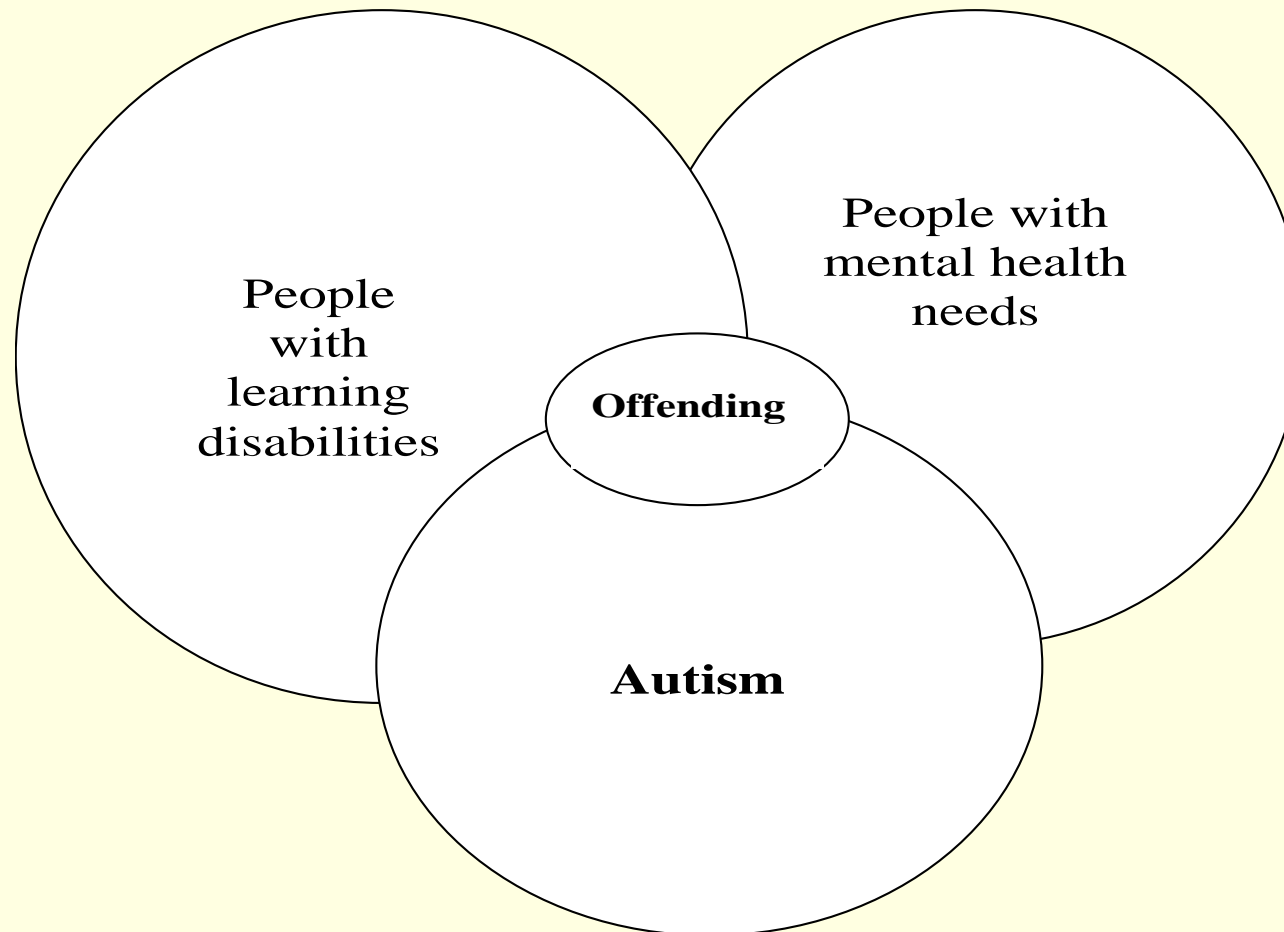

Closing the revolving door of prison sentences for people with autism

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Outline

- Complexity of client group
- Why is it a revolving door?
- Complexity of the systems for providing support
- Treatment programmes relevant to offending
- Support in the community
- Case example
- Conclusions

Client group: Overlap of Autism, LD, mental health needs, and offending



Why is it a revolving door?

- Vulnerabilities of people with autism spectrum disorders in the police station & in court
- Complexity of support systems
- Often unable to access everyday living support
- Often unable to access employment
- Often unable to access treatment

Vulnerabilities in the police station

- Not being identified as being on autistic spectrum
- Poor understanding of caution & legal rights
 - You do not have to say anything. But it may harm your defence if you do not mention when questioned something which you later rely on in court. Anything you do say will be given in evidence
- More likely to be acquiescent (saying yes regardless of the question), suggestible (being led by the question) & to confabulate (fabricate to fill gaps in memory) in the interview
- Lack of knowledge relevant to decision-making in police interviews (eg thinking you will be believed if you admit to something in police station but deny it in court)

Vulnerabilities in court

- Not being identified as having ASD
- More likely to be acquiescent (saying yes regardless of the question), suggestible (being led by the question) & to confabulate (fabricate to fill gaps in memory) in the interview
- Not understanding court language, eg. not even understanding the phrase 'not guilty' (22% of LD sample in Smith, 1993) – and see Talbot 2008
- Not surviving cross examination because lawyers don't adapt their language (Kebbell et al., 2001)

Complexity of systems

- Health & social care systems – not always joint
- Fair Access to Care – risk of offending doesn't figure
- Learning disability services – may exclude IQ over 70
- Mental health services – may exclude ASD
- Autism-specific services – great but patchy
- **Specialist interventions** – great but patchy
- Support for employment – may exclude IQ over 70
- College courses – often need help to access
- **Everyday support** – hard to access (FACS)
- Residential services – for moderate/severe LD
- Supported living – great if you can get it

Specialist interventions: Offender behaviour programmes

- In prison & probation:
 - Enhanced thinking skills
 - Anger management
 - SOTP & ASOTP
 - Drug & alcohol misuse
 - Domestic violence programmes
- In community (CLDT; CMHT)
 - Anxiety management
 - Anger management
 - SOTSEC-ID & ASOTP

Typical anger management programme (emotions group)

- Assessment of anger (eg the Benson anger inventory; feelings diary)
- Group anger management training:
 - recognising & labelling emotions
 - relaxation training
 - self-instruction (coping vs trouble statements)
 - problem solving (what is my problem, what is my plan, am I using my plan, how am I doing?)
 - role play and practice +++

Does it work? LD group studies with controls

- Benson et al 1986: very good early RCT, showed reduced anger but no evidence for reduced aggressive incidents
- Rose et al (2000): community setting; 25 people in CBT group; 19 in control group; 16 sessions X 2hrs; significant treatment effect (self-report of anger)
- Taylor et al (2002): in secure setting; RCT: 9 men in CBT, 10 in control group; 18 sessions of anger management; significant treatment effect (self-ratings of anger only)
- Willner et al (2002): community setting; RCT: 7 in CBT, 7 controls; 9 sessions X 2hrs; self-report and staff report of significant changes in treated group; more change if higher IQ
- More recent studies: Rose et al 2005 (larger), Willner & Tomlinson 2007 (generalisation); Lindsay et al 2004 (larger & included aggro measure); Taylor et al 2005 (larger)
- Self-report of anger vs records of aggro incidents

Psychological treatment (CBT): sexual offences

- Usually group cognitive-behavioural therapy
- Measures: usually include Lindsay's QACSO, plus sexual knowledge measure plus empathy measure
- Treatment often lasts for one year or more (one session per week)
- Modules (usually):
 - sex education & relationships
 - empathy training
 - the cognitive model
 - the 4-stage model of sexual offending
 - relapse prevention

Sexual offences: Does CBT work?

- Individual case studies abound of men with LD (eg Griffiths et al 1989; O'Connor 1996; Lindsay et al 1998 a,b,c)
- Group treatment for men with LD:
 - Lindsay & Smith 1998 showed men did better after 2 yrs of treatment than after 1yr (reconvictions)
 - Lindsay et al: reduction in harm in 29 repeat offenders
 - Murphy, Sinclair et al 2007; & in press: SOTSEC-ID group showed better sexual knowledge, better empathy & lower cognitive distortions (1yr ttmt) – but people with autism did less well
- Group treatment with controls or RCTs: none

Arson: Does CBT work?

- Clare al. 1992: single case - assertiveness training; coping skills; covert sensitisation. Offence free for 10+ yrs
- Taylor et al 2004 & Taylor et al 2006:
 - group treatment (no controls) for 4 men (2004) & 6 women (2006)
 - cognitions & emotions in arson; education & info; social skills training & coping skills; relapse prevention
 - scores on FIRS, FAS little change; anger & GAS improved
- Again all studies in LD & problem of how to show effective?

Case example

- Man with autism committed sexual offence (touching a woman on leg in bus)
- Convicted (CRO) & attended SOTSEC-ID
- Reported in local newspaper
- Lost job & beaten up; moved for own safety
- Lonely, no support, no structure to day
- Looking through people's windows, incl. a woman's bathroom window
- Arrested & convicted of second offence

Case example continued

- Psychology reports in court; CRO; SOTSEC-ID – but no everyday support (FACS)
- Still looking in windows; searching thru bins; talking to strangers; annoying neighbours
- ASBO! – successfully thrown out in court
- **Police fed up – leaned on Social Services**
- Miracle! – 4 hrs support per day to access Autism group lunch time meeting; drama group; gardening course; college
- Offence free

Conclusions

- People with autism/ASD are a very vulnerable group
- They require a lot of emotional & social support with everyday life
- They need help with dealing with the CJS, in which they are disadvantaged
- They should have access to everyday support & to specialist treatment to assist them with emotional and cognitive difficulties that may underlie their risk of offending
- We need better research on the effects of support and treatment before we can say what really works for whom

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