Positive light on the spectrum?

I read with interest the letter by Sarah Ashworth and Ruth Tully entitled 'Adult autism – hidden in forensic settings' (September 2016). The Autism Act 2009 appeared to have had a significant effect on public awareness, recognising the needs but also abilities of people with ASC (autistic spectrum condition – a preferable term to autistic spectrum disorder, in my opinion). While autism awareness courses run in criminal justice settings are to be welcomed, they can often raise as many questions as they answer – for instance issues around accuracy of diagnosis and the treatment needs that become apparent once ASC has been correctly diagnosed. Many people with ASC who I have worked with have previously been undiagnosed and simply languished in the prison system, their needs unidentified and unmet. Even where ASC has been indicated in medical and other records, diagnoses have sometimes been inconclusive or not based on a recognised assessment methodology. As Ashworth and Tully say, the crucial need for a detailed neurodevelopmental history from a parent, carer or close family member can make this kind of assessment problematic for people managed by criminal justice agencies – although in many cases such information has been usefully accessed.

I have been fortunate to form very productive partnerships with a number of academics and professionals from non-forensic backgrounds (including clinical psychologists specialising in learning disability, speech and language therapists and social workers, as well as trainers with autism and staff from the National Autistic Society) in developing a better understanding of people with ASC who offend. This work included undertaking a prevalence study of ASC in a community offender sample which identified 4.5 per cent of offenders (N = 336) screening positive using a recognised screening tool (the AQ-10). Further analysis where relevant information was available indicated that approximately 2 per cent of these cases met diagnostic thresholds – roughly the expected rate of ASC in a (largely) male population. Although ASC is not thus markedly overrepresented in community forensic population, the challenges presented to criminal justice staff and the person with ASC themselves can be significant, often relating directly to presenting autistic symptoms – e.g. problematic communication skills, lack of perspective-taking abilities and obsessional behaviours.

Constructive professional co-working has led to the development of screening tools and clinical assessment methods to identify ASC in cases managed by the probation service locally, although accessing what are very limited services in the community remains problematic. Such services are primarily geared towards diagnosis and then self-help, although changes

Whilst I acknowledge the negative experiences of some individuals with an ASD within some aspects of the criminal justice system (CJS), it's important to highlight the significant progress that has been made within the CJS in identifying and addressing their needs, especially over the 22 years since the completion of Scragg and Shah's seminal and frequently cited paper highlighting the presence of Asperger's syndrome within one high-secure psychiatric hospital.

As highlighted by Ashworth and Tully there are some specialist forensic ASD services available across the UK. In fact, there now exists a wide range of community and secure specialist ASD services (independent and NHS) within mental health services. Whilst there has been some catch-up with developing an awareness of ASD within the prison system, progress continues to be made as illustrated by one prison obtaining accreditation by the National Autistic Society (NAS) and others set to follow. The NAS also provides a set of free guidelines for professionals at all levels working in the CJS (see http://tinyurl.com/nascjsdoc).

Although the exact number of individuals with an ASD who find themselves within custodial environments remains uncertain, it is likely that in comparison to 'neurotypical' offenders, individuals with an ASD comprise a relatively small sample, albeit with complex needs that require a different approach. Ashworth and Tully highlight the need for greater assessment within forensic settings, emphasising obtaining a diagnosis before appropriate management within the forensic system (this was certainly promoted by Lorna Wing). However, in my experience, a comprehensive assessment of the key factors associated with having an ASD that inform any psychological formulation of offending and risk management is more important than a diagnosis per se (i.e. function of any preoccupations, role of any sensory hypersensitivity, neuropsychological functioning of an individual including their thinking styles and presence of any emotional regulation difficulties). The potential impact of any psychiatric

in legislation covering adult social care have been very helpful in addressing the needs of some offenders with ASC.

Elsewhere, developments in understanding ASC in a forensic population have had very positive results – in particular being able to reconsider the risks and needs presented by an individual once they have been accurately diagnosed. However, sometimes prisoners serving Indeterminate Sentences for Public Protection or life sentences have been refused progression through the prison system due, for example, to an observed lack of (victim) empathy or problematic social presentation in groupwork treatment by assessing psychologists. In certain cases a subsequent diagnosis shows their presentation reflects expected symptoms of ASC rather than antisocial attitudes or hostility. I have known prisoners incarcerated for more than 10 years when I would expect them to be released in less than half that time, if assessment reports had taken into account the eventual ASC diagnosis and altered the formulation to understand both their original offending and subsequent presentation in custody.

However, even with an accurate diagnosis, further complications arise when considering the management of such individuals and where it might best be delivered. Unfortunately, people who exhibit extreme ASC symptoms can still be very dangerous and particularly resistant to behavioural change or treatment. The government's Transforming Care agenda is to be welcomed in moving people with learning disabilities and autism out of hospitals and out into properly supported settings in the community; however, such facilities often do not yet properly exist. Fewer, not more, specialist hospital placements are expected to be provided for the more severely disturbed offenders with ASC. I hope that the developments which have taken place in this field will lead to a greater focus on awareness raising and wide-scale screening and accurate assessment and diagnosis of offenders with ASC throughout correctional agencies in order to make sure that their needs are better met by psychologists and other professionals working with them.

Andrew Bates
Registered Forensic Psychologist
National Probation Service

comorbidity on interventions and risk also requires appropriate assessment. Whilst the ASD screens mentioned by Ashworth and Tully are sometimes useful as an initial step they should never be a substitute for a detailed diagnostic assessment, especially within such a heterogeneous population.

Where Ashworth, Tully and I would no doubt agree is that the availability of specialist ASD expertise within UK forensic services unfortunately remains fragmented. This is particularly frustrating after several years of arguing similar points. However, with the benefit of a long-term perspective of working within the CJS and an active interest in ASD, my impression is that significant progress continues to be made in recognising the difficulties and needs of this group of individuals – indeed, an awareness of ASD at all levels of the CJS has never been better. I am also optimistic that appropriate services will continue to develop. I would argue that, rather than further debate, there is a need perhaps for more direct action such as ASD awareness training of all prison officers, as well as greater cooperation and sharing of information as to what helps (such as good practice guidelines for assessing risk in ASD) between organisations and those with a vested interest.

Dr David Murphy
Broadmoor High Secure Psychiatric Hospital, and Autism Diagnostic Research Centre, Southampton

For too long the world of forensics has ignored the plight of many adults with ASD, who find themselves at odds with the law. High-profile cases such as hacking into government computers are picked up by the media and highlight how such crimes are motivated by an individual's rigid and excessive interest in a favourite pastime.

I am in the unfortunate position of being a mother of an adult with ASD who has been incarcerated. The lack of support and understanding of my daughter's ASD has no doubt led her to develop mental health issues. Her secure environment ignores the fact that she is easily upset by a failure in routine; she is expected to manage the daily echoes of the corridors and screams of the other patients; her meltdowns are dealt with harshly with increases in medication.

My daughter has been in a prison hospital now for 25 years! She is one of Simon Baron-Cohen's 'lost generation' (*The Lancet*, November, 2015). Her symptoms in the late 1980s were not 'classic' autism. Her excessive interest in the police led her into systematic episodes of shoplifting because she enjoyed being picked up and interviewed by the police. When social services became involved, she was a vulnerable young girl and easily manipulated by peers into a life of crime with more socially adept teenagers. Social services, of course, blamed the parents, even though the evidence points to her behaviour worsening after they became involved. From that time on our voice was not heard!

My daughter ended up being moved from a social services placement to a prison and then to a secure hospital. She has received different diagnoses over time, and only recently has her autism been recognised. However, the treatment she receives continues to rely on high levels of medication to manage her anxiety and meltdowns rather than supporting her autistic characteristics.

Her crimes are far less severe than the population she is placed with, and the lack of understanding of autism by her forensic team results in mismanagement of her behaviour and condition. It is definitely time for change. My daughter has been waiting far too long, and I fear the process is moving too slowly to save her from spending the rest of her life in a high-secure prison hospital. The deliberate ignorance by the forensic services over the years has a lot to answer for – autism should be an integral part of the training of professionals involved in forensics, and more especially psychiatrists.

Name and address supplied

The magnitude and complexity of the criminal justice system causes limitations as to where the process of identification begins and how research can be implemented to support this. In my recently conducted research with carers and practitioners from the fields of autism, it was implied that although autism is a hidden condition and their socio-communicative differences may make them more suggestible or vulnerable within the criminal justice system, the sense of frustration and negative perception of the way the police, in particular, support individuals with autism is increasingly tangible.

Last year's Justice Inspectorates report on the welfare of vulnerable people (http://tinyurl.com/ou5dqos) recognised the police as the gateway to the criminal justice system, yet new research by Laura Crane and colleagues finds that only 39 per cent of 249 police respondents have received training about autism spectrum conditions, often leading to a lack of confidence in their interactions with these individuals. This was further supported by the themes found in my research whereby expansive areas of improvement within police interaction with individuals on the spectrum were awareness and training of police officers. In addition, it was suggested that there is a need for this training to be standardised across all forces.

If identification of individuals on the spectrum is made earlier in the criminal justice process, this may make for a smoother journey into forensic settings for individuals with autism. Additionally, identification can go further than assessment tools, but simply being able to spot slight diagnostic symptoms of the condition. Supporting the work proposed by Ashworth and Tully, it is important to assess each stage of the criminal justice system, police, custody, partnerships, courts, forensic settings and prisons separately before building a representative picture of how individuals with autism can be better supported in the criminal justice system as a whole, whilst also increasing policing and forensic research evidence and developing more inclusive processes and communities.

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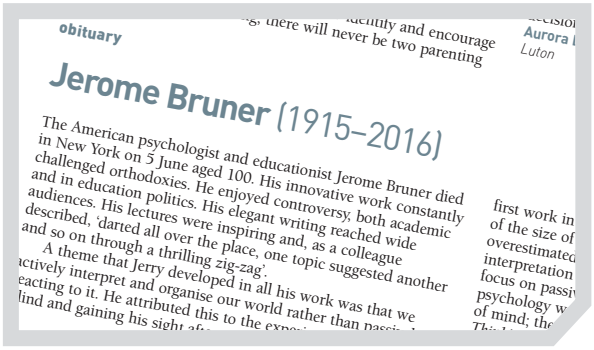
Bruner remembered

There must be many of us who remember the excitement that surrounded Jerome Bruner (see Obituary, September 2016) and his team's work in Oxford in the 1970s. I recall lecture rooms packed, and a buzz when a new paper was circulating as a preprint. At the time I was a newly qualified clinical psychologist, at the Park Hospital in Oxford, working with young children who had been maltreated. And Bruner's work on early social communication and language threw immediate light on how we might look at the social interactions of the children we were working with.


obituary

Jerome Bruner (1915–2016)

The American psychologist and educationist Jerome Bruner died in New York on 5 June aged 100. His innovative work constantly challenged orthodoxies. He enjoyed controversy, both academic and in education politics. His elegant writing reached wide audiences. His lectures were inspiring and, as a colleague described, 'darted all over the place, one topic suggested another and so on through a thrilling zig-zag'.

A theme that Jerry developed in all his work was that we actively interpret and organise our world rather than passively reacting to it. He attributed this to the exp

Bruner wanted to bring to life the study of the social-communicative contexts of the child's developmental transition to language use. He saw that parents and preverbal children used games like 'peek-a-boo' in ways that might be regarded as supporting the acquisition of language. As Michael Tomasello wrote in his 2003 book *Constructing a Language*: 'And young children seem to learn almost all their earliest language in cultural routines of one sort or another. Social interactional routines such as feeding, diaper changing, bathing, interactive games, book reading, car trips, and a host of other activities constitute the formats – joint attentional frames – within which children acquire their earliest linguistic symbols'.

Many of the toddlers we were working with didn't have easy access to the playful formats and consistent joint attentional frames Bruner was describing.

Looking back, Bruner's work brought new light on early language development through an extraordinary mix of philosophy (Wittgenstein and J.L. Austin), ethology (methods and ideas), and a more fully human developmental social psychology of infancy.

For practitioners needing a developmental and social framework for their work, and inspiration for integrative work, Bruner was always there.

Peter Appleton
Doctorate in Clinical Psychology Course
Essex University

Explicit terminlogy

I was a member of the British Psychological Society group chaired by Dr Macpherson which drafted the guidelines *Access to Sexually Explicit Illegal Material for the Purpose of Assessment, Intervention and Research*.

The publication of this document was announced in *The Psychologist* (July 2016) under the headline 'Extreme pornography guidelines', which is unfortunate for two reasons.

Firstly, Part 5, sections 63 to 67 of the Criminal Justice and Immigration Act 2008 make it an offence to possess pornographic images that depict acts which threaten a person's life; acts which result in or are likely to result in serious injury to a person's anus, breasts or genitals; bestiality; or necrophilia. Only images meeting these criteria are extreme pornography. Thus 'extreme pornography' is a very specific legal term corresponding to material that represents only a fraction of the sexually explicit material that the Society's guidance is intended to cover.

Secondly, the term 'pornography' itself is also hopelessly encumbered with conflicting and unscientific associations of legitimacy, exploitation and normative activity. It persists in use partly because of the very wide adoption in lay communication and, ironically, use in the law. It would be preferable if the Society avoided and deprecated its use (unless referring to the law, or lay use of the terminology) and adopted the terminology of the guidance itself – 'sexually explicit material'.

David Glasgow
i-psych.co.uk

Clinicians with mental health difficulties

A letter was published in the December 2015 issue entitled 'Patient and professional' from an unnamed psychological wellbeing practitioner who talked about her experience of borderline personality disorder. I am surprised by the lack of reaction to this; it seems to me that mental health services can only be improved by professionals being more open and willing to share similar experiences. I am not talking about self-disclosure in therapy but asking for more general discussion of personal psychological difficulties. Or perhaps I am mistaken and those who practice in the field are immune to such things? The results reported from the British Psychological Society and New Savoy Partnership survey – '46% of psychological professionals said that they felt depressed and 49.5% reported feeling they were a failure' (April 2015) – suggests not. Yet in the last few months, I have found only a handful of references to these problems and rarely from an individual perspective.

I confess I have an ulterior motive in asking people to speak up: I myself am looking for encouragement. How realistic it is for somebody who has spent several years struggling with depression to continue to harbour a desire to work in the field of clinical psychology? Well-meaning people, anxious to prevent further discouragement say, 'But your experiences give you a better understanding!' Perhaps. But I want to hear it from the clinicians themselves. One may achieve greater compassion and empathy for others through one's own psychological difficulties, but I want to know if that is enough to help others overcome theirs, in a professional context. Are there mental health practitioners out there who have always had to fight the urge to hide under their desk when they arrive in work each morning? Even if not, I would still like to hear more of people talking openly about their own mental health in forums such as *The Psychologist*. Leading by example ought to be an effective way of combating stigma around seeking support for psychological distress.

Name and address supplied

NOTICEBOARD

Researchers in the School of Psychology at the University of Surrey are currently conducting a study looking at **ways to help employees improve their work-related thoughts, feelings and wellbeing**. If you are in full-time employment and are interested in taking part in the study, please go to http://surveys.fahs.surrey.ac.uk/expressive_screening for more information and to complete a brief screening questionnaire (five minutes) to see if you are eligible to take part in the main study, or contact me.

Evie Michailidis
Chief Investigator
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JOHN HARRIS/REPORTDIGITAL.CO.UK

School skirts – a gender issue?

School uniform and interpretation and implementation of uniform policy is a scorching topic at breakfast tables, in staff rooms, for high street fashion stores' buyers and feminist campaigners (see Laura Bates' 2016 book *Girl Up*). I have discussed the subject many times with students, parents, teachers, in surveys and at home; and Madeleine Pownall's letter ('School skirt bans', August 2016) still managed to extend my thinking.

Surely, to throw off gendered conventional school traditions and minimise false gender binaries is the way forward? Schools must celebrate difference and diversity without oppression and discrimination.

The subject of school uniform is a great way to engage young people in discussion of sexism, sexuality, and the mythical existence of sex and gender binaries. It often concludes with a utopian vision of access for all pupils and teaching staff to wonderfully cool skirts.

Dr Julie Alderson
University Hospitals Bristol NHS FT

PRESIDENT'S LETTER

Students embarking on a career in psychology have made a wise choice. On a purely practical level, the study of psychology gives us tangible transferable skills. The scientific method is, of course, a huge advantage in a world of conflicting claims, misleading messages and complex decisions... despite some politicians' recent, and regrettable, scepticism of experts. Because human behaviour is subject to multiple interacting influences, we need to use mathematical, statistical, methods to tease out the relationships, and these numerical skills are hugely valuable. Academic scholarship, learning from the wisdom of earlier generations, is a key skill. And I would argue that psychologists tend to develop significant skills in balancing and comparing differing opinions on human behaviour, because of the variety of approaches available. We also have to write, in intelligible prose, to explain our findings. This combination of scientific, numerate, literate skills gives our students a fantastic start.

But psychology is also attractive because of its humanism and day-to-day relevance. Our subject matter is the stuff of life. It is inherently interesting. And this is reflected in my role as President of the British Psychological Society. My in-tray for this month includes all the predictable regular business (including our relationship with the statutory regulator, the Health and Care Professions Council), as well as preparation for the forthcoming political party conferences (the BPS, like many charities, takes the opportunity to discuss issues of science, education and professional activity with our politicians at their annual conferences). This year, we are preparing a briefing paper on psychological aspects of decision making under conditions of stress and uncertainty. We are also beginning what will no doubt be a long series of meetings with colleagues about the consequences of our exit from the European Union. I am particularly pleased that the BPS is a leading partner with the National Guidelines Alliance, responsible for clinical guideline development in healthcare. Similarly, I am delighted to see the BPS leading on the establishment, with many colleague organisations, of the Personality Disorder Commission, whose remit includes (importantly for me personally), a critical examination of both the terminology and the validity of the diagnosis itself. I am equally delighted that BPS colleagues are in partnership with colleagues in other professional bodies and with Health Education England to promote the use of multi-professional, co-produced, formulation in our professional practice, as well as to develop clear standards of proficiency in this skill.

By now, people may have some feel for my views on these matters. But it's really important to me to get an impression as to whether the stance of the Society in respect to these issues reflects the views of members. I need to know what you think about our relationship with HCPC and the forthcoming government consultation on healthcare regulation. What should we be saying to our politicians – and more specifically, what can psychological research contribute to their work? What should we be lobbying for in regards to the clinical guidelines that are so important for commissioning and delivering healthcare? What do members think about the diagnosis of so-called 'personality disorder'? Are we confident that 'formulation' as practised by psychologists is a distinctive and valuable contribution?

On all these issues and more, please get in touch via www.bps.org.uk/blog/presidential or e-mail PresidentsOffice@bps.org.uk.

Peter Kinderman is President of the British Psychological Society. Contact him at PresidentsOffice@bps.org.uk or follow on Twitter: @peterkinderman.

Mandatory reporting of sexual abuse

There is currently a government consultation 'Reporting and Acting on Child Abuse and Neglect'. This will affect psychologists, who are regulated by the Health and Care Professions Council (HCPC).

Everyone agrees that children must be kept safe, and mandatory reporting seems the obvious way to achieve this. Yet it carries the risk of unintended consequences. I have, as chair of the Specialist Treatment Organisation for the Prevention of Sexual Offending (StopSO), written a comprehensive report, discussing the benefits and risks (see www.stopso.org.uk/mandatory-reporting).

StopSO aims to reduce child sexual abuse by working with the perpetrators. Prevention is better than cure for everyone, especially the potential victims. So far, StopSO has had 288 requests for help in three years. Our biggest concern about mandatory reporting, is that potential (and actual) perpetrators will not feel safe enough to come forward.

Surprisingly, the reoffending rate for sexual crime is very low. In June 2013 government figures put it at 12.1 per cent (tinyurl.com/hm3vch5). For a serious violent and or serious sexual crime it was 0.4%. We need to focus on stopping perpetrators *before they commit the first crime*, or early in their offending history. Almost 40 per cent of those approaching StopSO have never come to the attention of the authorities. We fear that if mandatory reporting includes psychologists this figure will drop. When mandatory reporting began in Baltimore, USA, the self-referrals of sex abusers decreased from 73 to 0 (Berlin et al., 1991).

If clinical psychologists were excluded from a *mandatory* duty to report, they could still report wherever necessary, but at their discretion. Some clients approach StopSO requesting therapy for 'low-level' sexual offending (e.g. low-level child abuse images) that they have recently stopped. StopSO suggests that in these cases the most effective child protection may be for the psychologist to have a proportionate response, working with the client and monitoring the dynamic risk on an ongoing basis, rather than automatically reporting them.

Please read the StopSO report and think carefully about the unintended consequences before filling in the government consultation (deadline 13 October).

Juliet Grayson
UCKP Registered Psychotherapist

Reference

Berlin F.S., Malin, H.M. & Dean, S. (1991). Effects of statutes requiring psychiatrists to report suspected abuse of children. *American Journal of Psychiatry, 148*, 449–453.

MORE ONLINE...

...including Steve Flatt with some fundamental questions about the role of psychology and psychologists, and Andrew James Clements arguing for increased open access to BPS publications.

See www.thepsychologist.org.uk/debates

Is your religion making you ill?

Yeni Adewoye's article 'Having faith in mind' (April 2016) and Abby Midgely's advice to seek 'biblical' counselling (Letters, July 2016) has prompted me to give another perspective.

I was indoctrinated into the Christian religion from babyhood, but I never, managed to get it – the 'belief' thing. I spent many years trying very hard to believe, everyone around me seemingly having no problem in doing so. The resulting cognitive dissonance caused me to become depressed to the point of suicidal thoughts several times throughout my life. My church's response was to say that there was some kind of block put on my 'relationship with God' because I (or my parents – the 'sins of the fathers') had committed some 'sin' which separated me from 'God'. Other explanations for my disbelief and non-acceptance of doctrine were that I was 'possessed of a demon' or even being 'controlled by the devil'! The kinder people suggested I 'hand my depression over to Jesus' to deal with… which, since I didn't believe he was available to hear me, struck me as somewhat absurd!

Every Sunday, church reiterated and (continues to reiterate today) that only those who believe will 'inherit the kingdom' and be 'rewarded in heaven with eternal life'. I then read Richard Dawkins' *The God Delusion*. It was the most liberating experience of my life. Someone had actually dared to question religion, something I had never been able to contemplate before. This freed me from my guilt. I realised compassion, empathy, altruism and kindness are not dependent upon belief in a god and that what one *does* in this life is what matters, not what one believes.

I trained as a psychiatric nurse and witnessed many instances of delusions and hallucinations disappearing once medication and a safe non-threatening environment had taken effect. I also witnessed friends who were children of believers and church leaders who, finding themselves unable to take up the family religion were emotionally blackmailed and socially restrained (any contact with outside groups of non-believers was disallowed), their alcoholism or drug addiction, depression, anxiety disorders and schizophrenia being attributed to religious causes. 'Treatments' included – casting-out of demons, begging forgiveness, laying-on of hands. prayer and spiritual healing, right here, in 21st-century England, in a church near you. Sufferers are also pressured not to seek non-Christian intervention.

It struck me that religious belief is indeed (as Mr Dawkins called it) some kind of 'delusional' state. I have read that brain structure, active neural networks and their functioning differs in believers and non- believers. Believers essentially operate under an alternative reality to non- believers.

To anyone who was born with, or who has acquired a brain physically incapable of 'belief' or 'faith', I suggest that abandoning religion altogether and seeking help from trained professionals in the real world is a far healthier solution.

Helen McDowall
Third-year mature student
Chichester