

Risk issues & criminal offences

There are a number of very rare occasions when people with the diagnosis have committed a criminal offence. Often people's offences will relate to their special interests, sensory sensitivities, or strong moral code.

However, it is important to remain mindful that due to their social naivety and interpersonal vulnerabilities, people with the diagnosis are much more likely to be victims than offenders.

In certain circumstances, helping people with the diagnosis to recognise how the Criminal Justice System is likely to respond to certain behaviours may be helpful. As may ensuring they understand the current rights, risks, and responsibilities of citizenship within the UK.

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DNLDD080/ Review April 2008

Supporting People Diagnosed with Asperger's Syndrome A Leaflet for Professionals

Asperger's Syndrome

Asperger's syndrome is a form of autism and affects how people understand and relate to others. It is a more subtle condition than autism and often more difficult to diagnose. Unlike people with autism, most people with Asperger's are of average or above average intelligence.

People with the diagnosis usually have difficulties across the following three areas:

- Communication
- Social interaction
- Imagination

These areas of difficulty are often described as the "Triad of Impairments".

It is important to note that every individual with the diagnosis experiences their difficulties very differently.

As such, it can be helpful to think of people as having difficulties which lie along a "continuum" of impairment; and to remember that each person's degree of difficulty will vary greatly across each individual aspect of the "Triad".

4. Obsessions and ritualistic behaviours:

- ♦ Some people can become irritated or anxious if the desired repetitive behaviours are interrupted.
- ♦ At times, people's obsessive or ritualistic behaviours can take over their lives; causing problems in relationships, at work, or educational settings etc.
- ♦ For some people, almost all their conversations relate solely to their own particular interests.
- ♦ Without intending to, some people with the diagnosis may irritate, offend or antagonise others via their repetition of particular issues and topics. Unfortunately, communication difficulties may mean they do not pick up on signs of irritation, disinterest, or disengagement from other people.
- ♦ Working with people in relation to this area can be challenging.
- ♦ Although some simple behavioural "limit setting" strategies, such as limiting the time spent doing a behaviour, the number of objects collected, and/or the time spent talking about a topic can help; if someone with the diagnosis is experiencing difficulties with their behaviour and wants to make a change, specialist input from Psychological, Nursing and/or Psychiatry staff may be helpful.

- ♦ Be aware of the potential for misunderstandings during conversation. Check regularly that both of you are talking about the same topic and are on the same "wavelength".
- ♦ Encourage the person to stop you and ask you to explain if you have said something they do not understand.
- ♦ Use a non confrontational and style of communication, and always update your approach as you get to know the person better.

3. Coping with change:

- ♦ Where possible, prepare the person for any significant change via discussion and negotiation well beforehand: - avoid "springing things" on them.
- ♦ When change is expected (and has been agreed) it may be useful to rehearse the planned changes with the person in advance to promote their sense of predictability and control.
- ♦ Make sure you ask the person how they have coped with making changes in the past. This will help to work with them to repeat any successful coping strategies and avoid any unhelpful ones.

Many people with Asperger's report long-standing difficulties accessing appropriate support and services, and describe mental health and/or social problems as a result of their difficulties. However, many others go on to achieve highly in terms of employment, relationships, and lead very fulfilling lives.

Clinical Features

As outlined, people with the diagnosis are likely to experience some or all of the following:

- ♦ Difficulty communication (e.g. both verbally and non-verbally; difficulties initiating or sustaining conversations)
- ♦ Difficulty with social interactions (e.g. difficulties developing peer relationships, a lack of social or emotional reciprocity)
- ♦ Restrictive, repetitive, and stereotyped patterns of behaviour, interests and activities (including obsessional behaviour that effects daily activities)
- ♦ Sensitivities to light, smells, touch, sounds.

Key difficulties in communication

People with the diagnosis may have difficulties in relation to some/all of the following:

- ◆ Understanding complex language, inference, jokes, and analogy. E.g. they may be confused or upset by sayings such as "It's raining cats and dogs" or "She bit his head off".
- ◆ Finding it hard to read other people's gestures, facial expressions and other forms of non verbal communication.
- ◆ Finding it hard to express themselves using gestures and facial expressions that are easily understood by others.
- ◆ Needing time to process information before responding— which can cause problems if a conversation is rapid and involves more than two people.
- ◆ Some people with the diagnosis speak in a flat or expressionless way. This can make it difficult for others to accurately judge their feelings on issues or topics.

2. Communication:

- ◆ Talk with the person to establish their communication "comfort zone" i.e. how close they like to sit in relation to others, how long they like to talk for, how comfortable are they with eye contact, what topics do they enjoy, what do they find it difficult to talk about?
- ◆ To try and build rapport have conversations about the person's current interests.
- ◆ Give a rationale for the issues you want to discuss in conversation and try to avoid direct confrontations.
- ◆ Try to speak in a clear, calm and concrete way, avoiding sarcasm, irony or metaphor (at least until you know the person better).
- ◆ Be aware that, for some individuals, making eye contact is very uncomfortable. As such, it is important to remember that people avoiding it is not necessarily a sign of dislike or disinterest in a topic.
- ◆ In general, try to avoid excessive use of gestures or prolonged eye contact.

Ideas for supporting people

1. Generally:

- ◆ As everyone with the diagnosis is unique, be mindful of the issues outlined in this leaflet, but take time to get to know the person as an individual.
- ◆ If the person appears to be having Problems, try to identify the nature and extent of these. Where possible, support them to access the appropriate community, health, housing and/or social care services. For example, if the person is feeling at risk or vulnerable within their local community, support them and their friends/relatives to become involved in local community safety forums, advocacy and action groups, etc.
- ◆ As a general rule, it may be helpful to think about environment factors such as lighting, noise level, crowding, and décor - all of which may contribute to the person's ability to feel at ease. Check with the person what they think and feel about the setting they are in.

Key difficulties in social skills

There are obviously links between people's communication difficulties and the nature of their social interactions. As such, people with the diagnosis can have difficulties in relation to some/all of the following:

- ◆ Making small talk and chatting
- ◆ Taking turns when talking
- ◆ Making appropriate eye contact
- ◆ Talking about non-preferred topics
- ◆ Empathising and showing emotions
- ◆ Sharing thoughts, feelings, and possessions with others
- ◆ Accurately reading others meaning and intent during social interactions, and feeling anxious and uncertain as a result
- ◆ Starting new relationships and keeping them going.

Key emotional and behavioural difficulties

People may have difficulties in relation to some/all of the following:

- Problems planning tasks
- Problems starting and stopping tasks
- Obsessional behaviours (or interests) that affect daily activities
- Impulsive behaviour
- High levels of anxiety or depression
- Isolation and withdrawal (if finding interpersonal contacts too challenging)
- On occasion, some people may misperceive others as behaving in a hostile manner. This can sometimes lead to aggressive behaviour towards the perceived aggressor
- Some people may be easily led into illegal or risky activities by others.
- Very occasionally people's special interests or obsessional behaviours can bring them into contact with the criminal justice system.

Key triggers for psychological distress

- ◆ Unfortunately, teasing, bullying and rejection (both as adults and children) are an all too common experience for many.
- ◆ Delayed, or misdiagnosis, can leave some people (and their friends and families) in very frustrating and stressful positions as they struggle to make sense of their experiences.
- ◆ Once diagnosed, people can continue to feel misunderstood and/or unsupported due to gaps in services.
- ◆ Many people experience symptoms of anxiety and depression as a result of their interpersonal difficulties; including problems within sexual relationships.
- ◆ Difficulties at work (or actually finding appropriate employment) can be an additional stressor for many.
- ◆ Amongst those who misperceive others behaviour as aggressive, some may become socially anxious & avoidant, whilst others may become interpersonally hostile.