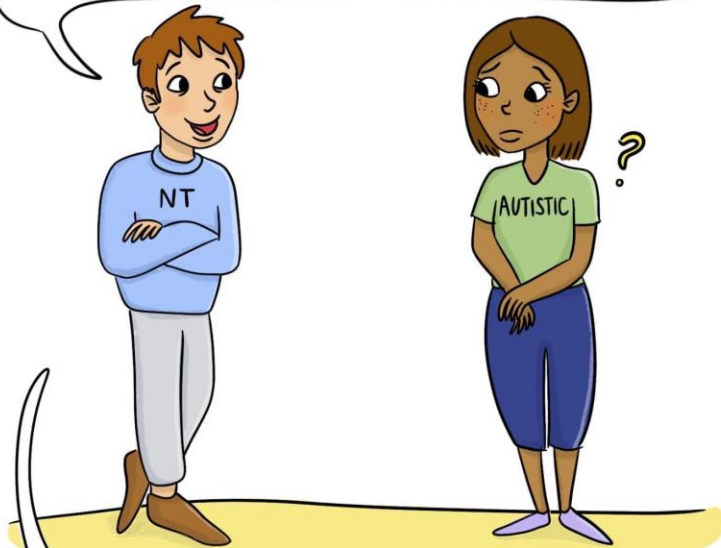
Medical Model of Autism

- ▶ Restricted, repetitive patterns of behavior, interests, and activities
 - ▶ Stereotyped or repetitive motor movements, use of objects or speech (aka stimming)
 - ▶ Insistence on sameness, inflexible adherence to routines, ritualized patterns of verbal or nonverbal behavior
 - ▶ Restricted, fixated interests that are “abnormal” in intensity or focus
 - ▶ Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment

Medical Model of Autism

- ▶ Symptoms must be present in the early developmental period, but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies later in life
- ▶ Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning
- ▶ Not better explained by intellectual disability or global developmental delay

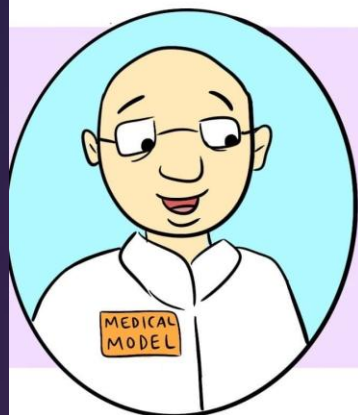
So, when YOU don't understand ME,
it's because YOU have poor understanding.



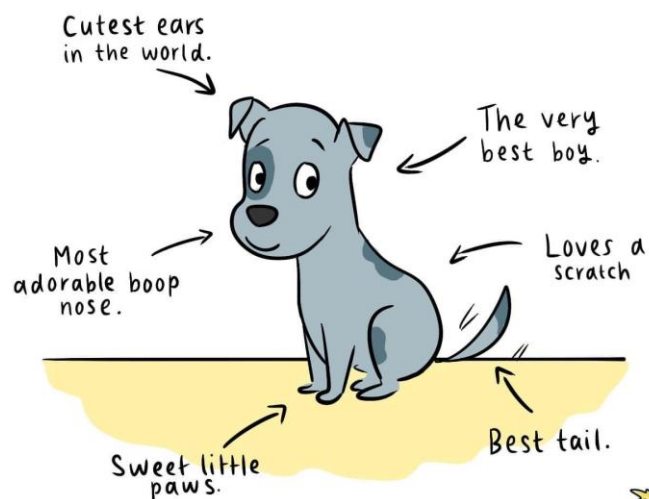
And when I don't understand YOU,
it's because your communication style
is weird & confusing.



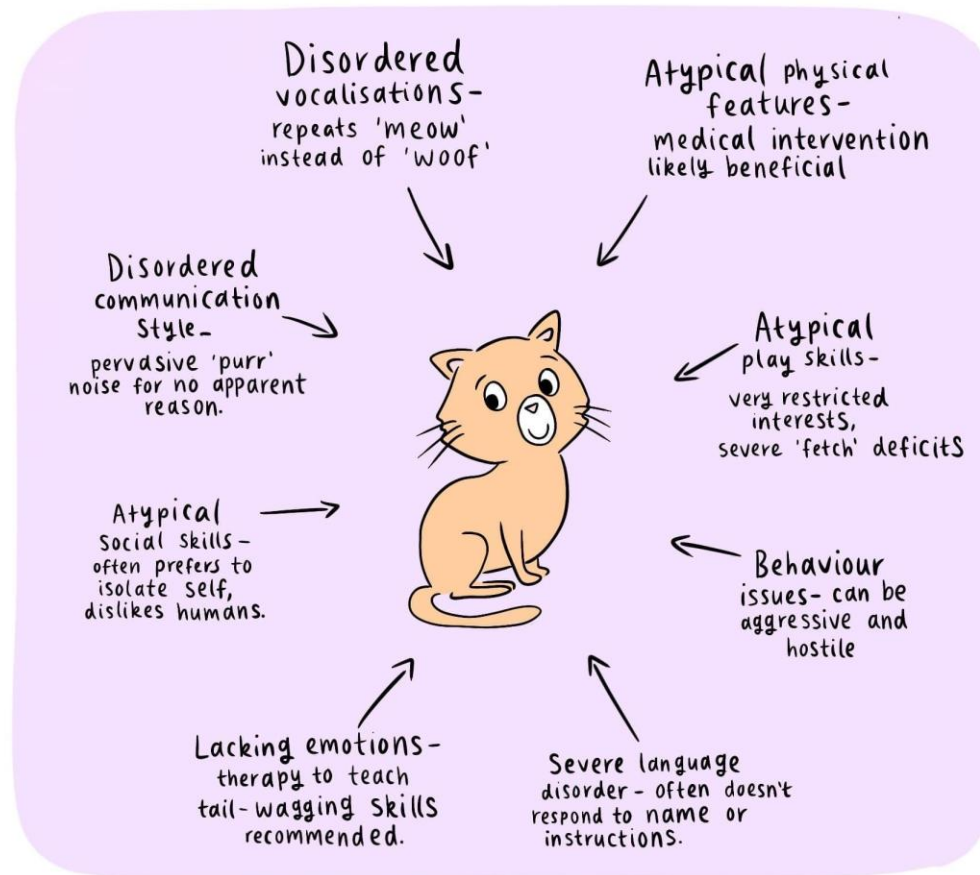
The Double Empathy Problem



Here we have a very good boy. He loves people, loves a nice walk, and his tiny wiggly bottom brings JOY to everyone who sees it.

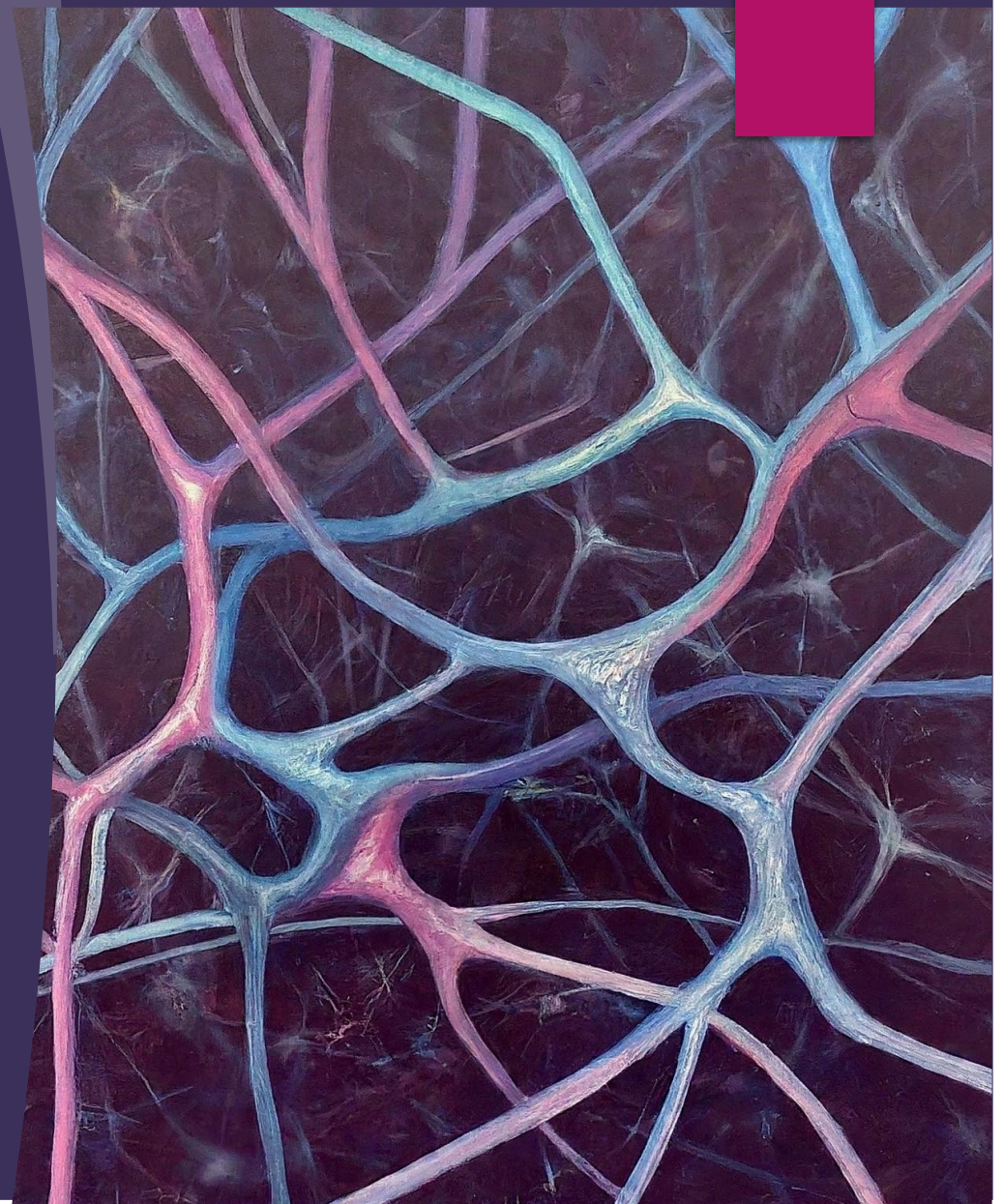


Pet with severe communication + behavioural disorder (courtesy of the medical model)



WHAT IS THE NEURODIVERSITY MOVEMENT?

- ▶ Recognizes a broad spectrum of naturally-occurring differences within the human brain and nervous system. This includes variations in cognitive, sensory, and emotional experience that can vary significantly from person to person
- ▶ Recognizes and celebrates these differences as natural variations of the human experience that should be supported
- ▶ Recognizes neurodivergent identities as valid
- ▶ Asks neuro-average people to examine their biases toward those in the neuro-minority



TERMINOLOGY

- ▶ A Neurotype gives specific information about how a person's brain works
- ▶ A Neurodivergent person is anyone whose neurocognitive functioning diverges from dominant societal norms
- ▶ Neurotypical is used to describe persons whose neurocognitive functioning matches dominant societal norms
- ▶ A group is Neurodiverse if it includes people with multiple Neurotypes

A Note on Language

- ▶ Most autistic people prefer identity-first rather than person-first language, i.e. “I am autistic” vs. “I have autism” because autism is an identity
- ▶ This is because it is impossible to separate the person from their autism, as without it they would not be who they are
- ▶ Autism is not:
 - ▶ A burden that can be set down
 - ▶ A disorder that can be changed
 - ▶ Something to struggle with (we struggle with a world that is not built for us)

How Does This Impact How We See Autistic People?

- ▶ Differences not deficits
- ▶ Respect that the way autistic people feel, behave, and experience the world is valid even if it doesn't make sense to us
- ▶ Do not attempt to change inherent traits by “teaching” autistic people to act more NT
- ▶ Examine our own implicit biases

Implicit Bias

- ▶ NT people quickly and subconsciously identify autistic people as “weird” upon meeting, within milliseconds
- ▶ Participants in a study were less interested in engaging further and liked the autistic people less
- ▶ The autistic people had behaved in a socially appropriate manner, and most tried to mask or hide their autistic traits

Models of Disability

Medical Model

Person is broken and has special needs

Person should adjust to 'fit in' to society,
and meet its 'standards'

'Deficits'-based

Person needs to be 'fixed'

Person is an object of charity

Person isn't as involved in the decision
making process

Does not take a holistic approach

Social Model

Person is not broken and has human needs

Society/environment/life should adjust
biases/barriers

Strengths-based

Person has equal rights as they are

Person is empowered

Person has a right to autonomy, choice,
consent

Takes a holistic approach

Life Through My Lens



Ableism and the Autistic Experience

- ▶ Ableism: Discrimination of and social prejudice against people with disabilities based on the belief that typical abilities are superior
- ▶ Assumes that disabled people require “fixing”
- ▶ The medical model of autism is inherently ableist and seeks to change autistic people to become more NT
- ▶ Autism is not inherently pathological. However, it is effectively a disability because the extensive accommodations autistic people need to be healthy don't exist in our current society

Ableism continued

- ▶ Denial of disability status– “You don’t look autistic”
- ▶ Denial of accommodations
- ▶ Social rejection and bullying
 - ▶ Exclusion
 - ▶ Pejorative labeling
 - ▶ Weird/odd
 - ▶ Too sensitive/dramatic/needy/high maintenance



Doctor B

@TheeDoctorB

...

To everyone who ever said I didn't
"look autistic", know that I'm
constantly running
ActLikePeopleExpect.exe in my
brain, am not always aware I'm doing
it, and it's eating up at least 50% of
my RAM.

It's also the reason for a lot of CPU
overheating.

The Neurodiversity- Affirming Model

- ▶ Autism is part of the natural human spectrum of neurological variation
- ▶ Autism is an identity not a disorder
- ▶ Differences vs. deficits
- ▶ Autistic experiences are valid
- ▶ Strengths-based
- ▶ Focus on understanding and accommodation vs. changing inherent traits

Redefining Autism

- ▶ Autistic brains share core features:
 - ▶ Hyperconnectivity
 - ▶ Holotropic Sensory Gating: Everything all at once
 - ▶ A highly sensitive autonomic nervous system leading to chronic over-activation of the sympathetic branch

The Intense World Theory of Autism

- ▶ Autistic and ADHD minds struggle to filter and selectively attend to incoming stimuli (holotropic sensory gating). This is hypothesized to be related to differences in neural pruning during development (though this is likely an oversimplification).
- ▶ This means paying attention to everything, all at once
- ▶ An autistic brain at rest does 45% more work than a typical brain
- ▶ It is often overwhelming
- ▶ A typical brain can decide what stimulus is important, process and make split-second predictions about what is about to happen. Autistic brains struggle with this, and it leads to a state of frequent and unpleasant surprise

Intense World Theory

- ▶ Hyperconnected brains have less capacity for “autopilot”, which results in needing conscious effort to do routine tasks
- ▶ Routine and sameness helps remove some of this effort
- ▶ Doing something new requires planning, focus, and energy that the individual may or may not have

"YOU LOT DON'T HAVE **AUTISM.
YOU GET DRUNK, 2am YOU MIGHT
PHONE AN EX. I GET DRUNK, 2am
I'LL PHONE UP SUPERMARKETS
THAT HAVE CHANGED THE
LAYOUT IN A WAY
I DON'T LIKE."**

@JOEWELLSOMIC



Monotropism

- ▶ A cognitive style that tends to focus on a single or small number of interests at a time
 - ▶ Autistic people often spend a great deal of time engaging with their interests, and this is an important part of healthy self-regulation
- ▶ Interest is dopamine-driven, which helps to explain why ND people often have difficulty doing mundane tasks
- ▶ It can be dysregulating to have to shift focus
- ▶ Autistic people experience things intensely

Cognitive Processing

- ▶ Bottom-up Processing (details vs. the whole)– can create difficulties with prioritizing and identifying what is important
- ▶ However, many autistic people excel at pattern recognition
- ▶ Gestalt language processing– learning in “chunks”, i.e. phrases as opposed to single words. These are often taken from TV, movies, memes, etc. and are an important form of communication
- ▶ Literal and concrete thinking in the presence of high intelligence
- ▶ In the absence of intuitive understanding, individuals organize their world according to rules. This can result in black and white thinking.

**NETFLIX
IS A JOKE**

**“AM I
ALLOWED TO
EAT THE BOX?”**



The Autonomic Nervous System

- ▶ Governs all automatic (unconscious) processes in the brain and body
- ▶ The Sympathetic Nervous System (SNS) prepares the body for physical activity, stress, threat, and danger
 - ▶ “Fight or flight” response
 - ▶ Increases heart rate, breathing, blood pressure, alertness/vigilance
 - ▶ Stimulates release of stress hormones (adrenaline, cortisol)
 - ▶ Chronic over-activation has negative outcomes for physical and mental health

The Autonomic Nervous System

- ▶ The Parasympathetic Nervous System (PNS) serves opposite functions to the SNS, which are sometimes referred to as “rest and digest”
- ▶ The PNS runs through the vagus nerve (10th cranial nerve) and helps to relax the body, conserve energy, and regulates bodily functions. It has two branches, which serve different functions:
 - ▶ Ventral vagus activation, sometimes called the “Safe and Social” circuit, is associated with feelings of safety, connectedness, and security
 - ▶ Dorsal vagus activation (the “Freeze and Shutdown”) circuit, is associated with feelings of depression, numbness, and disconnection

The 3 Somatic Survival Circuits of the Autonomic Nervous System



Trauma Geek

The Polyvagal Ladder

Mixed States

Just like mixing primary paint colors, two nervous system states together create an entirely different state.

PLAY =
Safe & Social + Flight/Fight
(sports, dance)

STILLNESS =
Safe & Social + Shutdown
(cuddles, meditation)

FAWN =
Flight/Fight + Shutdown
(autopilot, appeasement)



Complex trauma changes our ability to access safe & social mode. Many survivors will have difficulty accessing play and stillness until the ventral vagal nerve complex is healed.

Trauma Geek

Polyvagal Theory: Mixed States

The Autonomic Nervous System

- ▶ Neuroception: The unconscious process by which the brain detects and evaluates safety, danger, or threat in the environment. It is part of the ancient survival mechanism
- ▶ Neuroception triggers shifts in autonomic state (where we are on the ladder) without requiring conscious awareness
- ▶ Trauma can cause neuroception to become dysregulated/hypersensitive
- ▶ Autistic brains typically have very sensitive neuroception, and pick up on subtle cues that others do not
 - ▶ Susceptibility to “emotional contagion”

The Autonomic Nervous System: Trauma

- ▶ Trauma can be defined as any experience of emotional distress resulting from an event that overwhelms the capacity of the individual to process it
- ▶ Due to having a sensitive ANS *and* sensitive neuroception, autistic people are ***primed for trauma***.
- ▶ In addition to “typical” types of trauma, autistic people can experience trauma from sensory overwhelm and social injury (bullying, rejection/ostracization, invalidation)
- ▶ Trauma symptoms more frequently seen in autistic people include autonomic hyper-arousal, hypervigilance, startle, insomnia, difficulty concentrating, anger and anxiety, avoidance

The Autonomic Nervous System

- ▶ Sensitive neuroception means that emotional dismissal, invalidation, and social rejection can be crippling
- ▶ A sense of safety requires both a reduction of danger cues *and* the experience of safety cues
- ▶ Focused *attunement* with another person promotes a shift to ventral vagus activation
 - ▶ Attunement is the genuine desire and ability to understand and respect another person's inner world and emotional experiences

Co-Regulation

- ▶ Experiencing attunement from another person is the most potent form of nervous system regulation
- ▶ Think of allowing the autistic person to “borrow your calm”
- ▶ Characteristics of co-regulation include:
 - ▶ Feeling seen and accepted exactly as one is in the moment
 - ▶ Not trying to change, resolve, or escape the emotion
 - ▶ A warm, calming, responsive, and affirming presence
 - ▶ Facilitates self-awareness, self-compassion, learning, and growth



“Curiosity comes out of a felt sense of safety; rigidity out of being vigilant to threats.

-Dr. Sue Johnson”

Cognitive rigidity in autistic people is a distress symptom. You must attend to the distress before you can ask for flexibility. When the person feels safe, flexibility comes naturally.

The Autistic Nervous System and Allostatic Load

Autistic people experience high sympathetic tone and a chronically activated threat response system

Allostatic load: The amount of stress, from any source, on an organism at a given time

Because of sensory issues, social rejection, and living in a world that is not built for them, autistic people have high allostatic load

Leads to fatigue (“tired but wired”), meltdown, shutdown, decreased functional capacity (“bandwidth”)

Autistic Stress

- ▶ The first priority for autistic people should always be managing stress
- ▶ This should include:
 - ▶ Identifying sensory triggers
 - ▶ Understanding responses to social rejection
 - ▶ Identifying accommodations and adaptations
 - ▶ Better to prevent stress than have to recover from it
 - ▶ Understanding that shame and dismissal are part of the autistic experience

Managing Autistic Stress

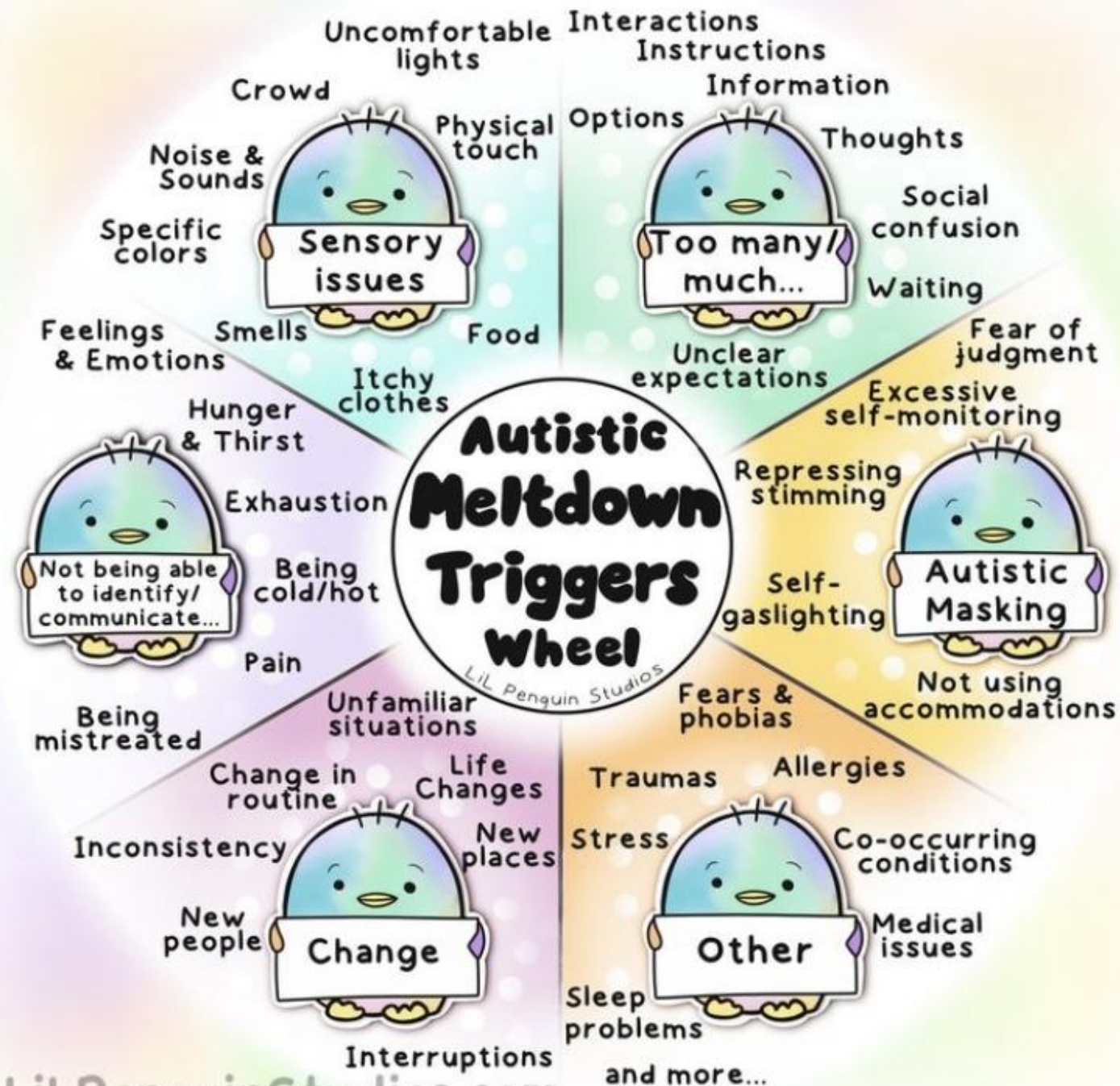
- ▶ Engaging with interests and Hobbies
- ▶ Increased need for down time
- ▶ Circadian rhythm differences
- ▶ Functional capacity will likely never be that of a neurotypical
- ▶ Autistic people are at risk for:
 - ▶ Problematic substance use
 - ▶ Unhealthy and exploitive relationships
 - ▶ Psychiatric comorbidities (depression, anxiety, OCD, cPTSD)

Meltdown

- ▶ Meltdown and shutdown are acute-on-chronic responses to overwhelming stress.
- ▶ A meltdown is not a tantrum and is not within conscious control
- ▶ Physiologically similar to a panic attack
 - ▶ Can look like crying, screaming, aggression, self-harm, SI
- ▶ Exposure techniques are contraindicated and will cause trauma
- ▶ Misunderstanding of meltdown can lead to traumatic experiences

Shutdown

- ▶ Shutdown is a meltdown turned inward
- ▶ Can look like: numbing out, not talking, dissociation, inability to do things
- ▶ Shutdown occurs more frequently in high masking individuals (situational mutism, difficulty communicating, moving, self-advocating)



Autistic Burnout

- ▶ The natural consequence of a chronically over-stressed nervous system
- ▶ Symptoms include deterioration from baseline functional capacity, and often appear similar to depression
- ▶ Overcoming burnout is not a matter of willpower, or of overcoming dysfunctional thought patterns
- ▶ Requires rest, reduced demands and a gradual return to activity

Autism and Physical Health

- ▶ Autistic people are at increased risk for poor health outcomes
- ▶ Chronic pain and chronic illness are common
- ▶ Conditions related to chronic stress: cardiovascular disease, diabetes, GI problems, chronic pain, autoimmune conditions
- ▶ Genetic conditions associated with autism
 - ▶ Meglathery (2016) RCCX theory: Cluster of genes that inherit together, are highly mutable, and thought to impact connective tissue, response to inflammation, and the stress response (cortisol, progesterone and androgens)
 - ▶ Associated conditions include POTS, Ehlers-Danlos and hypermobility-spectrum disorders, Fibromyalgia, CFS/ME, IBS, other autoimmune conditions
- ▶ High susceptibility to cPTSD

Autism and Suicide

- ▶ Suicide is the **leading cause of death** in autistic people without intellectual disability
- ▶ 66% of late-diagnosed autistic adults have experienced suicidal ideation
- ▶ 35% had a suicide plan or had made an attempt (vs. 0.6% in the general population)
- ▶ In Britain, autistic people represent 11% of suicides, despite being only 1% of the population
- ▶ 41% of adults with a history of suicide attempt scored above the clinical threshold for autistic traits

Executive Functioning

Planning/prioritization

Time management

Task Initiation

Defining and achieving goals

Impulse Control

Working memory

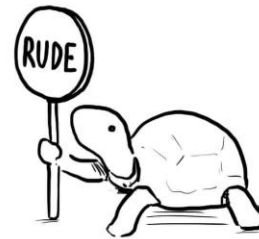
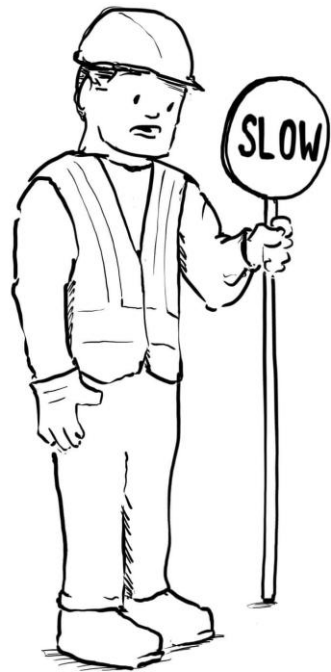
Emotional regulation

Stress tolerance

Flexibility

Executive Functioning Challenges

- ▶ Difficulty identifying which tasks are most important
- ▶ Time blindness
- ▶ Getting stuck in details
- ▶ Overlap with ADHD is the rule rather than the exception (estimates are ~70%)
- ▶ “Deer in the headlights” phenomenon due to slower processing can lead to poor decision making when not given sufficient time to think something through



NATHANWPLYE

Executive Functioning Challenges

- ▶ Forming routines for new tasks/demands
- ▶ Managing stress/ preventing overwhelm
- ▶ Problem-solving
- ▶ Cognitive Flexibility

Adaptive Functioning

Self-care

Communication skills

Self-direction

Social skills

Leisure skills

Home living

Academic or employment functioning

Community use

Health and Safety

The “Spiky Profile”

- ▶ Common to see moderate to severe executive and adaptive functioning challenges in autistic individuals with high IQ
- ▶ This mismatch leads to
 - ▶ Minimization of support needs
 - ▶ Strong sense of internalized shame
 - ▶ Frustration
 - ▶ Poor self-esteem

The Problem with Functioning Labels

- ▶ Functioning is typically defined in terms of independent living, employment/education, speaking, social engagement, and general life skills
- ▶ An autistic person who is skilled at masking will often be called “high functioning”, despite the cost

“I’m a Schrodinger autistic. I am both
‘autistic enough’ to have it affect almost
every aspect of my life, but also not
‘autistic enough’ for people to believe me
when I ask for accommodations.”

-anonymous autistic person online

The Problem With Functioning Labels

- ▶ “High functioning” autistic people often have their needs and struggles minimized
- ▶ Common to have requests for supports and accommodations denied or ridiculed
- ▶ “You don’t look autistic” is not a complement, because it suggests that being non-autistic is superior
- ▶ “High functioning” often means high-masking
- ▶ Masking: Camouflaging or hiding autistic traits to fit in; forcing oneself to “act normal”

The Problem with Functioning Labels

- ▶ "Low functioning" is often due to comorbidities with intellectual disability and other developmental, cognitive and mental health conditions, or these individuals simply can't or don't mask as well as their "high functioning" counterparts
- ▶ "Low functioning" autistics tend to have their strengths and autonomy minimized
- ▶ Non-speaking does not mean low IQ or low functioning
- ▶ Autistic people with higher support needs are often infantilized

"SHE DOESN'T LOOK AUTISTIC. SHE MUST BE
HIGH-FUNCTIONING!"

ME AFTER EVERY SOCIAL INTERACTION:



The Problem with Functioning Labels

- ▶ Functional capacity is dynamic, and can change according to
 - ▶ Acute and chronic stress
 - ▶ Demands
 - ▶ Sensory
 - ▶ How well needs are met
 - ▶ Presence or absence of supports and accommodations
 - ▶ Fatigue, burnout, “bandwidth”



Sensory Processing

Sensory Processing: Pain, Joy, and Overwhelm

- ▶ Difficulty processing sensory input means that autistic people cannot choose, consciously or unconsciously, what to attend to and what to filter out
- ▶ This can cause difficulties in attending to what is important
- ▶ Auditory Processing Disorder is common
- ▶ Processing all of that information all the time can be overwhelming
- ▶ Causes activation of the sympathetic nervous system (fight/flight) and fatigue

Sensory Processing

- ▶ Sensory systems can be chronically over- or under-stimulated, often within the same individual
- ▶ Sensory systems include visual, auditory, olfactory, tactile, gustatory, proprioceptive, and vestibular
- ▶ Each autistic person has a unique sensory processing profile

Sensory Processing

- ▶ Sensory overstimulation causes pain, fatigue, fear, stress response and meltdown
- ▶ Sensory tolerance is dynamic and affected by allostatic load
- ▶ Overstimulation can result from a single stimulus or multiple, which is often the result of difficulties filtering sensory input
- ▶ Unusual sensory experiences are common (and sometimes mistaken for other disorders)
- ▶ Autistic people are often shamed/gaslit about their sensory experiences
 - ▶ “You’re too sensitive”

"When somebody tells me
to 'stop being so sensitive',
you know what? I feel a
little like a nose being
lectured by a fart.
I am not the problem."

- Hannah Gadsby

Sensory Management

- ▶ Use of supports such as earplugs, noise cancelling headphones, sunglasses
- ▶ Wearing comfortable clothing
- ▶ Eating familiar foods
- ▶ Affirm the need to create a sensory-friendly living space
- ▶ Do not force an autistic person to tolerate noxious stimuli
- ▶ Encourage the creation of a "sensory diet" that includes both avoidance of noxious stimuli and the use of sensory comforts (music, stuffed animals, weighted blankets, and more)

Stimming!

- ▶ Repetitive motor movements or sounds that serve a self-regulating function
- ▶ Can help to compensate for under-stimulated sensory systems
- ▶ Helps with focus and concentration
- ▶ Provide a distraction from sensory and social stress or other sources of overwhelm
- ▶ Still hands/bodies and forced eye contact come at a high cost with regards to learning, attention, focus, and wellbeing.

Sensory Joy

- ▶ Pleasant sensory experiences are regulating, and can be a source of joy
- ▶ These are unique to each individual, but often include
 - ▶ Soft textures
 - ▶ Soothing sounds
 - ▶ Being in nature
 - ▶ Being with animals
 - ▶ Favorite media



Social Differences

- ▶ Until recently, research on autistic social and communication “deficits” only looked at autistic/neurotypical interactions
- ▶ It turns out, autistic people socialize quite well with one another, it just looks different
- ▶ Autistic people have been labeled as having social skills “deficits” because of the mismatch between autistic and NT communication styles

Social Differences

Autistic Communication:

- ▶ Preference for clear and direct communication
- ▶ Dislike of small talk
- ▶ Conversation revolves around interests and information sharing
- ▶ Autistic humor
- ▶ Pop culture references, memes
- ▶ Preference for 1:1 or small group interactions
- ▶ Sharing personal anecdotes to validate others' experiences

NETFLIX IS A JOKE

**“ IT’S A
CRAWLSPACE
FOR
EMERGENCIES ”**



Social Differences

- ▶ The neurotypical social world doesn't make intuitive sense
 - ▶ "My grandmother would say, 'It's going to be sunny all day today', and from that I was supposed to understand that she wanted me to hang the laundry outside to dry."
 - ▶ "It would be so nice if people would just say what they mean"
 - ▶ The Anthropologist on Mars
 - ▶ Use of rules and scripts
 - ▶ Everyone else got a manual at birth

Social Differences

When you're told your entire life that your perceptions are wrong, and that other (NT) people are right, you quickly learn to believe others first

Many autistic people see themselves as being in a one-down position in social interactions

When you go outside at a party and see your fellow neurodivergents overstimulated and ready to leave



Vulnerability to Influence

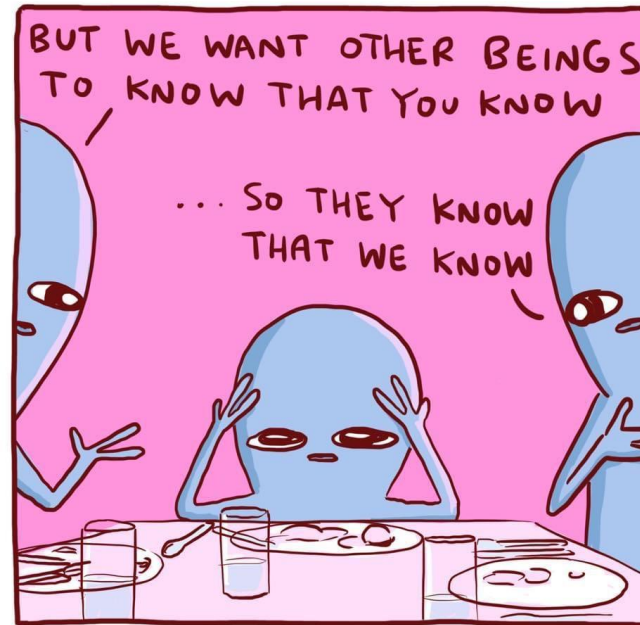
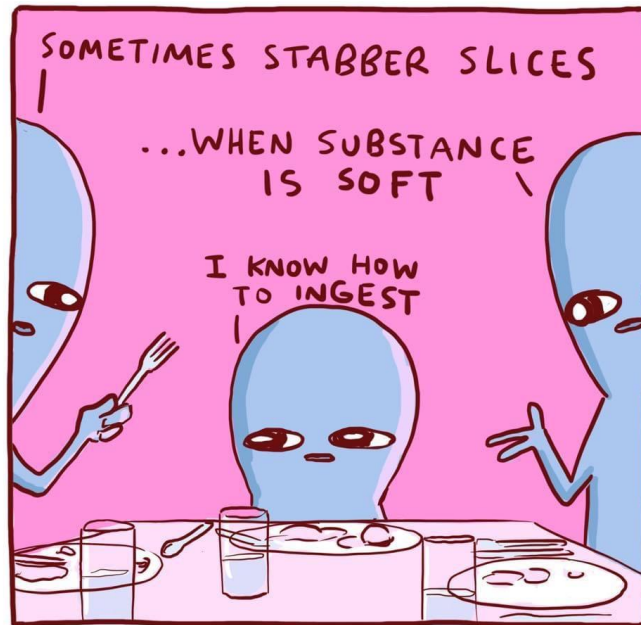
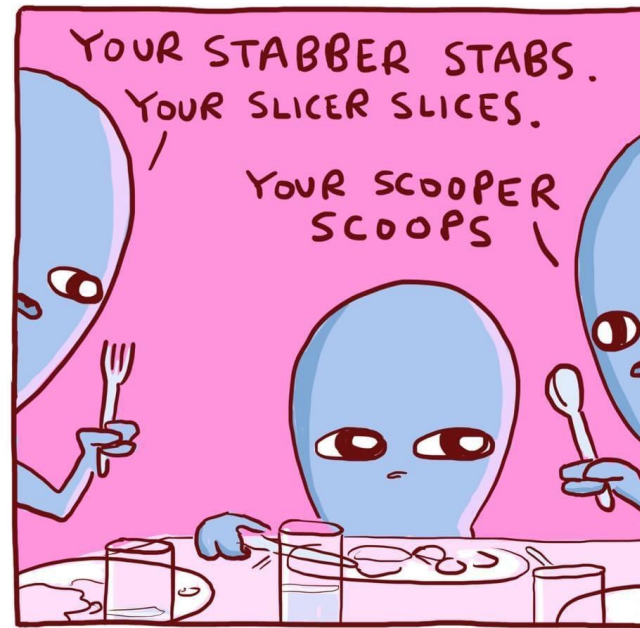
- ▶ Autistic people tend to take others at their word, and often don't detect untruth and/or nefarious intent
- ▶ Difficulties with self-advocacy
- ▶ Delayed processing means that someone may not recognize a problem until later
- ▶ Tendency to be gullible/naïve
- ▶ Autistic people are vulnerable to victimization

Social Differences

- ▶ Rejection and loneliness are core aspects of the autistic experience
- ▶ “Emotional loneliness is iatrogenic to human beings” (Johnson, various)
- ▶ By and large, autistic people desire close, quality relationships
- ▶ To be autistic is to belong to a marginalized group
- ▶ The emotional brain (limbic system) responds to rejection in the same way it responds to physical pain and injury

Social Constructs, Deconstructed

- ▶ Autistic people tend to view social constructs with skepticism, as they often don't make intuitive sense, and most autistic people have had experiences of being excluded on the basis of their nonconformity
- ▶ Autistic people tend to feel strongly about justice and fairness
- ▶ Autistic people are:
 - ▶ More likely to have LGBTQ+++ identities, and those identities tend to be more fluid
 - ▶ More likely to identify with pan sexual and polyamorous identities
 - ▶ More likely to question dogma of any kind



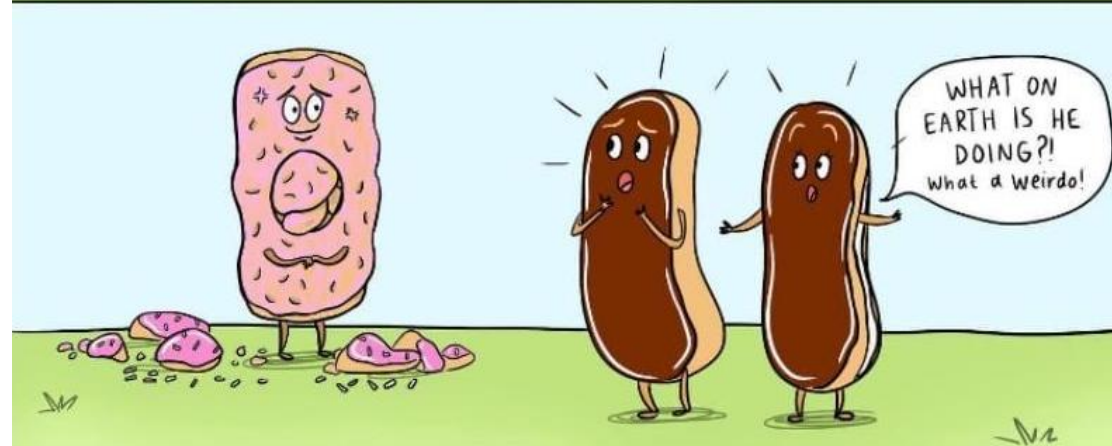
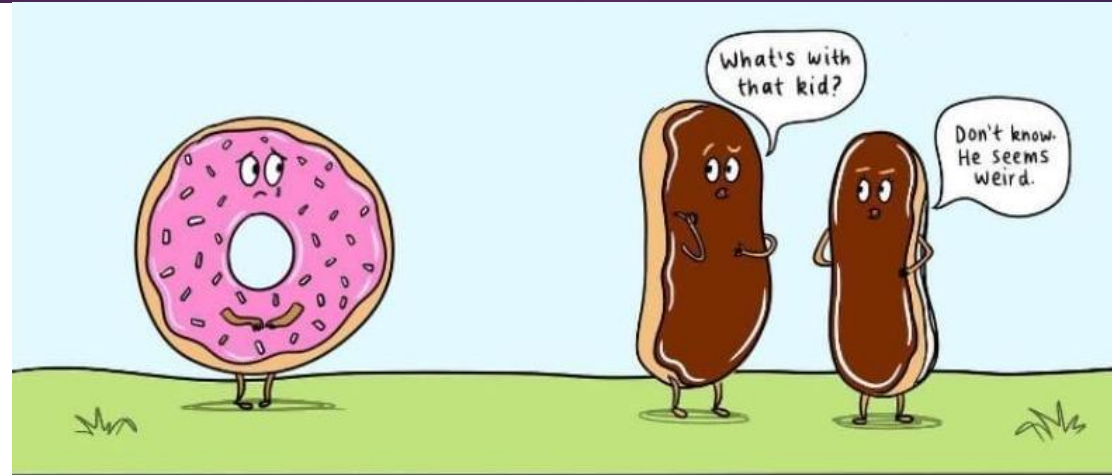
NATHANWPYLE

Empathy: The Big Question

- ▶ Autistic people are bad at empathy.... Right?
- ▶ Empathy has two components:
 - ▶ Cognitive: The ability to see and understand what another person is feeling and experiencing– this is the part that autistic people can struggle with.
 - ▶ Sometimes referred to as Theory of Mind
 - ▶ Affective: The capacity to be emotionally affected by another person's experience, and to care about their pain
 - ▶ Autistic people can struggle with the former, but are often very sensitive to the latter due to sensitive neuroception
 - ▶ This is the inverse of psychopathy

Masking to Fit In

- ▶ Autistic masking: Camouflaging autistic traits for social acceptance
 - ▶ Suppression of stims
 - ▶ Use of scripts and rehearsal
 - ▶ Forced eye contact
 - ▶ Tolerating sensory discomfort
 - ▶ “Act normal”



Autistic Masking-
the cost is often higher
than people realise.



Cost of Masking

- ▶ Autistic masking is a trauma response to the true self being rejected early and often
- ▶ Poor mental health outcomes
- ▶ Fatigue and burnout
- ▶ Compromised performance
- ▶ People pleasing
- ▶ Loss of sense of self/ Self-abandonment
- ▶ Chronic feelings of unworthiness
- ▶ Emotional loneliness and disconnection from others
- ▶ Vulnerability to exploitation and manipulation
- ▶ Traditional autism “treatment” increases masking

“

"(Autistics) are the ultimate square pegs, and the problem with pounding a square peg into a round hole is not that the hammering is hard work. It's that you're destroying the peg."

”

**Paul Collins,
author and parent of an Autistic child.**

Autism Goggles

Autism and the Justice System

- ▶ Autistic people are vulnerable when interacting with the justice system
- ▶ Tendency to over-report/ be too honest
- ▶ Will often tell police what the autistic person thinks they want to hear (masking)
- ▶ Motives are often misunderstood and over-pathologized
- ▶ Meltdowns are often misinterpreted and can lead to use of force

Autism and the Justice System

- ▶ While autistic people often face the presumption of incompetence in the general world, prosecutors and judges tend to do the opposite (particularly with those who fit the label of “high functioning”)
- ▶ The justice system often mistakenly treats autism as a mental illness rather than a developmental condition
- ▶ Autistic people often communicate remorse in ways that don’t “land” with NT people
- ▶ Monotropism is often mistaken for evidence of deviancy

Autism and the Justice System

- ▶ There is a lack of research on autism and *mens rea* (criminal intent)
- ▶ The system treats this as though someone is either floridly psychotic and out of touch with reality, or they are criminally responsible
- ▶ The reality is much more nuanced
- ▶ Due to differences in cognitive perspective-taking, bottom-up processing, and other reasons, autistic people may not appreciate that their behavior was wrong
- ▶ An abstract sense of something being illegal may not translate to the concrete reality in front of them– *especially* if they have direct experience of something being normalized

Autism and the Justice System

- ▶ Autistic people tend to have a strong moral compass, are rule-bound and motivated to do right
- ▶ They sometimes need help to understand why what they did was wrong, but once they're told and reinforced, it works

Autism and Incarceration

- ▶ Autistic people suffer disproportionately in prison
- ▶ Difficulties understanding complex (and unspoken) social norms
- ▶ Will tend to answer honestly when asked what they did
- ▶ Natural inclination toward justice means they tend to “rat out” others
- ▶ Prison is a sensory nightmare
- ▶ Meltdown and overwhelm can result in use of force and disciplinary action
- ▶ Autistic people are vulnerable to manipulation and exploitation
- ▶ Increased risk for trauma, decompensation, and adverse psychiatric outcomes

Autism and Sexual Offending

- ▶ There is a lack of good data
- ▶ A recent meta-analysis (Margari et al., 2024) showed that autistic people are not at higher risk of committing crimes than NT peers
- ▶ When they do commit crimes, they are more likely to be sexual in nature
- ▶ Autistic people are 10 times more likely than non-autistics to be victims of sexual violence
- ▶ Autistic people report more relationship difficulties, less relationship satisfaction and reduced access to intimate relationships

Autism and Sexual Offending

- ▶ Uncommon/atypical sexual interests may be driven by sensory and/or bottom-up processing (focus on specific details)—*counterfeit deviance*

Autism and Sexual Offending

- ▶ Social differences contribute to:
 - ▶ Lack of knowledge about navigating consent
 - ▶ Limited experience of sexuality and intimacy, and sexual frustration
 - ▶ The language of intimacy is complex, nuanced, and indirect
 - ▶ Difficulty interpreting social and legal norms
 - ▶ Prosopagnosia (face blindness) can cause difficulty recognizing facial expressions (i.e. of fear, reluctance), and difficulty distinguishing adults from children
 - ▶ Anxiety/uncertainty about navigating sexual relationships and how to satisfy a partner sexually

Autism and Sexual Offending

- ▶ Autistic adolescents who committed sexual crimes had higher degrees of emotional abuse, emotional and physical neglect than their non-autistic peers, and this was correlated with increased depressive symptoms
- ▶ Remorse, admission of guilt, and lack of awareness that they committed a crime were common post-offense behaviors
- ▶ Sexual offenses committed by autistic people tend to be non-violent, with no underlying motivation to cause harm. *Naïveté was far more common than deliberate malice*
- ▶ The authors of the study highlighted the need for primary prevention initiatives

Offense Typologies: CSEM

- ▶ The most common sexual offense in autistic men
- ▶ Porn is often the only sexual outlet an autistic person has
- ▶ Autistic people rely on media to gain knowledge about sexuality and relationships, and often lack the knowledge to critically evaluate unhealthy norms that are portrayed in pornography
- ▶ Porn is often an autistic person's only source of sexual information
- ▶ Can become the subject of monotropic interest

CSEM

- ▶ Neurodivergent brains are deficient in dopamine
- ▶ Masturbation to pornography can provide a small oxytocin release, which simulates feeling connected to a partner
- ▶ Forums and social spaces like Discord and Facebook are a social outlet
 - ▶ Autistic people are vulnerable to normalization of abuse-promoting beliefs and misogyny
- ▶ Bottom-up processing can lead to fixation on specific details or types of content (counterfeit deviance)

Anime and Hentai

- ▶ Common for autistic people to be into anime, and for this to be part of their self-regulation
- ▶ This translates easily to interest in Hentai
- ▶ Anime and Hentai blurs lines between children and adults
 - ▶ Characters that are very old can have childlike bodies, and vice versa
 - ▶ Increases skepticism about age as just a social construct
 - ▶ Interest and participation in Furry community is also common, and many have history of viewing Anime/Hentai depicting anthropomorphized animals first
 - ▶ Bestiality in CSEM content

Offense Typologies

- ▶ Inappropriate courtship of adults or minors
 - ▶ Not understanding social cues, i.e. of reluctance, disinterest, or appeasement
 - ▶ May feel they relate better with younger people
 - ▶ “Age is just a number”– social constructs lack personal meaning
 - ▶ Autistic people often want a relationship so badly
 - ▶ Unmet sexual and relational needs lead to frustration, anxiety, and distress
 - ▶ Makes it harder to accept “No”

Offense Typologies

- ▶ Inappropriate masturbation and exhibitionism
 - ▶ i.e., in public or in front of children

Neurodiversity-Affirming Practices

- ▶ Rapport-building always comes first!
- ▶ Validation, validation, validation
- ▶ Autistic people in forensic settings tend to be highly anxious/stressed, and this will interfere with information processing
- ▶ Learning can't happen when someone is in fight/flight

Neurodiversity-Affirming Practices

- ▶ Remember that co-regulation is the most potent form of ANS regulation
- ▶ Practice attunement (recognizing and responding to the emotions of another person in a way that validates and supports their experience)
- ▶ Believe autistic people about their experiences
- ▶ Practice genuine curiosity

Neurodiversity-Affirming Practices

- ▶ Autistic people are highly sensitive to others being disingenuous or patronizing
- ▶ Consider using self-disclosure to help the person feel understood
- ▶ Use concrete examples to illustrate abstract concepts
- ▶ Honor autistic communication styles
 - ▶ Do not expect eye contact
 - ▶ Honor the need to stim
- ▶ Do not expect your autistic clients to learn to act NT

Assessment

- ▶ Interview before testing
- ▶ High anxiety/stress will impact testing and may lead to invalid results
- ▶ It is incumbent on the evaluator to help the client feel comfortable and seen before testing is initiated
- ▶ Autistic people tend to be overly honest, and thus may report more concerning behaviors or pathology than a typical client– this does not mean that they are higher risk or more pathological
- ▶ Malingering is very rare and requires manipulateness that most autistic people are incapable of (or at least would make them highly uncomfortable)

Assessment

- ▶ Autistic people tend to be very rule-driven and have a strong moral compass
- ▶ Antisocial orientation is rare
- ▶ Personality disorders/ character pathology are rare, but when present can interact with autism traits in a manner that increases risk
- ▶ Psychopathy is rare (but does occur)
- ▶ They may struggle to understand that what they did was wrong
- ▶ Once they do, they are generally very ashamed and remorseful

Assessment

- ▶ Highly distressed autistic people may show very rigid defense mechanisms, often repeating phrases or explanations without clarification
- ▶ It's not usually very difficult to get them to admit when you use a gentle and affirming approach
- ▶ Autistic people tend to be poor at lying and manipulation
- ▶ Many experience arrest, interrogation, and jail as traumatic, and it is important to validate their experience
- ▶ It is your responsibility to figure out the “why”
- ▶ Autistic people have the same basic human needs as everyone else



”

Your job is relentless empathy. Everything that people do is perfectly reasonable. And if it doesn't look like that to you, work harder to find out how it makes sense.

Featuring Dr. Sue Johnson



Clearly
Clinical®

Assessment

- ▶ Most of the assessment tools we use are not designed for or normed on autistic people
- ▶ Black and white thinking can result in over- or under-reporting (i.e. marking “always __”)
- ▶ Autistic people are used to not being believed about their distress, and will often want to make sure that it is communicated
- ▶ Often experience extreme distress related to their arrest and prosecution
- ▶ Anxiety about responding according to expectations, or anxiety about misinterpreting questions
- ▶ To answer a questionnaire in a NT way, the autistic person must have an understanding of what the broader culture considers “normal”

Assessment

- ▶ A neurodiversity-affirming forensic evaluation should seek to:
 - ▶ Educate the audience about autism and the neurodiversity paradigm
 - ▶ Contextualize both the offense behavior *and* the client's life story through the autism and neurodiversity lens
 - ▶ Make client-specific recommendations that are neurodiversity-affirming
 - ▶ State the potential harm of custodial sentences
 - ▶ Contextualize testing results and risk assessments

When You Suspect a Client is Autistic

- ▶ The Ritvo Autism Asperger Diagnostic Scale, Revised (RAADS-R) is an easy-to-use, open-source diagnostic tool with good psychometric properties
 - ▶ See Ritvo et al., (2011)
- ▶ In most cases, you will be using it for screening rather than formal diagnosis
- ▶ For screening, it can be given to clients to complete on their own time
- ▶ Available at <https://embrace-autism.com/raads-r/>
- ▶ Also available on that website is the CAT-Q, which measures autistic masking, and the AQ (Autism Quotient), which can also be used for screening

Risk Assessment

- ▶ Autistic people generally have smaller support systems. Think more about quality than quantity. Often one good support person is enough.
- ▶ Difficulties with impulsivity and problem-solving are common, but for different reasons than most NT clients and require different interventions
- ▶ General criminality/antisocial orientation is uncommon
- ▶ Criminogenic needs are usually related to:
 - ▶ Difficulty forming and maintaining relationships
 - ▶ Sexual preoccupation
 - ▶ Emotional regulation and decision-making

Risk Assessment: Protective Factors

- ▶ One or two quality support people who can support without shaming
- ▶ Presence of appropriate supports and accommodations
- ▶ Self-regulation strategies that are ND-specific
- ▶ Awareness of how autism impacts them

Supervision

- ▶ Autistic people are often fearful of their POs
- ▶ May fear/resent/avoid anything to do with “the system”
- ▶ Importance of role clarification
- ▶ Clear and direct communication
- ▶ Consistent messaging (collaborate with treatment)
- ▶ Remember that what you don’t do (i.e. making an exception to enforcement of a condition) speaks as loudly as what you actively do

Supervision

- ▶ Important to be consistent from appointment to appointment, as they will remember what you say
- ▶ Your word is God
- ▶ Under-reporting/lying by omission is usually related to fear, shame, and not feeling understood
- ▶ If they are in treatment, giving additional homework is likely to be overwhelming and confusing
 - ▶ If there is something you want them to work on, communicate it to the treatment provider so they can help

Supervision

- ▶ Rules are easier to accept if you explain the rationale
- ▶ Autistic people don't tend to respond well to authority for the sake of authority, better to help them understand the "why"
- ▶ Explain that not all the rules may apply directly to them, but they must be the same for everyone out of fairness (autistic people have a strong sense of justice)

Supervision

- ▶ Work closely with treatment to ensure consistent messaging
- ▶ Be willing to help enforce treatment rules
- ▶ Be aware of holding your ND clients to NT standards:
 - ▶ Harder to find and maintain employment
 - ▶ Adjust expectations for work, schooling, and job search
 - ▶ Acknowledge that autism is a disability, regardless of whether the person sees it as such
 - ▶ Give credit for genuine effort

Treatment Challenges

- ▶ May really struggle to quit porn
- ▶ Struggle to see their role and responsibility in offense behavior
- ▶ Executive functioning challenges interfere with attendance and homework
- ▶ Treatment often takes longer (but gains are durable)
- ▶ Easily overwhelmed by shame
- ▶ May struggle to conform to NT expectations

Treatment Strengths

- ▶ Autistic people are rule-bound
- ▶ Detection and adjudication generally have a strong impact
- ▶ Transparency and forthrightness
- ▶ Can and will form strong rapport with therapist and group when needs for emotional safety are met (belonging is golden)

Treatment

- ▶ The treatment provider is often in the role of educating clients about autism
- ▶ Autistic clients make progress when they feel understood, validated, and emotionally safe
- ▶ Separate behavior from identity to address shame
- ▶ One-size-fits-all programming does not work for autistic clients
- ▶ Autistic clients typically do best when placed in groups with more prosocial peers
- ▶ Regular individual sessions are important

Treatment

- ▶ Allow clients choice about disclosing their ND status to group
- ▶ If not, use non-pathologizing language, i.e. “You have a brain that likes to ____, and that can make it hard to ____.”
- ▶ Important for therapists to model acceptance and inclusivity
- ▶ Honor support needs, and be proactive and collaborative with clients about accommodations
- ▶ Help clients understand their Window of Tolerance, and be careful about exceeding it

Treatment

- ▶ Explain the rationale for everything you do, every assignment, etc.
- ▶ Feeling accepted, valued, and understanding the "why" are the best ways to foster investment in treatment
- ▶ Autistic people tend to strongly internalize messaging about risk, being "bad" and "broken" permanently
 - ▶ Important to instill hope

Pornography and Internet Use

- ▶ Quitting porn can be *really* hard
- ▶ Monotropism and difficulties moderating behavior mean that it is important for clients to quit completely
- ▶ Monitoring software is helpful
- ▶ Clients need education about internet safety and being savvy internet consumers
- ▶ Educate clients about misogyny, objectification, and unrealistic/unhealthy sexual norms portrayed in porn
- ▶ Cite literature on porn use and dopamine, ED/poor sexual satisfaction (Gottman Open Letter on Porn is helpful; Gottman & Gottman, 2016)

Treatment Tools

- ▶ Safety/behavior/contingency plans (scripting)
 - ▶ Detailed, clear, and literal
 - ▶ Having a concrete plan helps with better decision making and less anxiety (and explaining this rationale helps get them on board)
 - ▶ First treatment assignment is a General Safety Plan: abiding by supervision conditions, handling minor contact, computer/internet use, etc.

Treatment Tools

- ▶ Values Clarification
 - ▶ Provides a touchstone for autistic clients when making decisions
 - ▶ Strengths-based
 - ▶ Can be framed as, “Who is the person you want to be in this world?”
 - ▶ Clients can then ask themselves, “Is this decision/behavior consistent with my values?”
 - ▶ Provides a set of rules or guiding principles
 - ▶ Offense behavior can be re-framed as a betrayal of self

Treatment Tools

- ▶ Education about the nervous system (useful for all clients)
 - ▶ Thinking Brain and Lizard Brain
- ▶ ND-affirming work on self-regulation and understanding oneself as an autistic person
 - ▶ Triggers
 - ▶ Sensory needs
 - ▶ Self-regulation strategies (comfort items, alone time, engaging with interests, etc.-- not just distraction)
 - ▶ Finding community

Treatment Tools

- ▶ Sexual and Relationship History/ Autobiography
 - ▶ Opportunity for autistic clients to re-frame their struggles through the ND lens
 - ▶ Helps them “connect the dots” to understand their offense behavior as more than an isolated poor decision
 - ▶ Discover points of earlier intervention
 - ▶ Validate needs while working on healthier ways of getting them met

Implications for Treatment: Contraindications

- ▶ Mindfulness
 - ▶ Can trigger sensory overwhelm
 - ▶ Instead, gentle body/movement-based grounding techniques (yoga, breathing)
- ▶ Confrontation
- ▶ Not believing an autistic person's reasoning, experience, or explanations

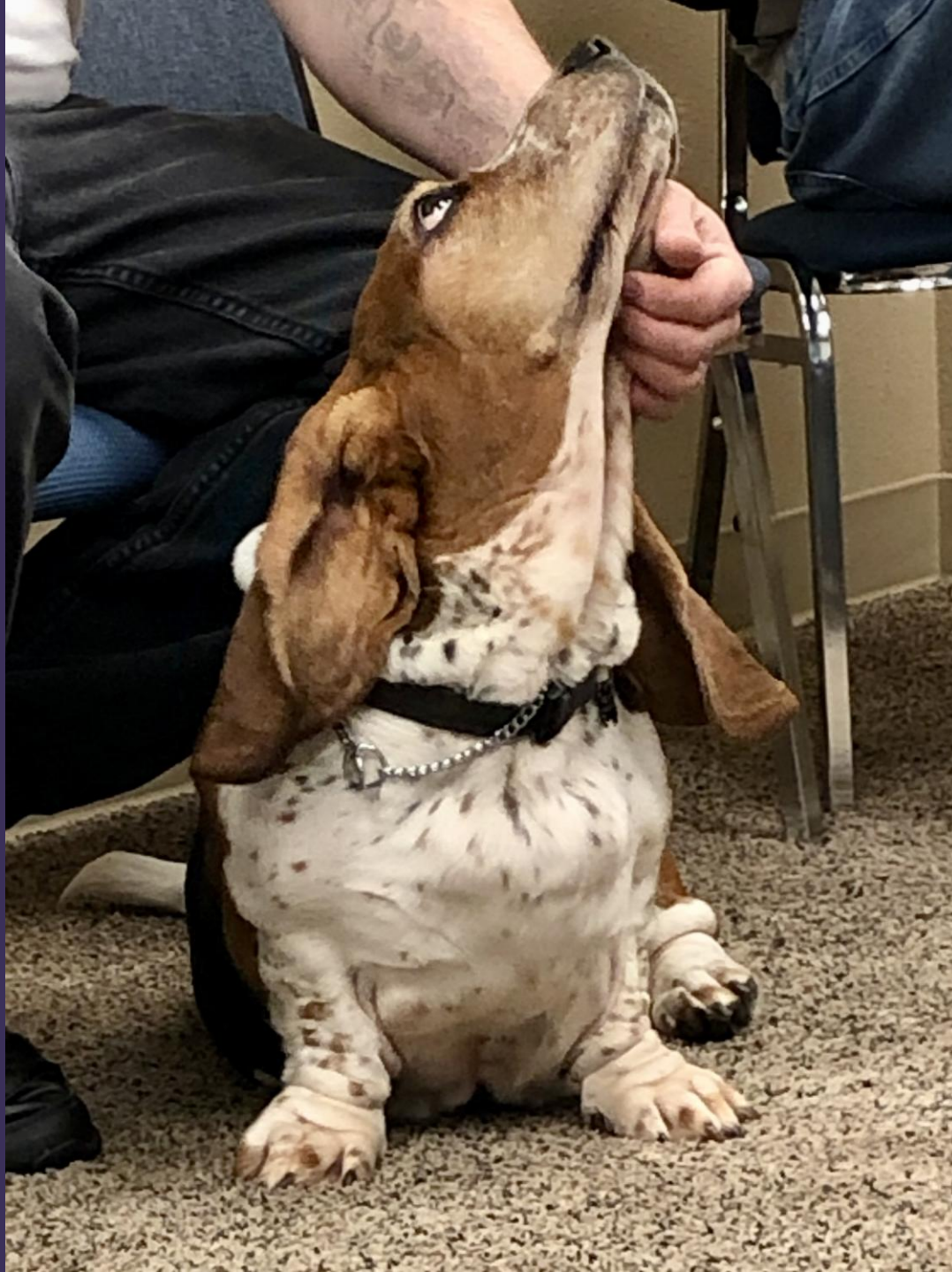
Creating an Inclusive Therapy Space

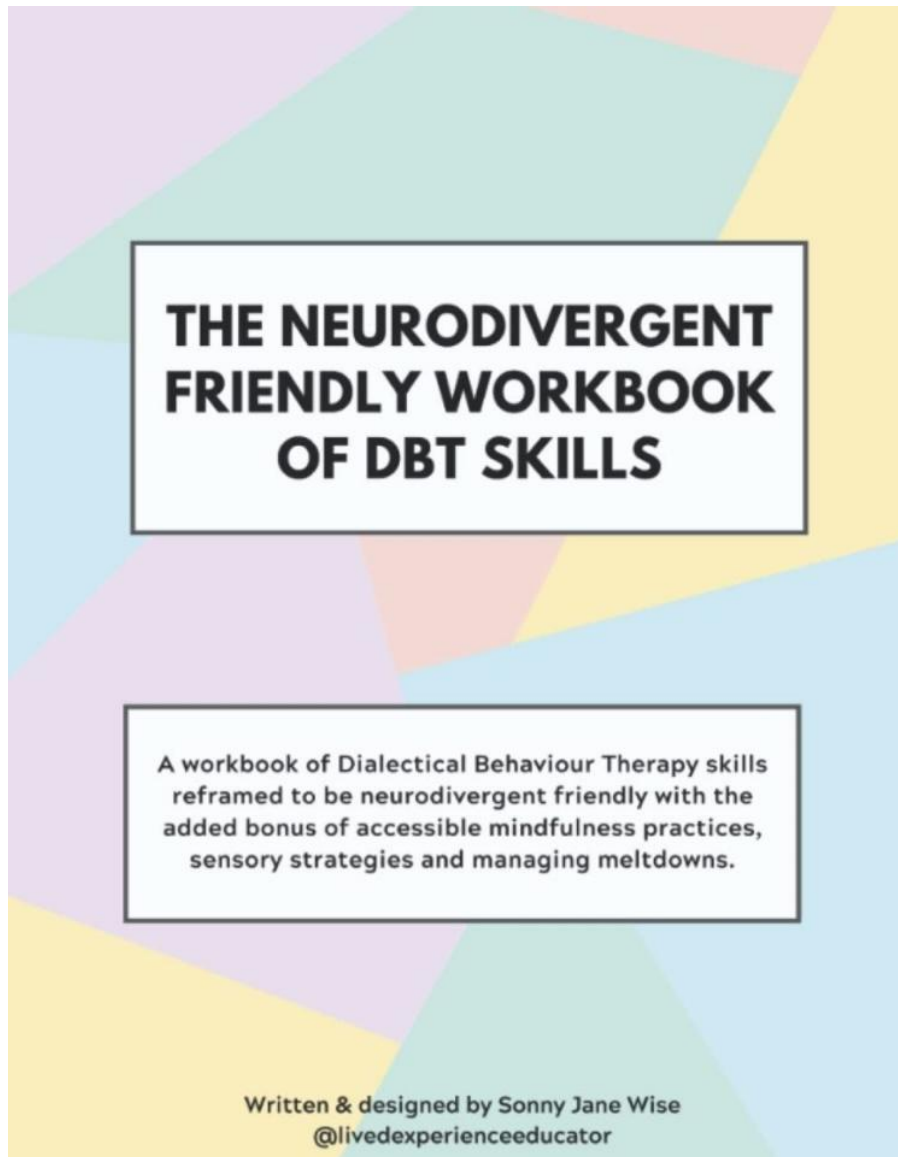
- ▶ Sensory accommodations
 - ▶ Alternative to fluorescent lighting
 - ▶ Soundproofing
 - ▶ Support movement/stims/sitting on the floor
- ▶ Remove pressure for eye contact
- ▶ Offer safety cues early and often
- ▶ Allow clients time to process and formulate responses
- ▶ Use of therapy animals
- ▶ Provide “safety valves” when clients are dysregulated/overwhelmed
 - ▶ Stepping out to waiting room or a private office to practice calming skills

Inclusion isn't
just *inviting*
someone to sit at
your table.

It's *believing* they
belong there.

MIA CARELLA, WRITER





THE NEURODIVERGENT FRIENDLY WORKBOOK OF DBT SKILLS

A workbook of Dialectical Behaviour Therapy skills reframed to be neurodivergent friendly with the added bonus of accessible mindfulness practices, sensory strategies and managing meltdowns.

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THE AUTISM SPECTRUM, SEXUALITY AND THE LAW


What every parent
and professional
needs to know



Resources

Questions?





THE MAORI
WORD FOR AUTISM IS
TAKIWĀTANGA.
IT MEANS
IN THEIR OWN
TIME AND SPACE