

Autism in high secure psychiatric care: developing best practice

Dr David Murphy

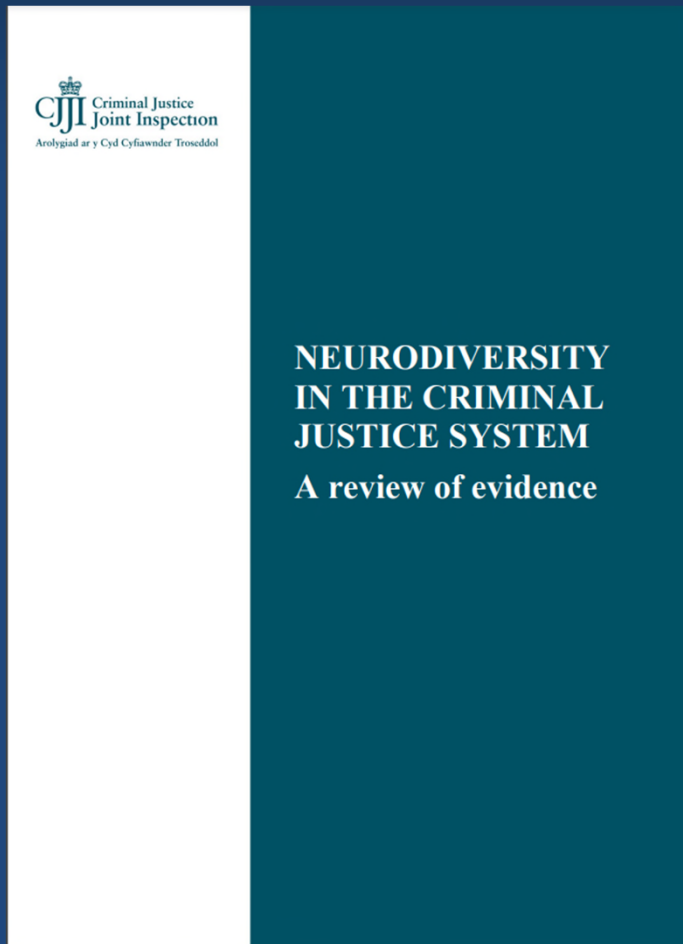
Chartered Forensic & Consultant Clinical Neuropsychologist

Broadmoor Hospital

Language & terms?

- Autism Spectrum Disorder?
- Asperger's syndrome? Aspies?
- Autism Spectrum Conditions?
- Autistic?
- People with autism?
- 'The autisms'?
- 'Neurodiverse'

Neurodiversity in the Criminal Justice System



- Report by chief inspectors of prisons, probation & constabulary (July, 2021)
- Possibly half of all individuals entering CJS have neurodiversity (intellectual difficulties, autism, head injuries, etc.)
- Recommendation that awareness raising & specialist training – mandatory for frontline staff
- Simple & low cost changes to create more neurodiversity friendly environments, communications & staff culture
- A need to transform the experiences & outcomes of those with neurodivergent needs
- A 'neurodivergent' informed model

National strategy for autistic children, young people & adults: 2021 to 2026

(22nd July 2021 Policy paper)

- By 2026 aim to have made improvements in autistic people's experiences of coming into contact with the criminal & youth justice systems, by ensuring all staff understand autism & how to support autistic people
- For all parts of criminal & youth justice systems to have made demonstrable progress in ensuring autistic people have equal access to care & support where needed
- For all autistic people convicted of crime to get additional support they may require to engage fully with their sentence & rehabilitation

Aims

- Challenge some myths & preconceptions about high secure care – including ‘neurodivergent’ model of care
- Present some clinical research findings of individuals with autism admitted to high secure psychiatric care & highlight how this can be used in early interventions
- Outline other issues related to experience of high secure care, clinical needs, interventions & future developments

Do not want to give impression that individuals with autism admitted to high secure psychiatric care represent all individuals with autism – they do not

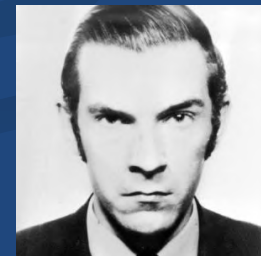
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- Joseph Vacher - former assistant student psychologist (Bath)
- Josephine Broyd – current assistant research psychologist (Cardiff)
- Lauren Boniface – student psychologist (Cardiff)
- Plus many others & all the patients seen

Broadmoor hospital



- Not a prison
- Oldest of England's high secure psychiatric hospitals (built 1863) – Since 2001 part of West London Mental Health Trust & now West London NHS Trust
- Move to new site December 2019
- Approximately 200 patients
- No women patients since 2007
- Individuals with autism are not new to the hospital



Sunday Telegraph November 2 2003

Scandal of asylums that lock up the sane

BY DANIEL FOGGO

UP TO SIXTY people are being held in hospital prisons for the criminally insane despite a recognition that they have been misdiagnosed and are not mentally ill.

The patients, who were declared to be schizophrenic, are now accepted to have Asperger's syndrome, a mild form of autism which is not an illness and which is unresponsive to drugs. Despite that, they remain incarcerated in the special hospitals of Broadmoor, Rampton and Ashworth.

The Sunday Telegraph has obtained details of one such patient at Broadmoor. Piers Bolduc was earmarked for transfer to a non-secure unit more than two years ago, yet is still waiting to obtain his freedom. The single act of violence for which he was committed was carried out while on heavy doses of prescription drugs for schizo-

phrenia, a condition he did not have. Since being sent to Broadmoor eight years ago, Bolduc, 27, has told his parents that he has been sexually abused by other patients.

Tomorrow David Lidington, the shadow environment secretary and the Bolducs' family MP, will call for a Government inquiry to find out how many residents of special hospitals have Asperger's. He said: "There needs to be a review to see how many there are in this situation."

Psychiatrists say many people suffering with Asperger's syndrome were wrongly diagnosed as schizophrenics up to the mid-1990s.

Richard Mills, the director of research for the National Autistic Society, said: "At the top end, you are looking at 60 to 70 individuals out of a population of 1,400 in these hospitals." "Most of them have

Continued on Page 2
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Asylums admit to locking up the sane

Continued from Page 1

been subject to misdiagnosis and they also tend to stay in the special hospitals longer than average because people cannot find a way of treating them. Yet in psychological terms you can't treat them because they are not sick."

He said that people with Asperger's were not intrinsically violent. "Most clinicians believe that they are more likely to be victims of crime rather than perpetrators because they tend to be generally socially naive which

means they get tend to be bullied and exploited." Many of those misdiagnosed have been forcibly, and wrongly, given powerful drugs to combat non-existent schizophrenia. Mr Mills said: "Antipsychotic drugs given to people who are not psychotic are very harmful. Some of the effects can be irreversible."

A spokesman for the Department of Health said that it was unable to provide figures for people with Asperger's being kept at special hospitals.

is not a criminal and he's not insane: so why is he in Broadmoor?

Piers Bolduc suffers from Asperger's syndrome, a mild form of autism. Daniel Foggo discovers the terrible sequence of events that has led to him being held in Britain's most notorious hospital — where he says he was sexually abused by other inmates

ASPERGER'S is not a criminal and he's not insane: so why is he in Broadmoor? Piers Bolduc suffers from Asperger's syndrome, a mild form of autism. Daniel Foggo discovers the terrible sequence of events that has led to him being held in Britain's most notorious hospital — where he says he was sexually abused by other inmates



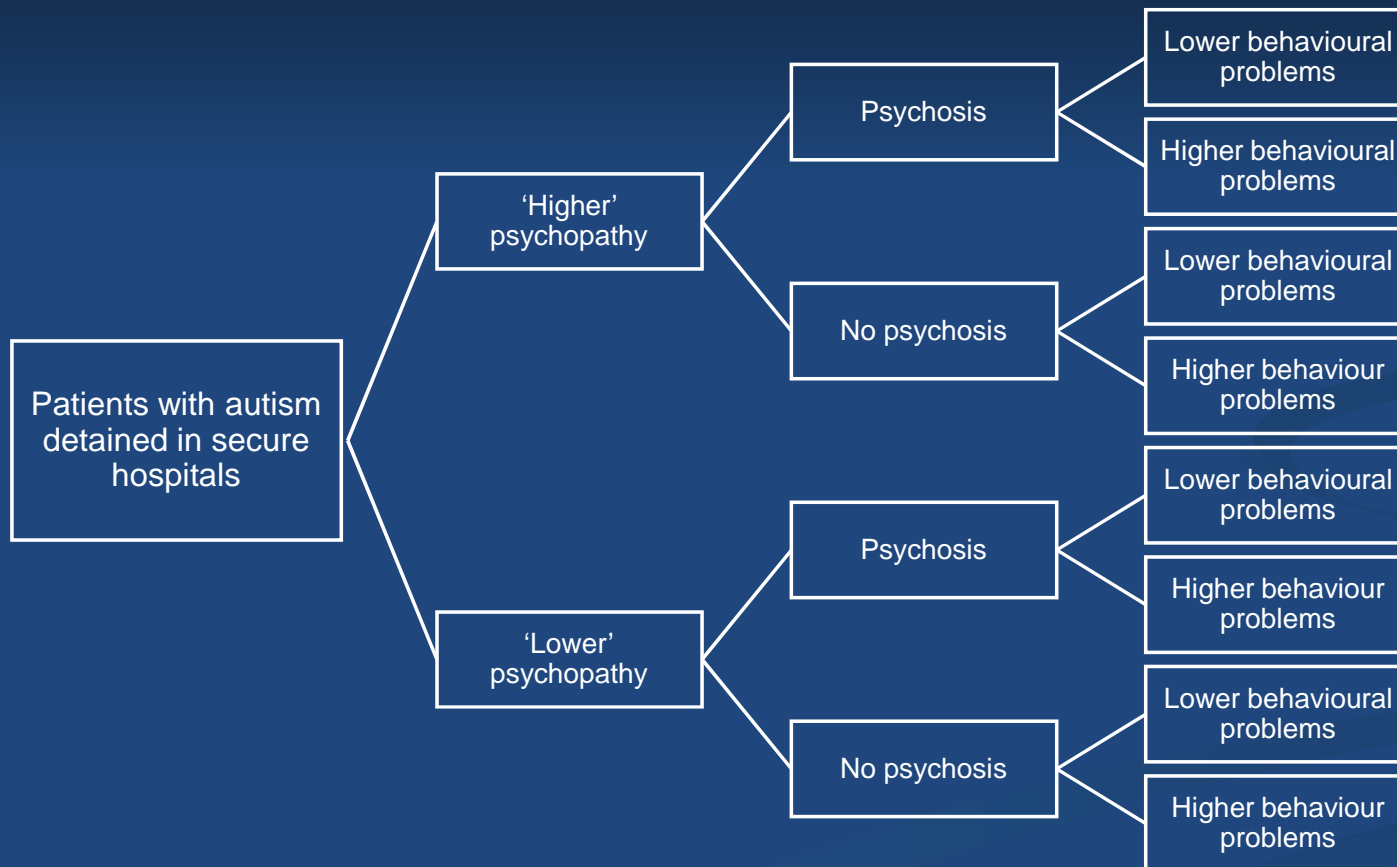
Admission criteria to high secure care

- Always follows the least restrictive option
- Individuals 18 years old & over
- Considered to be a 'grave & immediate' risk to others
- Have a mental disorder as defined by Mental Health Act
- In need of immediate hospital treatment
- But, how do individuals with autism differ from other patients admitted & from other individuals with autism not admitted to high secure care?

How many individuals with autism in high secure psychiatric care?

- Individuals with autism likely to be over represented in many secure settings
- However, exact prevalence of autism within secure settings unclear due to methodological differences between studies, differences in opinion, etc....
- Prisons (March 2017 approx. 81,500 males = 815 if 1%?)
- High secure psychiatric care
 - 1.5% to 2.3% (Scragg & Shah, 1994) & 2.4% minimum (Hare et al., 1999)
 - Contemporary assessments suggest 4% (Murphy, Bush & Puzzo, 2017)
 - Figures could be much higher if 'equivocal' individuals included

Proposed subtypes of patients with autism detained in secure hospitals (Alexander et al., 2016)



Is this model correct?
What is 'high' & 'low' psychopathy?
What about thinking styles?
Emotional regulation?
Sensory sensitivities?
Preoccupations, ruminations?
Need for predictability & routines?
ADHD, etc.?
What about individuals with autism
admitted to high secure care?
Is there a typical patient?

Tate Modern: Jonty Bravery jailed for throwing boy from balcony



Bravery is 'severely' autistic



The judge said Bravery's autism spectrum disorder did not explain the attack, and said he presented "a grave and immediate risk to the public".



Victim: Jackie Marshall

By Tom Kelly
and Khushwant Sachdev

A JUDGE said yesterday that a McDonald's worker who stabbed a colleague to death had no idea he had done anything wrong because he suffered from a form of autism.

Shane Freer, 21, killed 57-year-old Jackie Marshall in a frenzied attack as horrified diners looked on because he thought she was to blame for getting him sacked.

A court heard yesterday that he has Asperger's syndrome, which means he is totally unaware of the gravity of his crime and even now believes he acted appropriately.

Among the symptoms of the autism-like condition - made famous by the novel *The Curious Incident of the Dog in the Night-Time* - is an inability to understand the feelings of others.

At Lewes Crown Court in East Sussex yesterday, Judge Anthony Scott-Gall told Freer: 'You have no remorse or insight into what you did or why it was so unneces-

'Cold-blooded and merciless'

sary and wrong - it was totally without justification.

Judge tells McDonald's killer: You didn't know it was wrong

■ AROUND 30,000 children in the UK have Asperger's syndrome. Sufferers generally have difficulty communicating emotions and forming relationships, and have a lack of imagination.

They also find it hard to empathise with others and can easily become confused and frustrated by complex social situations.

Many lack the natural ability to see the subtexts of day-to-day interaction, and can often cause offence with remarks which, although well-meant, can appear tactless.

This means they often find it difficult to make and maintain friendships. They also find change upsetting and like routine.

More severe cases can lead to depression or even aggression. Diagnosis of Asperger's, a form

lack common sense. But more often they have less difficulty with language than classically autistic people, meaning their condition is often not spotted for a long time.

Despite their difficulties, sufferers often lead productive lives in highly specialised fields such as academia.

It is believed that Albert Einstein and Isaac Newton may both have had Asperger's.

The National Autistic Society said there is no established link between the syndrome and offending, nor is there any evidence to suggest that sufferers are more likely to break the law than anyone else.

The condition came to prominence recently through the best-selling book, *The Curious Incident of the Dog in the Night-time*.



Shane Freer: Told police, 'She had to die'

'SHE GOT ME FIRED SHE HAD TO DIE'..
Cold-blooded words of McDonald's killer- The Mirror

Perception of staff

View of autism spectrum conditions held by staff working within a high secure psychiatric hospital

David Murphy and Karen McMorrow

Dr David Murphy is Consultant Clinical Neuropsychologist and Karen McMorrow is Assistant Psychologist, both at the Department of Psychology, Broadmoor Hospital, Berkshire, UK.

Abstract

Purpose – Individuals with an autism spectrum condition (ASC) represent a small proportion of patients detained in high-secure psychiatric care (HSPC) with specific difficulties and needs. To date there has been little exploration of how these needs are viewed by staff or if staff have unmet needs with regard to working with ASCs. The paper aims to discuss these issues.

Design/methodology/approach – A questionnaire examining specific views (on vulnerability, benefits from therapy and making adjustments to practise), knowledge and training needs linked to ASC was distributed to staff who directly worked with patients.

Findings – In total, 206 questionnaires were returned (approximately 60 per cent distributed). Most staff reported making adjustments in their practise and believed patients with an ASC were more vulnerable than other patient groups. Half of staff expressed the view, that whilst patients with an ASC benefited from therapies, they were unaware if an individual's difficulties were considered in their care. Half of staff believed individuals with an ASC should be managed in a different way. Most staff reported not having adequate skills to work with ASC, a wish for more training and that such training should be mandatory. Other than psychiatrists most staff were unaware of the Autism Act (2009). The need for a specialist ASC ward within HSPC was also highlighted by several staff.

Practical implications – The survey highlights differences in staff experiences of patients with an ASC and view that autism training should be mandatory.

Originality/value – Whilst progress has been made with implementing the government's Autism Strategy (2010) within HSPC, more awareness training is required in promoting staff confidence to work with this group of patients.

Keywords Best practice, Staff training, Autism spectrum conditions, Autism strategy, High-secure psychiatric care, Staff attitudes

Paper type Viewpoint

Introduction

Autism spectrum conditions (ASCs) includes a range of pervasive neurodevelopmental conditions including autism, high-functioning autism, atypical autism and Asperger's syndrome. The exact causation of each remains unknown, but there is likely to be a complex interplay of genetic, neurodevelopmental and possibly environmental vulnerability factors. Although diagnosis follows the criteria outlined in the ICD 10 (World Health Organisation, 1992) or the DSM V (American Psychiatric Association, 2013), presenting features vary from individual to individual, with the key features falling within the so called triad of impairments – referring to significant qualitative impairments in social communication, reciprocal social interaction and in different dimensions of imagination (Wing, 1996). Individuals with an ASC also typically present with a range of sensory, emotional regulation and anxiety issues, as well as a particular cognitive style (Grandin and Panek, 2013).

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Declaration of interest: none

- Examine the views & experience of staff with direct patient contact
- Questionnaire sent to all staff who had direct patient contact (206 responded)
- Majority
 - know someone with autism outside of work
 - believe individuals benefit from being managed in a different way
 - believe more vulnerable
 - feel under skilled when working with autism, would like more training & that such training should be mandatory

How do patients with autism differ from other patients?

- Murphy (2003, 2006)
 - Compared patients with autism, personality disorder (PD) & psychosis
 - Patients with a psychosis displayed more cognitively difficulties
 - Patients with autism or PD generally higher general levels of intellectual functioning than MI patients
 - Illicit substance & alcohol abuse possible, but less likely
 - Wide variation in index offences, but those with autism tended to have lower index offence violence ratings
 - Patients with autism & psychosis more difficulties in social perceptual theory of mind (revised eyes task) than those with a PD
 - Possibly related to therapeutic outcomes & risk
 - Autism plus psychosis – more cognitive vulnerabilities?

Importance of social cognition

grateful

flirtatious



hostile

disappointed

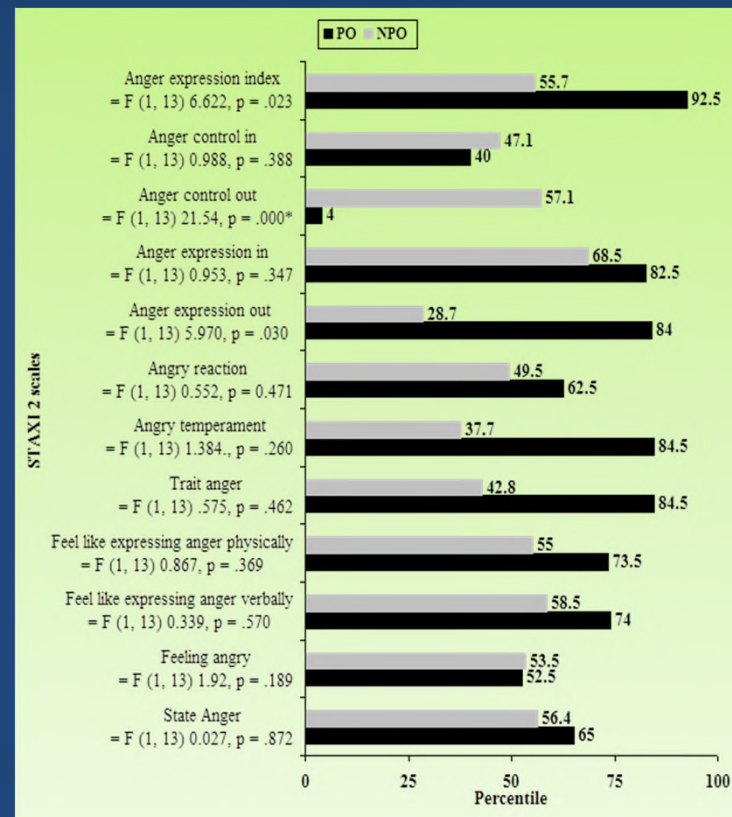
Are individuals with autism more vulnerable to acting on delusions & hallucinations?

- Suggestion that
 - Individuals with autism have an increased risk for co-morbid psychopathology, including psychosis, which is strongly associated with violence
 - The content of the ideation has become increasingly violent & lethal in recent decades
 - Individuals with autism are readier than others to act on psychotic impulses?
- Autism plus psychosis: a 'one-two punch' risk for tragic violence? Wachtel, L. E. & Shorter, E. (2013). *Medical Hypotheses*. Sept 81(3), 404 – 409.
- True for some admissions, but not all cases & no explanation of why this might be so
- Supports the particular need for early intervention of psychosis with individuals who have autism

Emotional regulation

- Very common within autism – may be a core diagnostic feature – up to 85% with alexithymia
- Anger difficulties ('suppressed')?
- Individuals with offending linked to preoccupations may have more problematic anger expression styles than those without overt link (Murphy, 2014)
- Qualitative impressions suggest a possible link with rumination & 'perception' of a personal injustice
- How can we use this therapeutically?
Early interventions in developing emotional expression skills & 'appropriate' anger expression

State Trait Anger Expression Inventory 2 average %iles
(> 75th & < 25th outside) 'normal' range)



Psychopathy

- Not to be confused with initial reference to 'autistic psychopathy'
- Collection of behaviours & characteristics associated with superficial charm, lack of remorse, callousness, etc.
- Also likely to have neurodevelopmental origins
- Initial examination of Hare PCL-R profiles (n=13)
- No total scores above conventional cut off scores for psychopathy
- Main items endorsed associated with 'lack of remorse or guilt', 'shallow affect & callousness' / 'lack of empathy'
- Does not appear to be a significant feature of individuals with autism admitted to high secure (i.e. 'high risk')
- 'A need for clinical judgement when assessing psychopathy in individuals with unusual presentations'

Clinical impressions

- Every individual is different & unique
- Co-occurring difficulties appear to be very common (psychosis, early traumas, neurological dysfunction)
- Offending & risks typically the result of a combination of vulnerabilities (maybe thinking styles, preoccupations, emotional regulation difficulties, etc.) in specific circumstances (such as periods of stress & when life demands outweigh capacity to deal with them)

What do individuals think about being in high secure care?

Examining the experiences and quality of life of patients with an autism spectrum disorder detained in high secure psychiatric care

David Murphy and Hannah Mullens

Abstract

Purpose – Although individuals with an autism spectrum disorder (ASD) represent a small proportion of forensic psychiatric patients as a group they present with specific difficulties and needs. There is also evidence that if detained individuals with an ASD experience particular difficulties within custodial environments as a result of a mismatch between the difficulties associated with their ASD and the environmental demands. The purpose of this paper is to explore the experience of individuals with an ASD admitted to a high secure psychiatric care (HSPC) hospital.

Design/methodology/approach – Using both a semi-structured interview and a quality of life self-report measure (the Lancashire Quality of Life Profile) the experiences and views of seven patients with an ASD detained in one HSPC hospital were qualitatively explored.

Findings – Whilst a diverse range of negative and positive aspects of being within HSPC were identified by patients interviewed, those with prison experience thought HSPC was a less stressful environment with more therapeutic opportunities. As a group, patients with an ASD reported a similar or significantly better quality of life in many domains (global, leisure, financial and living situation) compared to other detained forensic patient groups.

Practical implications – Although most patients with an ASD interviewed reported positive experiences, there are a number of practical improvements that could be made within the hospital to reduce experienced stress levels and perhaps improve therapeutic outcomes.

Originality/value – Within the context of the Department of Health's autism strategy (2010) and subsequent update think autism (2014), the survey highlights continued ASD awareness training for staff as important. In responding to the risks and needs of individuals with an ASD in HSPC there is further support for the development of an ASD specialist service.

Keywords Patient experience, Specialist service, Autism spectrum disorder, Quality of life.

Autism strategy, High secure psychiatric care

Paper type Viewpoint

Introduction

Autism spectrum disorder (ASD) refers to a group of pervasive developmental disorder including Asperger's syndrome, high functioning autism, classic autism and atypical autism. However, regardless of an individual's position on the spectrum, they display the so called "triad of impairments", namely, significant impairments with social communication, with reciprocal social interactions and within different dimensions of imagination (such as having a restricted range of interests and preoccupations, a need for predictability and a specific literal thinking style). Individuals with an ASD also typically present with a specific profile of cognitive strengths and weaknesses, numerous sensory processing difficulties and frequently experience high anxiety. Whilst the exact causation of ASD remains unclear, there is a general consensus that it has a neurodevelopmental basis, possibly related to a failure of key brain regions to connect early on during development (e.g. Hoppenbrouwers *et al.*, 2014). Although the difficulties associated with

David Murphy is a Chartered Forensic and a Consultant Clinical Neuropsychologist at the Department of Psychology, Broadmoor Hospital, Crowthorne, UK. Hannah Mullens is based at the Department of Psychology, Broadmoor Hospital, Crowthorne, UK.

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- Qualitative examination of experiences & quality of life
- Semi-structured interview with 7 patients with autism (10 identified, 2 declined interview, 1 too high risk for interview)
- Lancashire Quality of Life Questionnaire (LQOLQ)
- All patients with autism previously diagnosed with 'gold standard' diagnostic aids (ADOS, AAA, ADI-R) & detailed neuropsychological assessment

Winner!

Emerald Literati Awards 2018
Outstanding Paper



Quality of life (LQOLQ)

Domain of life	General psychiatric patients (n=807) ¹	Detained forensic patients (n = 59) ²	MSU patients (n=19) ²	'admission' patients in HSPC (n=20) ²	'pre-discharge' patients from HSPC (n=20) ²	Patients with autism in HSPC (n=7)	One sample t test result
Global well being	4.27 (1.36)	4.09 (1.61)	3.95 (1.73)	3.68 (1.77)	4.66 (1.18)	5.5 (0.95)	3.89**
Work	3.85 (1.53)	3.70 (1.19)	3.33 (1.29)	3.69 (1.08)	4.08 (1.12)	4.71 (1.11)	2.14
Leisure	4.72 (0.99)	4.51 (1.60)	4.58 (0.97)	4.13 (1.07)	4.84 (1.17)	5.14 (0.66)	2.53*
Religion	4.53 (1.1)	4.75 (1.25)	5.28 (1.30)	4.50 (1.14)	4.68 (1.31)	5.42 (0.78)	2.28
Finance	3.68 (1.51)	3.47 (1.63)	3.18 (1.76)	3.40 (1.67)	3.84 (1.46)	5.35 (1.10)	4.50**
Living situation	4.94 (1.09)	3.37 (1.21)	3.42 (1.46)	2.98 (1.00)	3.91 (1.00)	4.62 (1.00)	3.32*
Safety	4.94 (1.23)	4.34 (1.60)	3.87 (1.60)	4.22 (1.65)	4.92 (1.46)	4.85 (0.89)	1.52
Family relations	4.69 (1.35)	4.64 (1.45)	4.60 (1.55)	4.71 (1.62)	4.61 (1.23)	4.71 (1.01)	0.18
Social relations	4.61 (1.26)	5.09 (1.11)	4.89 (0.95)	4.93 (1.33)	5.47 (0.94)	5.28 (0.69)	0.74
Health	5.40 (1.14)	4.87 (1.15)	5.28 (0.96)	4.37 (1.24)	5.00 (1.08)	4.84 (1.07)	-0.07

¹ Oliver et al. (1996), ² Walker & Gudjonsson, (2000), ** Significant at > 0.01, * Significant at > 0.05

High secure psychiatric care

Negative

- Restricted access to some interests (e.g. binoculars for watching aircraft & computers)
- Other peoples' noise (TVs & loud music) & invasion of personal space (main cause of stress) by other 'difficult' patients
- Ongoing social isolation (away from family)
- On some wards lack of privacy & quiet spaces (open planned ones – bedrooms leading onto day areas)
- Restricted access to fresh air (as well as problem with design of windows)
- Some invasive security procedures such as routine searching (rub downs & of rooms)
- Uncertainty with future care pathway (for some) & perceived slowness
- Some inconsistent decisions by staff (especially by those with co-morbid 'anti-authoritarian' views)

Positive

- Better than prison (calmer, quieter, safer)
- Receiving a diagnosis – that it had been explained (but some remained confused why it had been missed in past) & psycho-education had been useful ('outthinking' their autism)
- Most staff seen as sympathetic, caring & had their best interests in mind
- Access to an advocate
- Opportunities to pursue range of activities & education
- Opportunities to engage in different psychological interventions that had made a difference (including groups)
- Most expressed view that experience in hospital had been positive & had made a difference to them

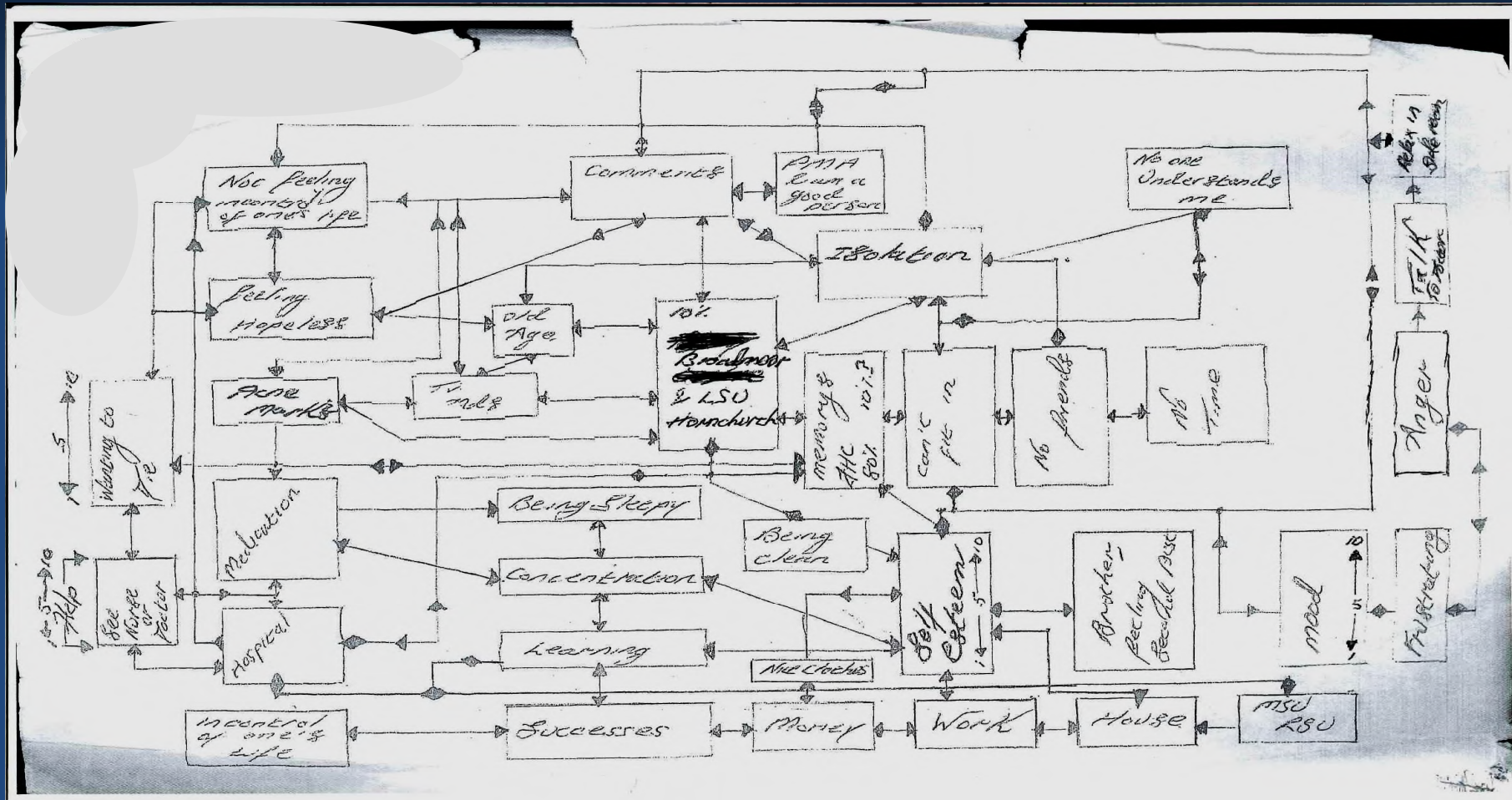
What do patients recommend?

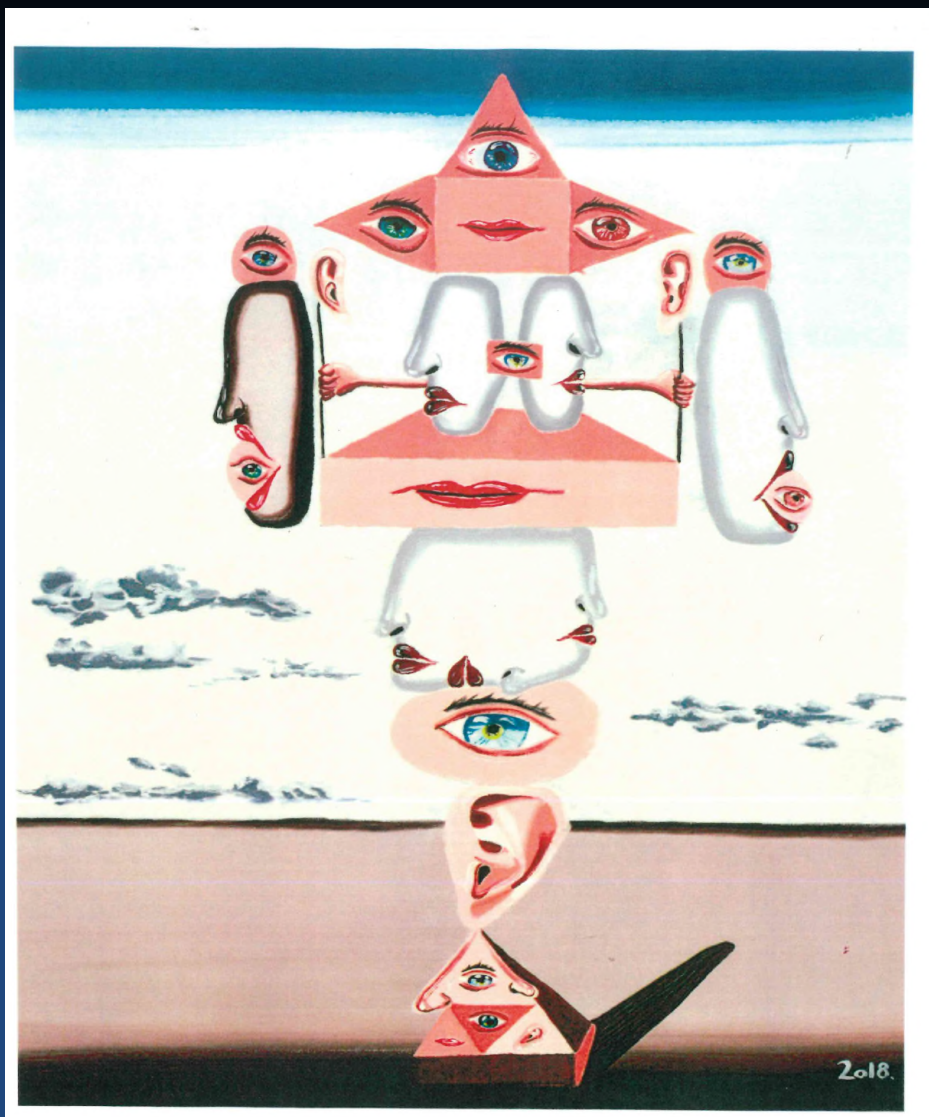
- More quiet areas of wards (avoid open plan wards), improved access to fresh air (redesigning windows)
- Avoid being around more 'difficult' patients
- Greater consistency in when activities happen & decision making about them within teams
- More explanations for why medications are prescribed
- Although some support the idea of a specialist autism ward in hospital, they 'would not want to be on it' – especially those who were transferred from specialist medium secure autism units (preference to be around mix of patients & reported structure of previous autism units had been too restrictive)

Psychological Interventions

- Staff autism awareness training – currently three times a year with feedback being very positive & staff reporting it to be very helpful
- Bespoke ward training, supervision & reflection
- Promoting the SPELL approach across hospital
- Individual autism informed therapy (adapted CBT, mindfulness, autism psychoeducation, communication skills, risk reduction work)
- Role of group work
- Autism sensitive risk assessment protocols & management
- Importance of occupational & educational activities, availability of speech & language therapy to those who need

Need to adapt approach





Main learning points

- Patients with autism present with specific needs – recognised by staff, reported by patients & seen in some care management issues
- Has there been an increase in the number of patients with autism in high secure care (4%)? Better at recognising?
- Hospital not perfect, but better than prison (safer, quieter, more activities, therapies, overall positive views of staff)
- A diverse group (Subtypes – social & cognitive profiles? Co-occurring problems) – we need a much better understanding of the diversity found along the spectrum & how this may influence outcomes
- Lots of myths about individuals with autism (such as not benefitting from groups, difficulties with being among other patient groups – it depends on the individual & adaptations)

Autism service in high secure?

- Hospital is 'neurodivergent' informed, but ongoing process of developing a specialist high secure autism service (designing autism sensitive services & teams) – NAS accreditation? – what would an ideal autism service look like? Many challenges.
 - Environmental considerations ('autism friendly' wards & 'right' mix of patients & staff)
 - Need for improved consistency of care between teams (all staff 'trained in basic autism awareness & management')
 - General increased staff awareness of autism (understanding & formulating individual difficulties in terms of their interpersonal & communication functioning, need for predictability / structure, sensory & cognitive profiles) & better **application** of the SPELL guidelines (most cost effective way of preventing management difficulties)
- Specialist units versus autism sensitive units – role for both
- More time listening to what our patients (& families) with autism tell us – greater involvement of patients with autism in designing environments & services?

Ideas are not new! - Wing (1997)



- Asperger's syndrome: Management requires diagnosis. *The Journal of Forensic Psychiatry*. 8, 2, 253 - 257
- 'The crucial elements for appropriate care lie in carefully structuring the environment and the daily programme, and in training staff in the psychological strategies to be used'.
- 'Some, perhaps most, of those who commit violent or other serious offences will require long term care and supervision in a secure environment. It must be emphasized that, in the right kind of environment, the individual with this syndrome may behave in an exemplary way but, if he or she is moved to a setting that does not provide the right type of programme, the criminal behaviour may very well recur.'

Gaps in knowledge & future developments

- Very little is known about the prevalence, presentation, experience & needs of women with autism in forensic settings
- Role of past traumas?
 - Growing awareness that many individuals with autism have significant histories of personal trauma which can impact on development of co-occurring psychiatric difficulties, can exacerbate difficulties associated with autism & that 'trauma symptoms' may be misinterpreted as part of autism
- Examining specific therapeutic interventions & who most likely to benefit from them – our understanding of what individual characteristics influence positive outcomes remains limited
- Need to apply research findings to early autism informed interventions in the community (identifying vulnerabilities, social inclusion, early intervention for psychosis, developing emotional regulation skills, addressing ruminations & suppressed anger, trauma, etc.)
- Specific topics – extremism, examining vulnerability to INCEL movement & any risk of acting on such views – US survey of 272 INCEL users found 18% reported having autism

Role of new technologies

- Virtual Reality for staff training (autism simulations), new therapies, aid with assessing risks, helping to become familiar with new environments
- Interested to hear about individual experiences – please send views, etc.



‘No two individuals with autism are the same: its precise form or expression is different in every case’

‘Moreover, there may be a most intricate (and potentially creative) interaction between the autistic traits and the other qualities of the individual. So while a single glance may suffice for a diagnosis, if we hope to understand the autistic individual, nothing less than a total biography will do’

Oliver Sacks

Thank you

david.murphy@westlondon.nhs.uk