



PERSONALITY DISORDER AND/OR AUTISM IN PEOPLE WITH INTELLECTUAL DISABILITIES

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journal

OVERVIEW

- ❖ Prevalence
- ❖ Differentiating personality disorder and autism
- ❖ Comorbid personality disorder and autism
- ❖ Treatments and Treatment Outcomes

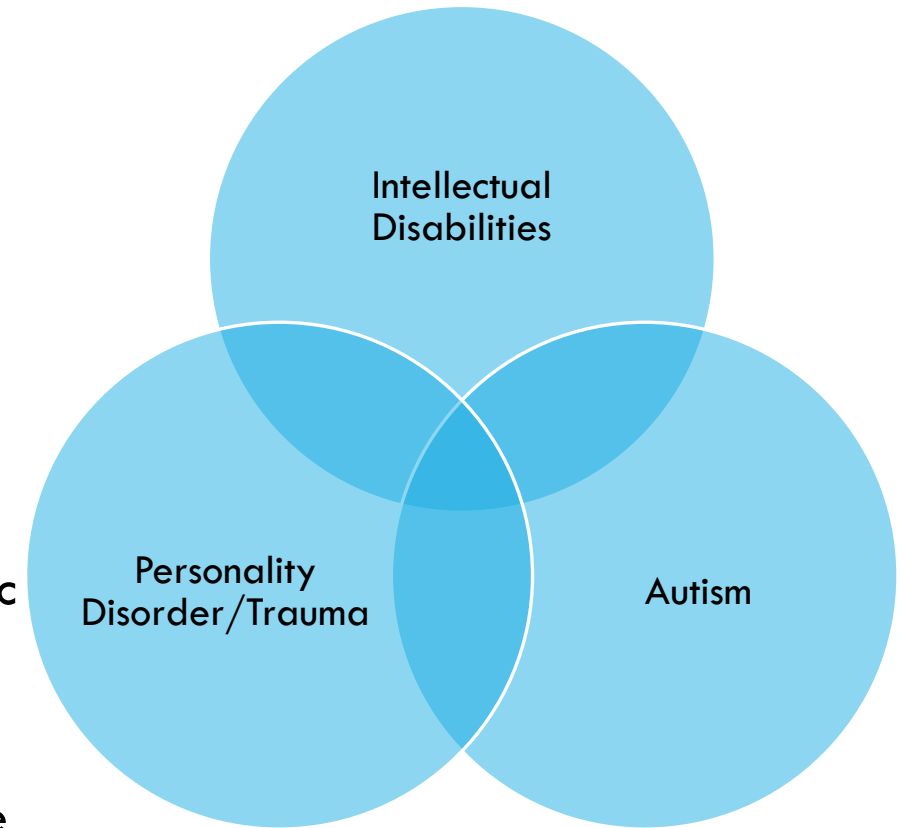
PREVALENCE

Autism

- ❖ Approximately 1% of the UK population is autistic (National Autistic Society, 2016).
- ❖ Around 20-30% of people with learning disabilities are autistic (Learning Disabilities Observatory).

Personality Disorder

- ❖ Borderline Personality Disorder (BPD) has a lifetime prevalence of 5.9% and is more often diagnosed in females (Grant et al., 2008)
- ❖ Prevalence of personality disorder in intellectual disability ranges from <1% to 91% in community settings and 22% to 92% in hospital settings.



PREVALENCE IN FORENSIC ID SERVICES

Of 138 patients included in this evaluation, 15 were diagnosed with both autism and personality disorder (either EUPD or APD).

WHY MIGHT PREVALENCE BE HIGHER IN ID?

Autism

Review

Intellectual disability and autism spectrum disorders:
Causal genes and molecular mechanisms

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ABSTRACT

Intellectual disability (ID) and autism spectrum disorder (ASD) are the most common developmental disorders present in humans. Combined, they affect between 3 and 5% of the population. Additionally, they can be found together in the same individual thereby complicating treatment.

The causative factors (genes, epigenetic and environmental) are quite varied and likely interact so as to further complicate the assessment of an individual patient. Nonetheless, much valuable information has been gained by identifying candidate genes for ID or ASD. Understanding the etiology of either ID or ASD is of utmost importance for families. It allows a determination of the risk of recurrence, the possibility of other comorbidity medical problems, the molecular and cellular nature of the pathobiology and hopefully potential therapeutic approaches.

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Personality Disorder

Higher rates of socioeconomic deprivation, lifetime rates of trauma

DIAGNOSTIC CRITERIA

On paper, autism and personality disorder are very different conditions.

IS IT AUTISM OR IS IT PERSONALITY DISORDER?

- ❖ However in practice, the symptomatic overlap of ASC and personality disorders can lead to differential diagnostic uncertainty, particularly in women (Dudas, 2017).
- ❖ Diagnostic challenges less likely in the most black and white cases of either condition.

IS IT AUTISM OR IS IT PERSONALITY DISORDER

- ❖ Symptom overlap in areas such as:
- ❖ Difficulties verbalising emotions
- ❖ intense relationships
- ❖ superficial friendships
- ❖ impairments in social functioning (Dell'Osso et al., 2018).

DUDAS ET AL.

RESEARCH ARTICLE

The overlap between autistic spectrum conditions and borderline personality disorder

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Aims

To compare ASC, BPD, and comorbid patients in terms of autistic traits, empathy, and systemizing.

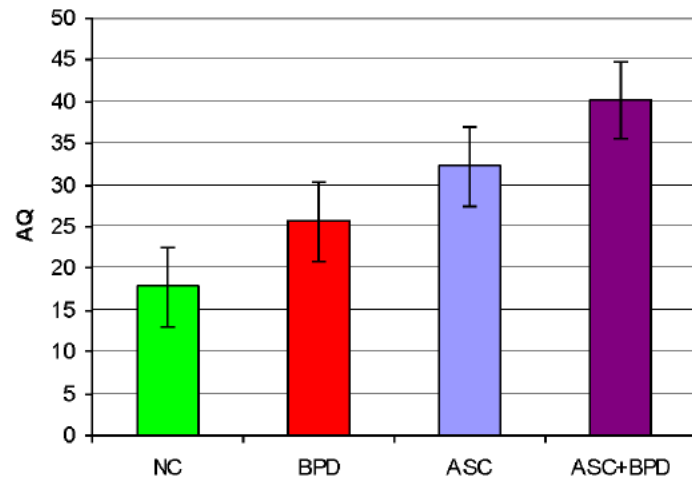
Methods

624 ASC, 23 BPD, and 16 comorbid (ASC+BPD) patients, and 2,081 neurotypical controls (NC) completed the Autism Spectrum Quotient (AQ), the Empathy Quotient (EQ) and the Systemizing Quotient-Revised (SQ-R).

DUDAS ET AL.

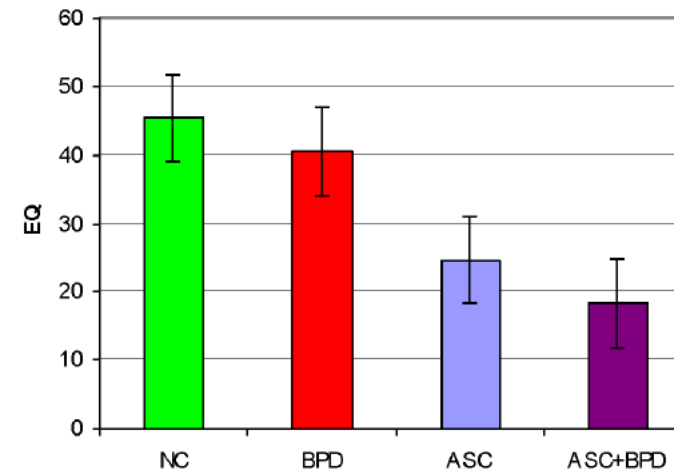
Autism Quotient

A



Empathy Quotient

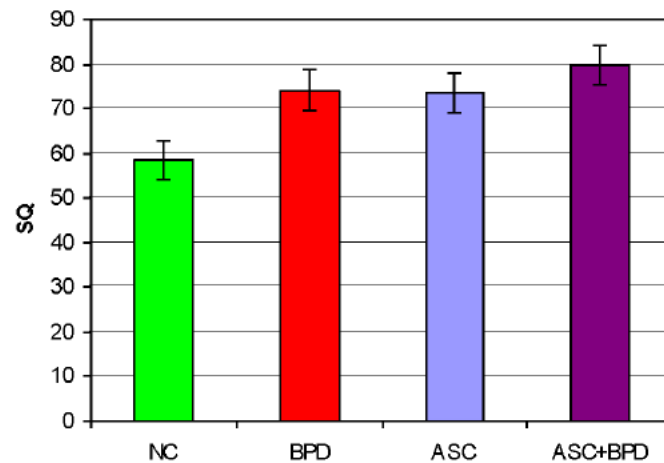
B



DUDAS ET AL

Systemising

c



BPD patients have elevated autistic traits and a strong drive to systemize, suggesting an overlap between BPD and ASC.

LUGNEGARD ET AL.

- ❖ 54 young adults with Asperger syndrome assessed with Structured Clinical Interview for DSMIV Axis II disorders to evaluate the presence of a concomitant personality disorder and completed the Autism Spectrum Quotient to measure level of autistic features.
- ❖ Results: Approximately half fulfilled criteria for a personality disorder, in cluster A or C.
- ❖ Men with Asperger syndrome met personality disorder criteria significantly more often than women with Asperger syndrome (65% vs 32%).
- ❖ Participants fulfilling criteria for a personality disorder showed more marked autistic features according to the Autism Spectrum Quotient.
- ❖ Conclusions: There is a considerable overlap in symptoms between Asperger syndrome and certain personality disorders.



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Comprehensive
PSYCHIATRY

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Personality disorders and autism spectrum disorders: what are the connections?

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^cDepartment of Child and Adolescent Psychiatry, Central Hospital, Karlstad, Sweden

Abstract

Background: The relationship between autism spectrum disorders/pervasive developmental disorders and personality disorders is not completely clear, although both concepts imply lifelong impairment. The purpose of the present study was to investigate the presence of possible personality disorders in a group of young adults with Asperger syndrome.

Method: Fifty-four young adults with a clinical diagnosis of Asperger syndrome were assessed with Structured Clinical Interview for DSM-IV Axis II disorders to evaluate the presence of a concomitant personality disorder and completed the Autism Spectrum Quotient to measure level of autistic features. Autism spectrum diagnosis was confirmed by Diagnostic Interview for Social and Communication Disorders with a collateral informant.

Results: Approximately half of the study group fulfilled criteria for a personality disorder, all belonging to cluster A or C. There was a significant difference across sex: men with Asperger syndrome meeting personality disorder criteria much more often than women with Asperger syndrome (65% vs 32%). Participants fulfilling criteria for a personality disorder showed more marked autistic features according to the Autism Spectrum Quotient.

Conclusions: There is a considerable overlap in symptoms between Asperger syndrome and certain personality disorders. Similarities and differences of the two concepts are discussed in the framework of the *Diagnostic and Statistical Manual of Mental Disorders* classification system.

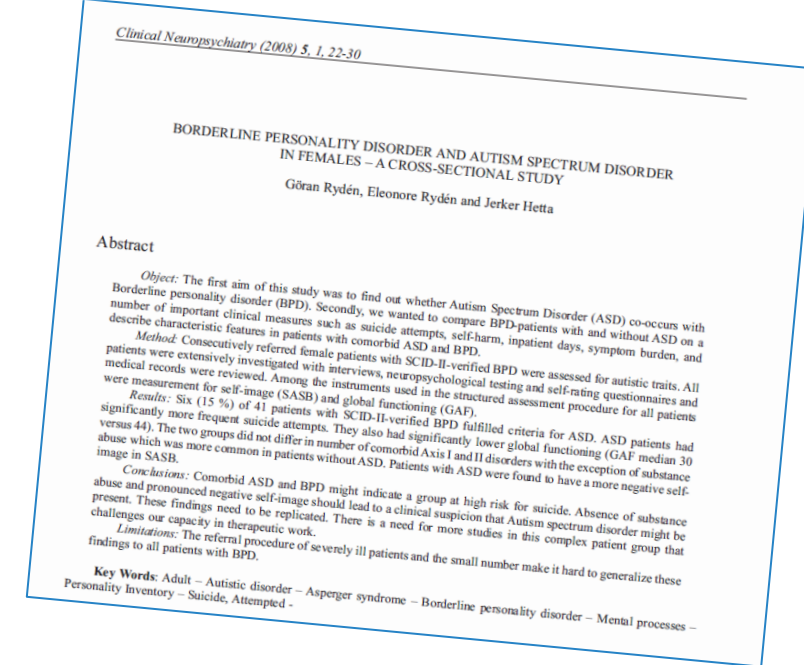
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RYDEN ET AL.

- ❖ Female patients with BPD were assessed for ASD.
- ❖ 6 (15%) of 41 patients met criteria for ASD.

BPD & ASD patients had:

- ❖ Significantly more frequent suicide attempts.
- ❖ Significantly lower global functioning.
- ❖ Equal rates of other comorbid Axis 1/2 disorders.
- ❖ Significantly lower substance abuse rates.



Investigation will examine claims autistic teenager warned carers he was planning to push someone off a tall building

The victim, who had been on holiday with his family at the time, was left with a brain injury and has only recently begun to move his limbs

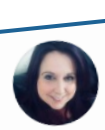
By Martin Evans, CRIME CORRESPONDENT

7 February 2020 • 6:55pm

➔ Premium



Jonty Bravery is due to be sentenced later this month | CREDIT: PA



Sarah B @sarahbuttery4 · Feb 7
@GMB As a mother of a child with **autism** I am offended that you mentioned several times that **Jonty Bravery** has **autism** as if his actions are connected to this... you failed to mention he has a personality disorder and OCD. Don't add to ignorance about **autism** #AutismAwareness

↻ 4

♡ 24



Nicky Clark @MrsNickyClark · Feb 7
Why are @BBCr4today still reporting **Jonty Bravery's autism**? Being autistic has nothing to do with his crime. This is causing harm to autistic people. This is stigmatising every autistic person.

💬 1

↻ 9

♡ 20



comradeigvan @gavinmccoll · Feb 7
@GMB why did Kate Garraway think it relevant to say that **Jonty Bravery** autistic - does she think **autism** makes people dangerous? This man appears to have other mental health or behavioural issues. #Ableism



♡ 3

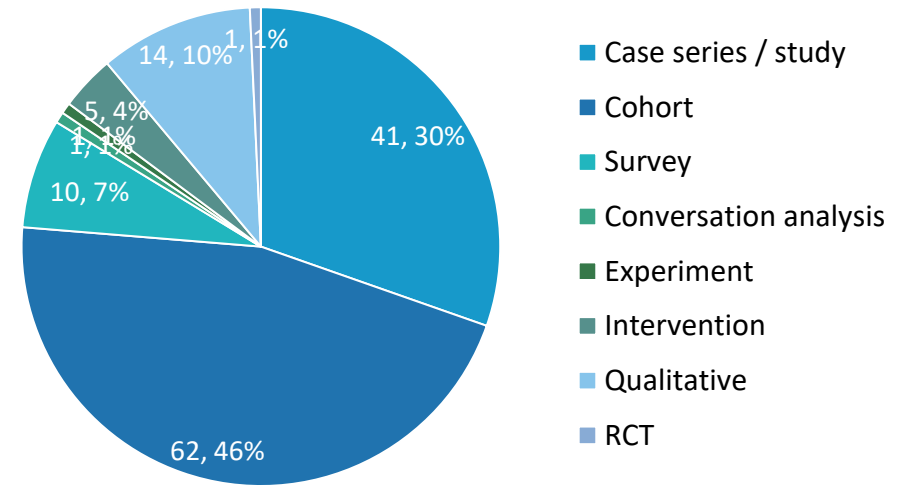
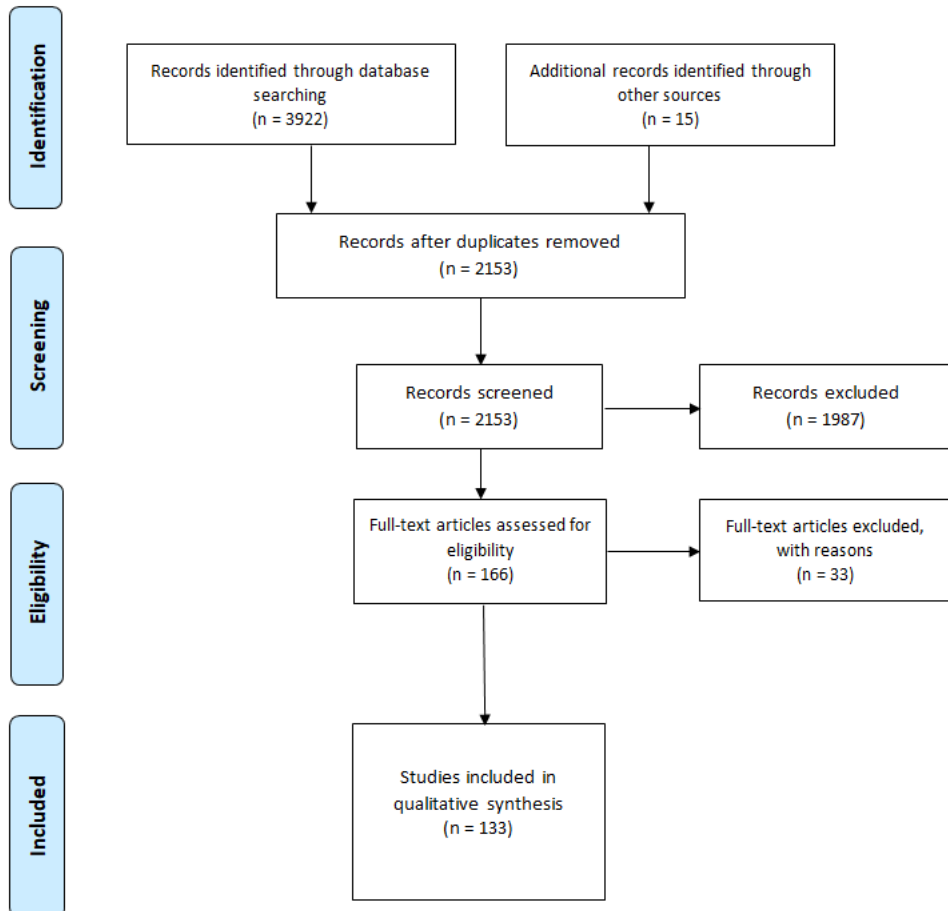


Kirstie Moar @KirstieMoar · Feb 7
@theJeremyVine I am furious at the coverage of the **Jonty Bravery** case by the media. Every report states he is autistic. **Autism** does not make you try to kill someone. Media coverage is setting back positive **autism** awareness decades if not a lifetime.



MY SYSTEMATIC REVIEW

Figure 1. PRISMA Flow chart



High volume of research.

Few prospective, theory based studies which have the potential to influence prevention/rehabilitation programmes.

IS IT EITHER/OR/BOTH

Neither autism or PD preclude a diagnosis of the other condition, it doesn't have to be either/or, it can be both.

Growing evidence base highlighting that the autistic population are at increased risk of maltreatment (Kuhl-Meltzoff Stavropoulos, Bolourian, & Blacher, 2018) and victimisation (Kock, Strydom, O'Brady, & Tantam, 2019).



It isn't autism, it
is a personality
disorder.

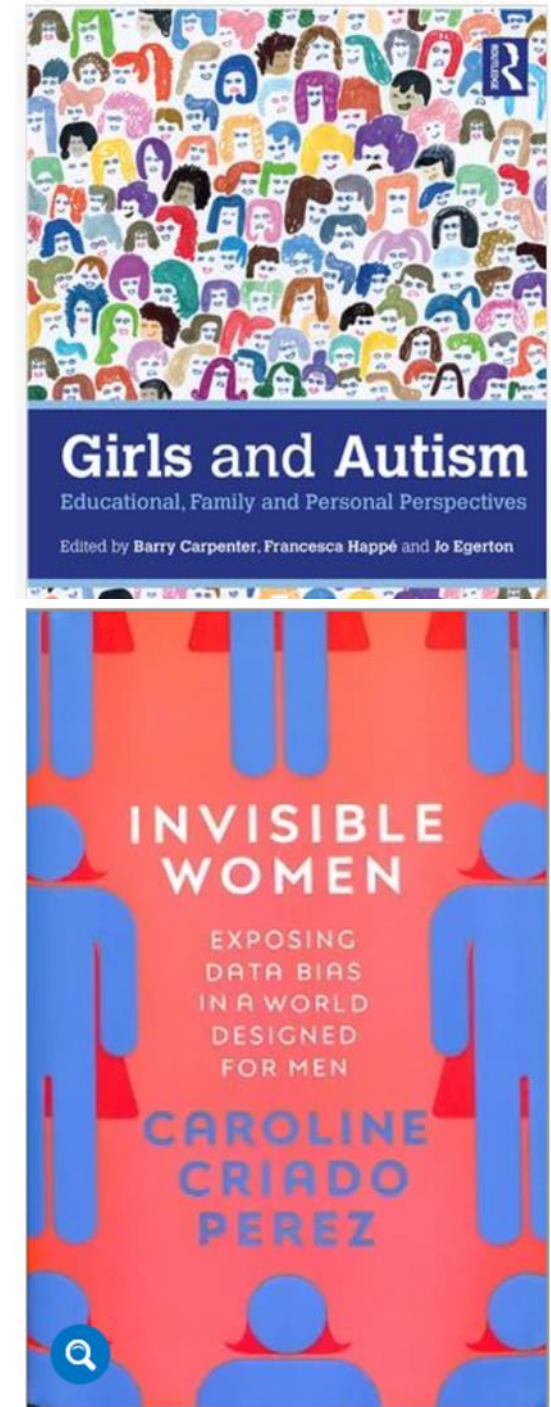
MISSED DIAGNOSIS OR DIAGNOSTIC OVERSHADOWING

- ❖ Within forensic settings, the most common initial diagnosis of females is BPD; a reflection of high rates of attachment difficulties, abuse and trauma.
- ❖ In some instances, women who later go on to be diagnosed with autism, have been treated according to a BPD diagnosis for years within forensic services, with minimal improvement in presentation.
- ❖ In undiagnosed autism, the initial diagnosis is either an incorrect fit, or insufficient in capturing the patient's difficulties.
- ❖ The BPD label can be very entrenched, even in light of a differential, or additional diagnosis of autism.
- ❖ However, correctly identifying autism can prompt the viewing of a person through an “autistic lens”, supporting more effective formulation, treatment and management.

(Chester, Driver and Alexander, 2022)

TREATMENT

- ❖ It is clear that we are likely to be caring for many patients with intellectual disability, personality disorder, and autism.
- ❖ Recognition of patients with this profile is likely to increase, alongside the increasing awareness of the female autistic profile.
- ❖ So what treatment is being offered?

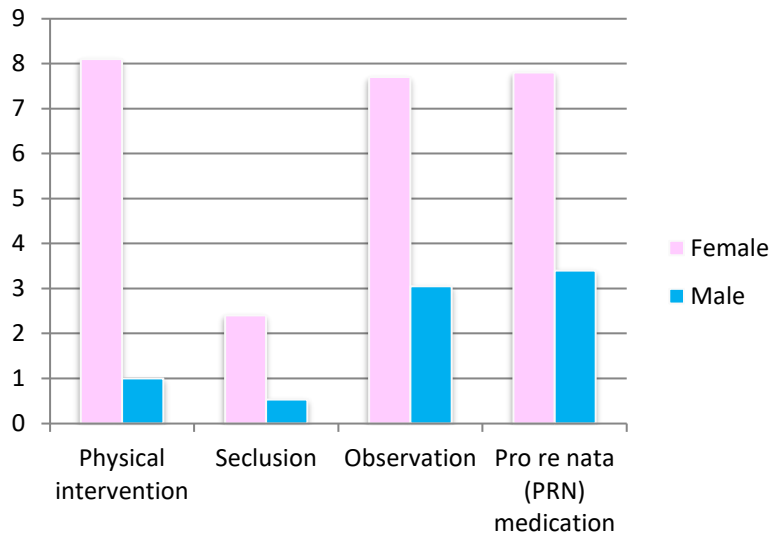


TREATMENTS

- ❖ Few descriptions of treatment programmes exist for this specific patient group.
- ❖ In the context of lack of research, it is likely such patients are being offered “treatment as usual”.

CARE AND MANAGEMENT – INPATIENT INCIDENTS

ID



Autism

Anckarsäter et al. (2008) female autistic patients displayed dangerous behavioural patterns - frequent attempted/actual assaults of staff and patients, threatening behaviour or “acting out”.

Eaton and Banting (2012): violence to others - slapping, punching, kicking, hair pulling, tearing clothes, noise disturbance, antagonising others, scratching, biting, calling staff offensive names, “sexually offensive behaviours”, threatening staff and often carrying out threats, attempting to take keys, threats to kill, threats to get staff sacked and using weapons to attack.

CARE AND MANAGEMENT – SELF-HARM

Self-harm is high among females, and among autistic males, and therefore likely that this issue also affects autistic females in forensic settings.

Eaton and Banting (2012) described self-harming behaviours, which included tying ligatures, secreting medication, head banging, swallowing objects, ingesting hair dye, scratching and attempting to set fire to her clothes.

EXPERIENCES OF FORENSIC SETTINGS

Difficulties with staff and other patients (Markham, 2019)

Report: “X does not tend to engage in two-way reciprocal communication with others and her interaction is based mainly around her needs.”

X – “X felt that the staff and herself had quite different interests, and that the “content and quality” of the staffs’ conversations didn’t stimulate her interest.”

Report - “X is viewed as being “different” from the other patients and lacking in understanding for how her “difference” impacts on them. The majority of the other patients have been diagnosed with SMI and co-morbid borderline personality disorder.”

X - perceives herself as being less “needy” than the other patients and less popular with the staff as, unlike the others, she doesn’t seek 1:1 time with them, unless she has a specific need or goal to discuss.

INPATIENT MANAGEMENT/TREATMENT

Diagnosis

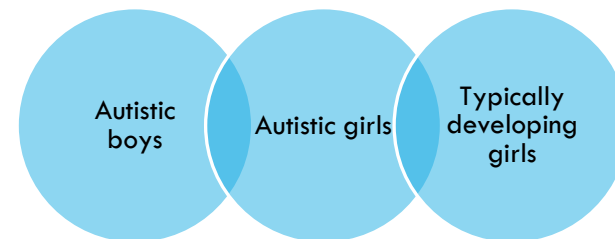
Is important, even in later life.

Diagnosticians should familiarise themselves with gender differences within autism and take this into account when completing assessments.

Nowell et al (2019) recommended that clinicians familiarise themselves with the interests of similar aged TD girls when assessing autism in females.

Training

Knowledge of autistic females should be integrated into training courses and curriculum for professionals working in various settings / stages of the pathway.

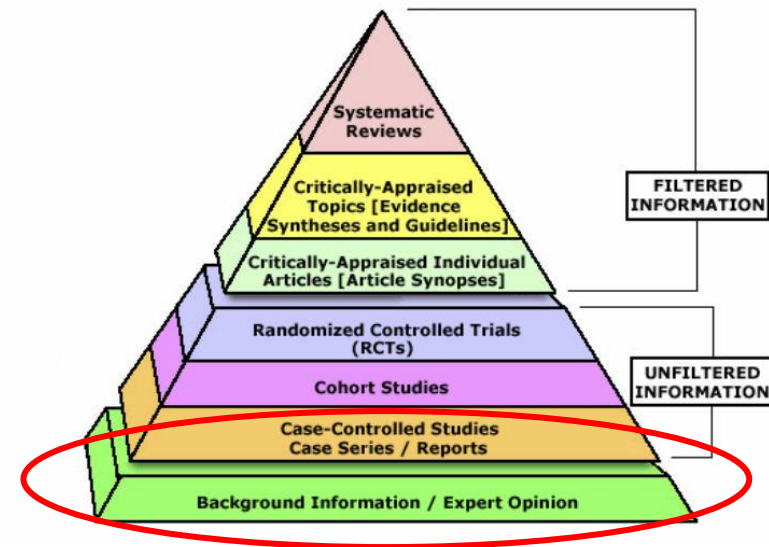


PSYCHOLOGICAL APPROACHES

In the context of lack of research, autistic women are being offered “treatment as usual” within forensic settings, e.g. Dialectical Behaviour Therapy, anger management, and offence-specific therapies.

One of the main psychological treatments offered to autistic male offenders is the Equipping Youth to Help One Another Programme (EQUIP) (Langdon, Murphy, Clare, Palmer, & Rees, 2013), which aims to address moral reasoning delays, victim empathy, distorted cognitions and social skills.

Whether any of these treatments are suitable for autistic female offenders is unclear, and further research is required.



EQUIP

The Equipping Youth to Help One Another Programme (EQUIP) was designed for young offenders to address a developmental delay in moral reasoning, distorted cognitions and social skills.

Based on a social information processing/social problem solving model.

An Evaluation of the EQUIP Treatment Programme with Men who have Intellectual or Other Developmental Disabilities

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Accepted for publication 19 December 2011

Background The Equipping Youth to Help One Another Programme (EQUIP) was designed for young offenders to address a developmental delay in moral reasoning, distorted cognitions and social skills.

Methods The present authors undertook a single case series study and piloted an adapted version of the EQUIP programme with three men with intellectual disabilities and four men with a diagnosis of Asperger Syndrome, all of whom were detained in a medium-secure forensic unit for people with intellectual disabilities. Treatment was delivered over a 12-week period, and participants took part in four-one-hour sessions per week.

Results The results suggested that treatment was successful at increasing moral reasoning ability, reducing distorted cognitions and improving ability to choose effective solutions to problems. However, treatment did not have a significant effect upon anger.

Conclusions The EQUIP programme is a promising treatment, but further research is needed to investigate its effectiveness with men with intellectual or other developmental disabilities.

Keywords: Asperger Syndrome, autism, criminal offending, EQUIP, intellectual disabilities, learning disabilities, moral development, moral judgement, moral reasoning, offenders, SRM-SF

ASHWORTH ET AL.

Ashworth et al. (2020) described a 22 week Cognitive Behaviour Therapy intervention which aimed to improve understanding of autistic traits, thinking styles and behavioural patterns. Eaton and Banting (2012) employed Positive Behaviour Support strategies, attempting to understand the function of, and reduce challenging behaviour. Both studies reported equivocal findings post-intervention, highlighting the current difficulties in providing treatment to this population.

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2020, VOL. 31, NO. 3, 432-454
<https://doi.org/10.1080/14789949.2020.1754445>

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The effectiveness of a CBT-based intervention for depression symptoms with a female forensic inpatient with cognitive disability and autism

Sarah Ashworth, Jennifer Bamford and Ruth Tully

Tully Forensic Psychology Ltd, Nottingham

ABSTRACT

This study details a female patient with a history of violent and self-harming behaviour detained in a medium secure forensic psychiatric service in the UK. She had a diagnosis of Intellectual Disability (ID) and autism spectrum disorder (ASD). She experienced emotional dysregulation and instability of mood including depression-like symptoms, cognitive rigidity and intolerance to change, possibly linked to her ASD traits. Due to the hypothesised relationship between her risk and her self-reported depression symptoms she was referred for individual intervention based upon a Cognitive Behaviour Therapy (CBT) model. Progress was assessed using self and staff-report measures of emotional and behavioural problems. The findings demonstrate potential efficacy of CBT based intervention structures for women within complex forensic mental-health settings. The case study highlights the importance of considering ASD profiles and idiosyncrasies in both the development of the formulation and the intervention. Attention is required regarding therapeutic endings, and the inclusion of a relapse-prevention period when delivering psychological interventions for depression with women with diagnoses of ID and ASD. This case study considers the potential influence of ASD traits upon forensic inpatient presentation and risk. The need to comprehensively assess, formulate, and intervene with, those with ASD within forensic contexts is discussed.

EATON AND BANTING

Positive Behavioural Support/Functional Analysis

Adult diagnosis of pathological demand avoidance – subsequent care planning

Judy Eaton and Rosie Banting

Judy Eaton is Lead Consultant Clinical Psychologist and Rosie Banting is Assistant Psychologist, both in the Psychology Department, The Huntercombe Hospital, Norwich, UK.

Abstract

Purpose – Many patients in residential and secure settings have no formal diagnosis of Autism but may in fact be on the spectrum. This paper seeks to outline the diagnosis and subsequent treatment and intervention planning for a young woman in a low secure hospital.

Design/methodology/approach – This paper summarises the literature in relation to the diagnosis of Pathological Demand Avoidance (an atypical presentation of Autism Spectrum Disorder) in children and describes how this diagnosis may present in adults. This search revealed that whilst there was a growing literature around PDA in Children, there was very little literature available about either the clinical presentation or management guidance in adults. A case study design was adopted.

Findings – The paper concludes that the lack of an appropriate diagnosis and inappropriate formulation of the underlying causes of challenging behaviour can lead to patients becoming impossible to manage. Many may benefit from diagnosis and Autism-specific intervention.

Originality/value – This paper highlights the challenges of adult diagnosis of Autism in highly complex individuals and outlines novel approaches to treatment.

Keywords Autism Spectrum Disorder, Pathological Demand Avoidance in Adults, Autism, Challenging behaviour, Intervention strategies, Individual behaviour, Disabilities

Paper type Case study



TREATMENT OUTCOMES

Diagnosis of PD increased the odds for re-conviction

Long-term outcome from a medium secure service for people with intellectual disability

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² *Eric Shepherd Unit, Herts, UK*

³ *Care Principles & Honorary Senior Lecturer, St Georges Medical School, London, UK*

⁴ *Imperial College School of Medicine & Eric Shepherd Unit, Herts, UK*

More similarities than differences between the two groups

Personality disorders in offenders with intellectual disability: a comparison of clinical, forensic and outcome variables and implications for service provision

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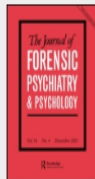
³ Psychology, St John's House, Norfolk, UK

Pre treatment variables: closer to the PD group

Post treatment outcomes: closer to the LD group

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Research Articles

Patients with personality disorders and intellectual disability – closer to personality disorders or intellectual disability? A three-way comparison

Regi T. Alexander  Verity Chester, Nicola S. Gray & Robert J. Snowden

Pages 435-451 | Received 26 Jan 2011, Accepted 07 May 2012, Published online: 18 Jun 2012

 Download citation  <https://doi.org/10.1080/14789949.2012.694462>

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MATCH study: Exploring the interface between ASD and PD in a very small minority

Heterogeneity within autism spectrum disorder in forensic mental health: the introduction of typologies

Regi Alexander, Peter E. Langdon, Verity Chester, Magali Barnoux, Ignatius G. Sudeep Hoare

Regi Alexander is based at Partnerships in Care Learning Disability Services, Norfolk, UK. Peter E. Langdon is based at Tizard Centre, University of Kent, Canterbury, UK, and the Broadland Clinic, Hertfordshire Partnership, University NHS Foundation Trust in Norfolk, UK. Verity Chester is a Research and Projects Associate at Partnerships in Care Learning Disability Services, Norfolk, UK. Magali Barnoux is a Research Associate at Tizard Centre, University of Kent, Canterbury, UK. Ignatius Gunaratna is a Consultant Psychiatrist at

Abstract

Purpose – Individuals with diagnoses of autism spectrum disorder (ASD) within criminal justice settings form a highly heterogeneous group. Although studies have examined differences between ASD in such settings, there has been no examination of differences within the ASD group. This paper discusses these issues.

Design/methodology/approach – Drawing on the findings of a service evaluation, this paper introduces a typology of ASD within forensic mental health and intellectual disability.

Findings – The eight subtypes that are described draw on clinical variables including problem behaviours and intensity/frequency of problem behaviours that co-occur with the ASD. The initial as reliability on the current version of the typology revealed excellent agreement, multivariate analysis of variance and kappa reliability. **Practical implications** – The proposed typology could improve understanding of the ASD and forensic risk, identify the most appropriate interventions and provide prognostic information on length of stay. Further research to refine and validate the typology is ongoing.

Originality/value – This paper introduces a novel, typology-based approach which is applicable to people with ASD within criminal justice settings.

Keywords Intellectual disability, Forensic, Autism spectrum disorder, Autism spectrum disorder, Behavioural phenotypes

Paper type Conceptual paper

Check for updates

Original article



The face validity of an initial sub-typology of people with autism spectrum disorders detained in psychiatric hospitals

Magali Barnoux¹, Regi Alexander², Sabyasachi Bhaumik³, John Devapriam⁴, Connor Duggan⁵, Lee Shepstone², Ekkehart Staufenberg⁶, David Turner², Nichola Tyler⁷, Essi Viding⁸ and Peter E Langdon⁹

Abstract

Autistic adults who have a history of committing crimes present a major problem for providers of services in terms of legal disposal options and possible interventions, and greater understanding of this group and their associated needs is required. For this reason, we aimed to investigate the face validity of a proposed sub-typology of autistic adults detained in secure psychiatric hospitals in the United Kingdom. Initially, a focus group was completed with psychiatrists, clinical psychologists, healthcare workers, family members and autistic adults who had been detained in hospital, leading to revisions of the sub-typology. Following this, a consensus rating exercise of 10 clinical vignettes based on this sub-typology with three rounds was completed with 15 psychiatrists and clinical psychologists; revisions to the vignettes to improve clarity were made following each round. The findings indicated that these subtypes possess face validity and raters were able to classify all 10 clinical case vignettes into the sub-typology, and percentage of agreement ranged from 96% to 100% for overall subtype classification. This study suggests that the further validity of the sub-typology should be investigated within a larger study, as these subtypes have the potential to directly inform the hospital care pathway such that length of stay can be minimised.

Autism
1–13
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CONCLUSION

- ❖ Both autism, and personality disorder occur at a higher rate among those with ID than the general population.
- ❖ Autism and personality disorder can be difficult to differentiate in clinical practice.
- ❖ Autism and personality disorder can co-occur, neither conditions preclude the other.
- ❖ When autism and personality disorder do occur, symptoms of both disorders tend to be more severe, and this group can be at high risk of life threatening self harm, suicide and offending behaviour.
- ❖ Further issues include the lack of evidence base to guide practice. Until this situation is resolved, it is recommended that this population are treated according to their individually assessed needs.