

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

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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

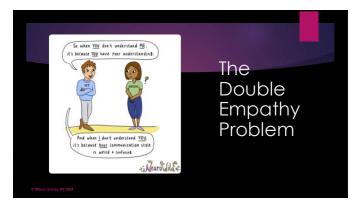
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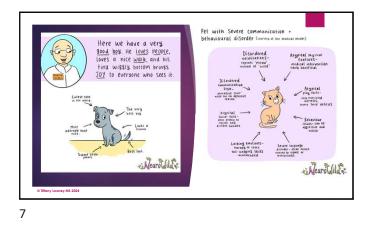
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Medical Model of Autism

- 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

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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
- Asks neuro-average people to examine their biases toward those in the neuro-minority

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TERMINOLOGY

- A <u>Neurotype</u> gives specific information about how a person's brain works
- A <u>Neurodivergent</u> person is anyone whose neurocognitive functioning diverges from dominant societal norms
- <u>Neurotypical</u> is used to describe persons whose neurocognitive functioning matches dominant societal norms
- A group is <u>Neurodiverse</u> 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)

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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

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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



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Ableism and the Autistic Experience

- <u>Ableism</u>: 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 nothological. However, it is effectively a disability
- 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

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Ableism continued

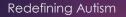
- Denial of disability status- "You don't look autistic"
- Denial of accommodations
- Social rejection and bullying
 - Exclusion
 - Pejorative labeling
 Weird/odd
 - Too sensitive/dramatic/needy/high maintenance



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• 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

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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 <u>45% more work</u> 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

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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

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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 selfregulation
- 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

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Cognitive Processing

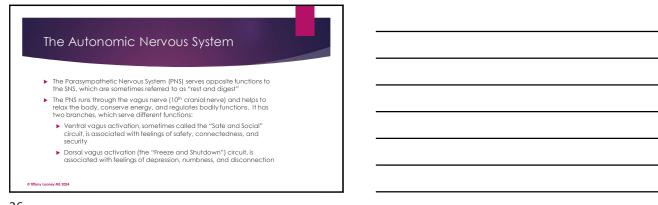
- Bottom-up Processing (details vs. the whole)- can create difficulties with prioritizing and identifying what is important
- However, many autistic people excel at pattern recognition
- Gestalt language processing-learning in "chunks", i.e. phrases as opposed to single words. These are often taken from 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
- In the absence of intuitive understanding, individuals organize their world according to rules. This can result in black and white thinking.

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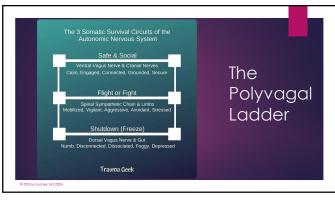


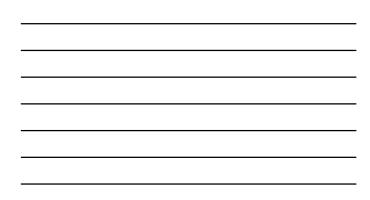
The Autonomic Nervous System

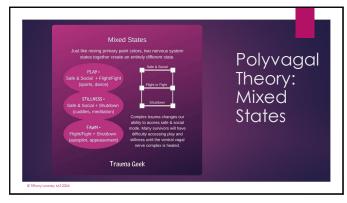
- Governs all automatic (unconscious) processes in the brain and body
- The Sympathetic Nervous System (SNS) prepares the body for physical activity, stress, threat, and danger
 - "Fight or flight" response
 - Increases heart rate, breathing, blood pressure, alertness/vigilance
 - Stimulates release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

- <u>Neuroception</u>: 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"

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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

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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

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"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.

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

 The Autistic
 Allostatic load: The amount of stress, from

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

ic.

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

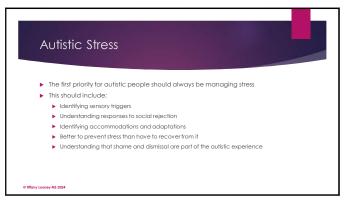
Leads to fatigue ("tired but wired"), meltdown, shutdown, decreased functional capacity ("bandwidth")

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Nervous System and

Allostatic

Load



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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)
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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

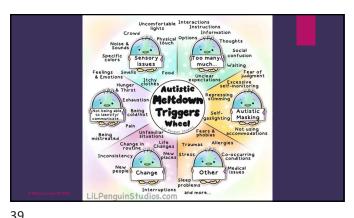
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Shutdown

- 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)

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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

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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 fissue, 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

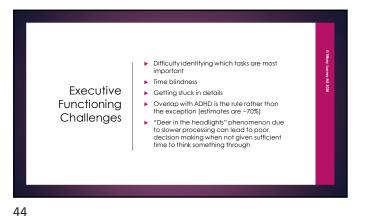
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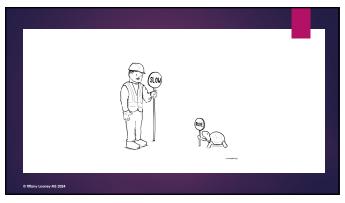
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Autism and Suicide

- 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











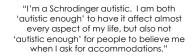


The Problem with Functioning Labels

- 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

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-anonymous autistic person online

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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 individues 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

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The Problem with Functioning Labels

Functional capacity is dynamic, and can change according to

- Acute and chronic stress
 Demands
- Demand
 Sensory
- How well needs are met
- Presence or absence of supports and accommodations
- Fatigue, burnout, "bandwidth"



Sensory Processing

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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

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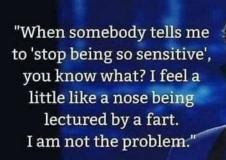
Sensory Processing

- Sensory systems can be chronically over- or understimulated, 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 <u>dynamic</u> and affected by <u>allostatic load</u>
- 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/gasiit about their sensory experiences
- Autistic people are often snamed/gasiit about their sensory experience
 "You're too sensitive"

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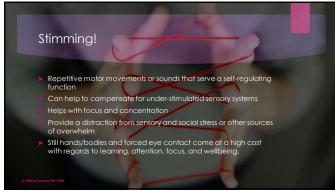


- Hannah Gadsby

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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)









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

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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

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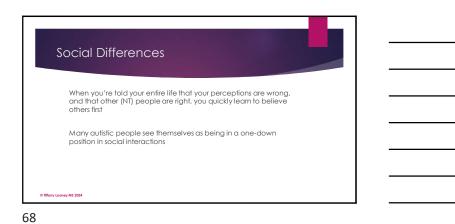


Social Differences

- 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

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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

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Social Differences

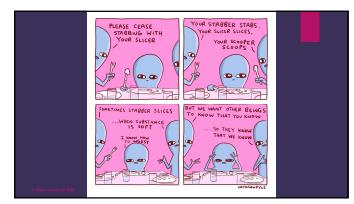
- Rejection and loneliness are core aspects of the autistic experience
- "Emotional loneliness is iatrogenic to human beings" (Johnson, various)
- By and large, autistic people desire close, quality relationships
- To be autistic is to belong to a marginalized group
- The emotional brain (limbic system)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

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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



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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

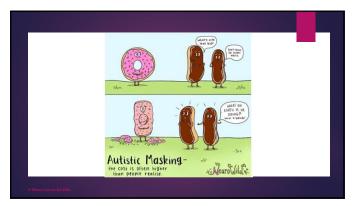
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Masking to Fit In

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

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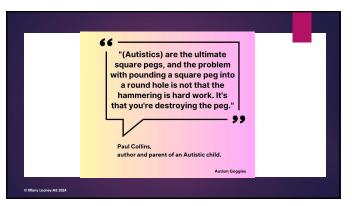


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Cost of Masking

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

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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

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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

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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

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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

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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

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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

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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)

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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

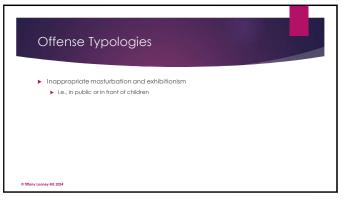
Offense Typologies

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"

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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

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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

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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 manipulativeness 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

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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



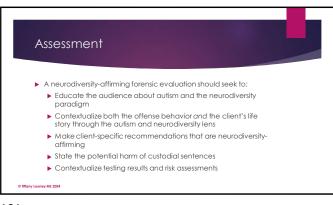


Assessment

- 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"

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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 <u>https://embrace-autism.com/raads-r/</u>
- 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

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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

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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

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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)

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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

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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)

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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

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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

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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.

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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

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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

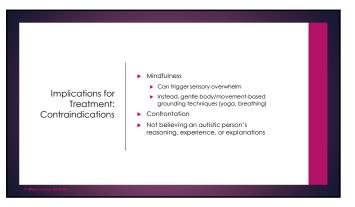
 - Triggers
 - Sensory needs
 - Self-regulation strategies (comfort items, alone time, engaging with interests, etc.-- not just distraction)
 - Finding community
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Treatment Tools

- 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

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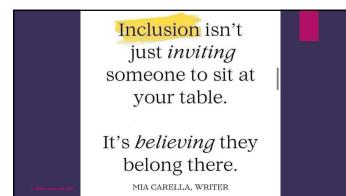
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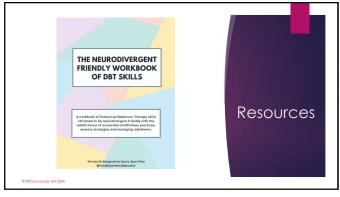
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Creating an Inclusive Therapy Space

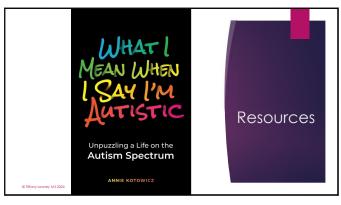
- Sensory accommodations
 - Alternative to fluorescent lighting
 - Soundproofing
 Support movement/stims/sitting on the floor
- Remove pressure for eye contact
- Offer safety cues early and often
- Allow clients time to process and formulate responses
- Use of therapy animals
- Provide "safety valves"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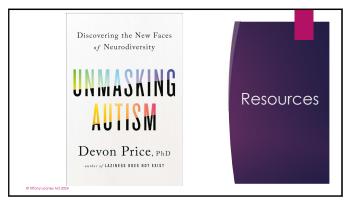


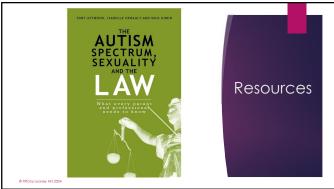














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THE MAORI word for autism is takiwātanga. IT MEANS IN THEIR OWN time and space