



The University of
Nottingham



Nottinghamshire Healthcare



NHS Trust

Positive about mental health and learning disability

ASD – Setting the Scene with some Difficult to Answer Questions

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A Personal **Two Questions**

- **What explanation can mental health professionals give when someone with a mental disorder commits a violent act?**
- **How should mental health professionals treat/manage individuals with violent behaviour?**

The Evidence Base Pyramid



A Personal Reminiscence . . .

Case 1

A case of Avoidant Personality Disorder with an unexpectedly good outcome despite the odds.

Case 1 – Presenting History

- X was 19 years old when he first came to psychiatric attention.
- **Background:**. He was introverted and socially insecure. His mother had a schizoaffective psychosis.
- Worked as a laboratory technician. Had a casual non-sexual relationship with a female colleague.
- Problems arose when other men at work made derogatory and sexually explicit comments about her.
- This caused him so much emotional turmoil that he poisoned some of his workmates with chemicals stolen from the laboratory.

X in Medium Secure Care

- X fabricated a psychotic illness (to avoid a prison sentence); transferred to a MSU and made a 'rapid recovery' and was ready for discharge within two years of his admission,
- However, he admitted to (a) his fabrication and (b) his attraction (and an unhealthy interest) in a social worker who worked with him at the MSU.
- His candour was rewarded by being transferred to a high secure hospital where he remained for a further ten years.

X in High Secure Care

- At the high secure hospital, he replicated some of his earlier psychopathology becoming infatuated with a female psychologist such that therapeutic contact had to be terminated.
- However, a careful case conceptualisation suggested that his reaction to rejection was more emotional turmoil rather than cold-blooded sadistic interest in hurting others and hence he was thought to be redeemable.
- After long periods of various treatments (which included individual psychotherapy with an experienced practitioner) X was deemed to have made sufficient progress to be discharged into the community.

X in The Community

- X was a gifted musician. After his discharge, he was accepted on a an internationally renowned course on instrument making and repair which he completed successfully.
- While there, he became involved with another female student and they began a relationship.
- Question: Should his supervising clinical team insist that he inform her of his previous history?

X – Outcome after about 10 years

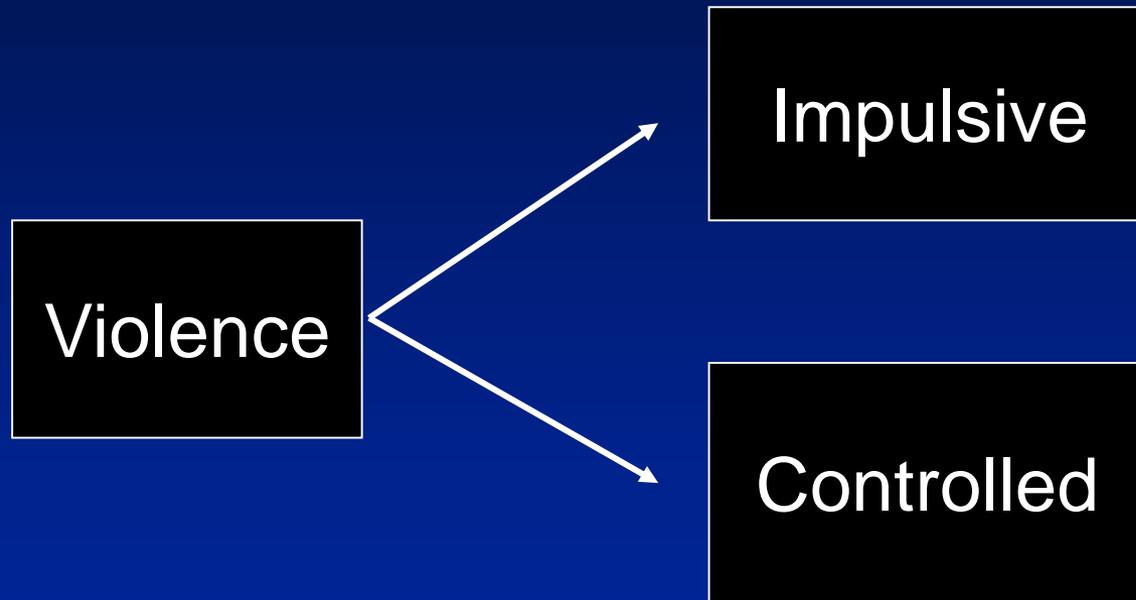
- Continues to do well and lives independently. No contact with mental health services.
- Co-habits with the girl he met at the Instrument-making course and they both have successful independent careers repairing instruments in the South East.

Question

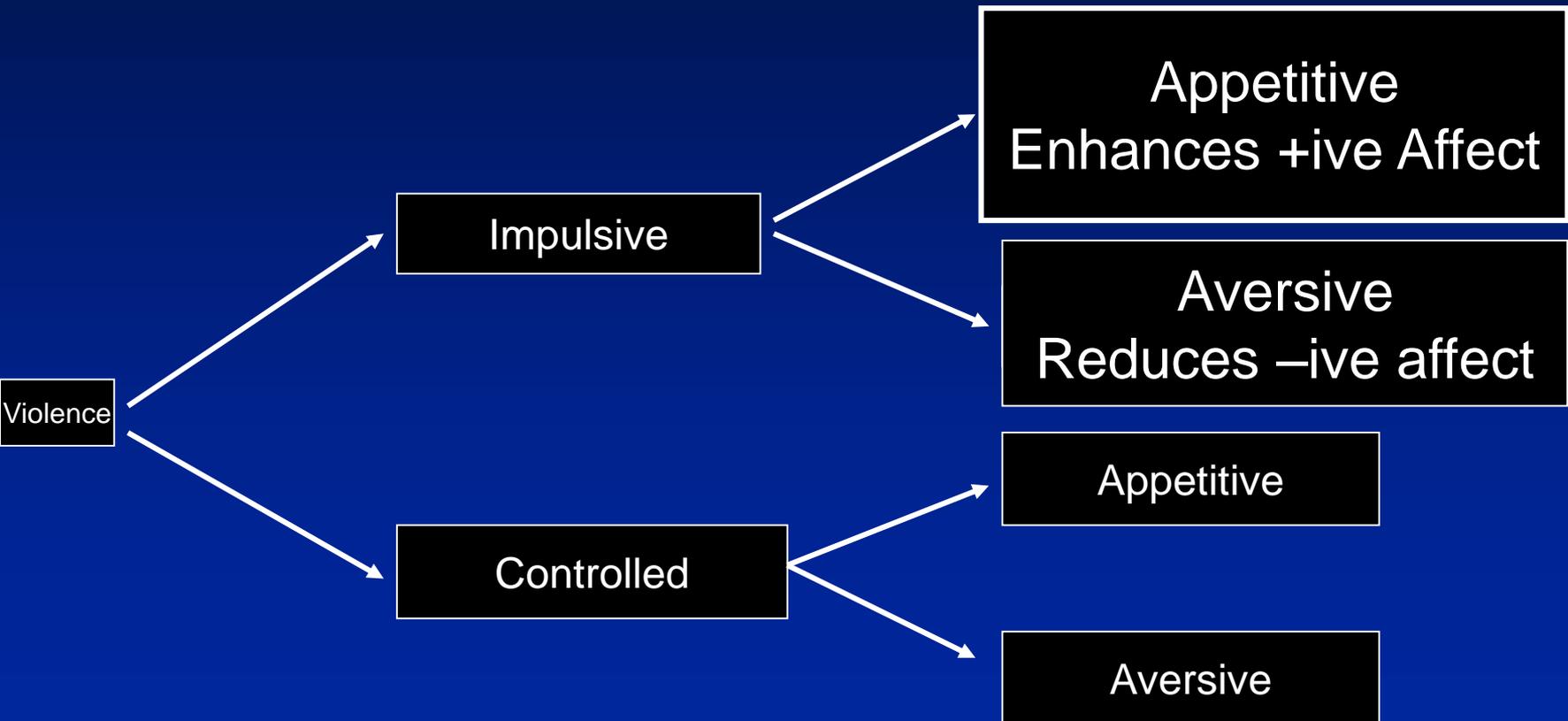
How would a mental health professional explain his violent behaviour?

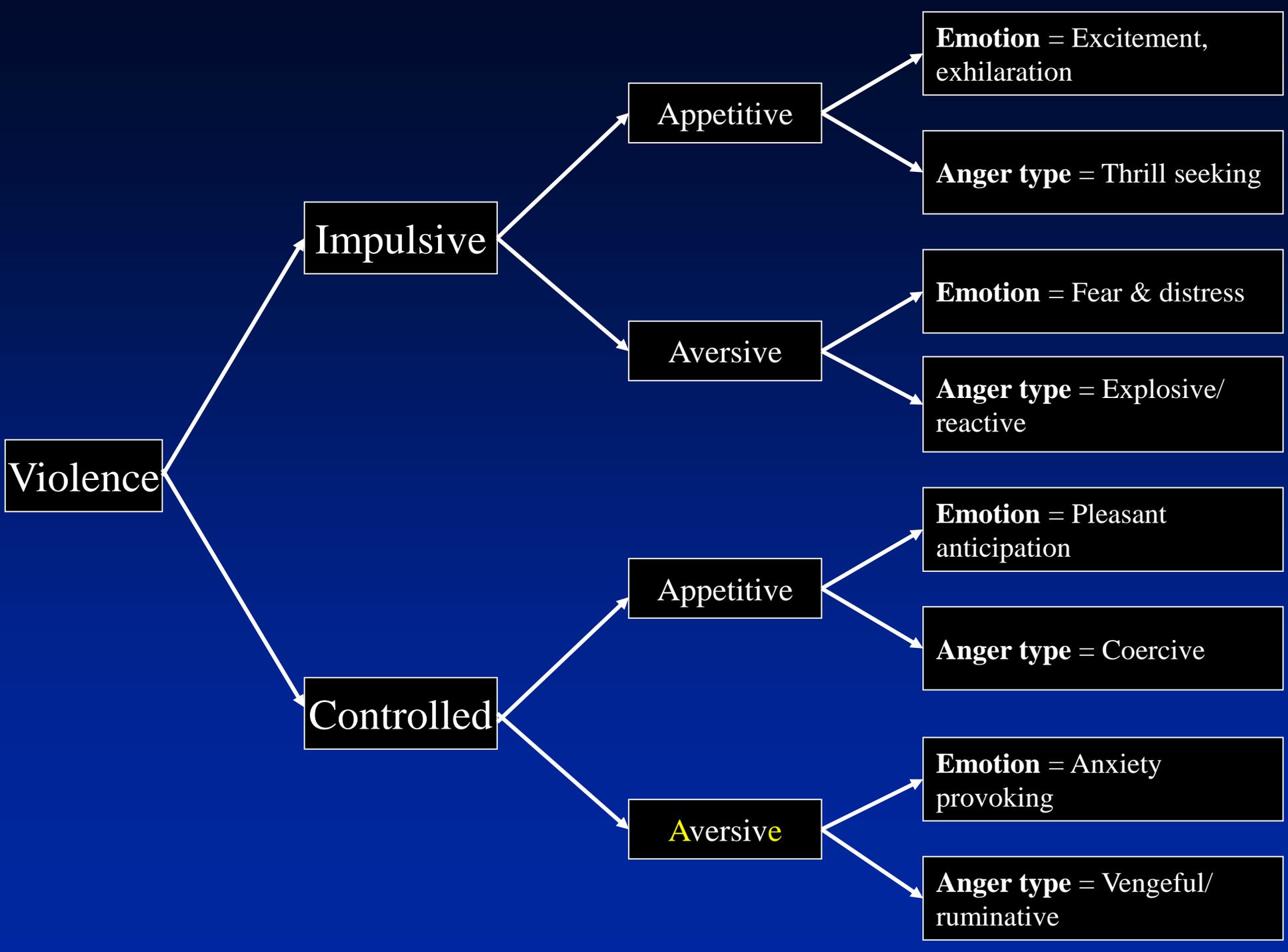
A Typology of Violence

(after Howard, 2011).



A Typology of Violence (after Howard 2011)





Explanation for X's Violence

Violence

Impulsive

Appetitive

Emotion = Excitement, exhilaration

Anger type = Thrill seeking

Aversive

Emotion = Fear & distress

Anger type = Explosive/reactive

Controlled

Appetitive

Emotion = Pleasant anticipation

Anger type = Coercive

Aversive

Emotion = Anxiety provoking

Anger type = Vengeful/ruminative

Characterisation of APD

‘There is intense fear of humiliation and rejection. ...He or she intensely wishes for love and acceptance, and will become very intimate with those few who pass highly stringent tests of safety. *Occasionally APD loses control and explodes with rageful indignation.*’ (my italics)

Smith-Benjamin, 1993, p. 297

Graham Young – The Teacup Poisoner



- Admitted to Broadmoor at aged 15 after being convicted of poisoning his step-mother.
- After his discharge 8 years later, committed several other poisonings and died at Parkhurst Prison, aged 43.
- Showed signs of the autistic spectrum (Bowden, 1996)

Explanation for Young's Violence

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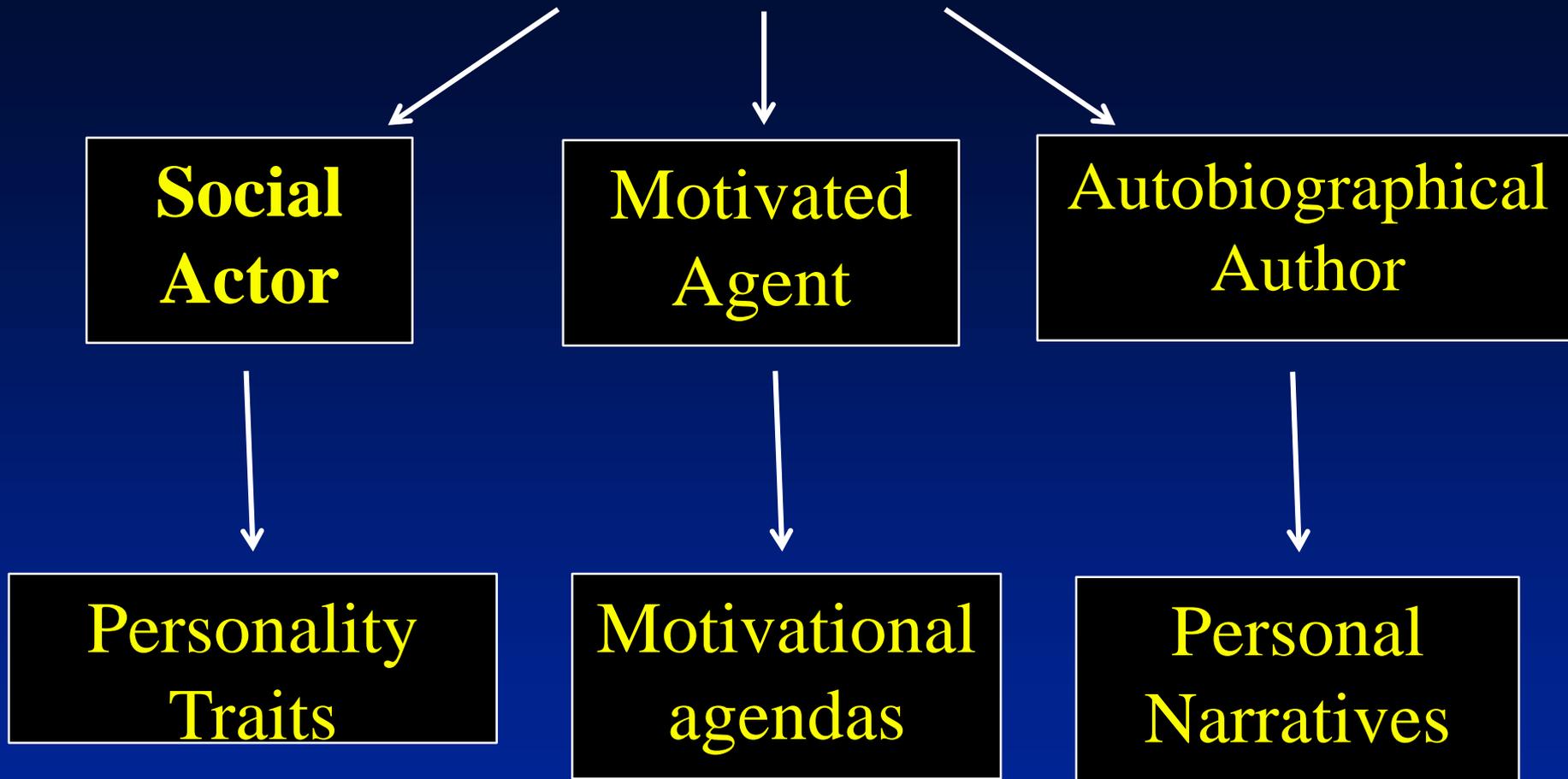
Question 2

How should mental health professionals treat/manage his violent behaviour?

Answer

Produce a Case Conceptualisation that makes meaningful connections between elements of SELF.

SELF AS...



After McAdams, 2013; adapted by Howard 2020

SELF AS...

Social Actor

Motivated Agent

Autobiographical Author

Personality Traits

Motivational agenda of values and goals

Personal Narratives

**A
P
D**

**Avoids social contact
Hypersensitive to slights
Views self as socially inept
Preoccupied by being rejected etc.**

As I am an inadequate person, I need to be vigilant at all times to avoid being humiliated and shamed. I long to be close to others but dare not risk it as I know I will be hurt.

**As a child
As an adolescent/early adult
As a mature adult**

A Personal Reminiscence . . .

Case 2

‘When sorrows come they come not single
spies, but in battalions.’

Or

A case that fell through the cracks!

I was asked to assess a 20 year old,
referred from a Young Offenders
Institution after being convicted of
GBH.

- **Relationships:** He was 'Possessive'. When the girl terminated his first relationship, he stalked her and planned a sadistic killing that did not ensue as 'not everything was in place'.
- His attack on the second victim had a similar pattern but on this occasion, he attacked his victim with a knife and she was very lucky to survive.
- He appeared to be little affected by the event and was given an Indeterminate Public Protection Order (tariff of 2 years) in the light of his high risk and lack of remorse.

In prison,

He stood out as being 'odd'.

- He spent most of his time in his cell doing maths and physics problems.
- continued to try and contact his victim and showed surprise when she did not respond.
- displayed an unhealthy interest in serial killers.

- **At interview**, he was difficult to understand and assess but he sought to impress the examiner with his computational ability, sadistic interests and his lack of any remorse for what had occurred.
- **Assessment:** He had a range of personality disorders together with a past history of major depression and substance misuse. His full-scale IQ was 107 with a verbal comprehension index of 88 and a perceptual organisation index of 135, a severe reading difficulty and orbito-frontal impairments.

Case Report (Cont.)

His Condition?

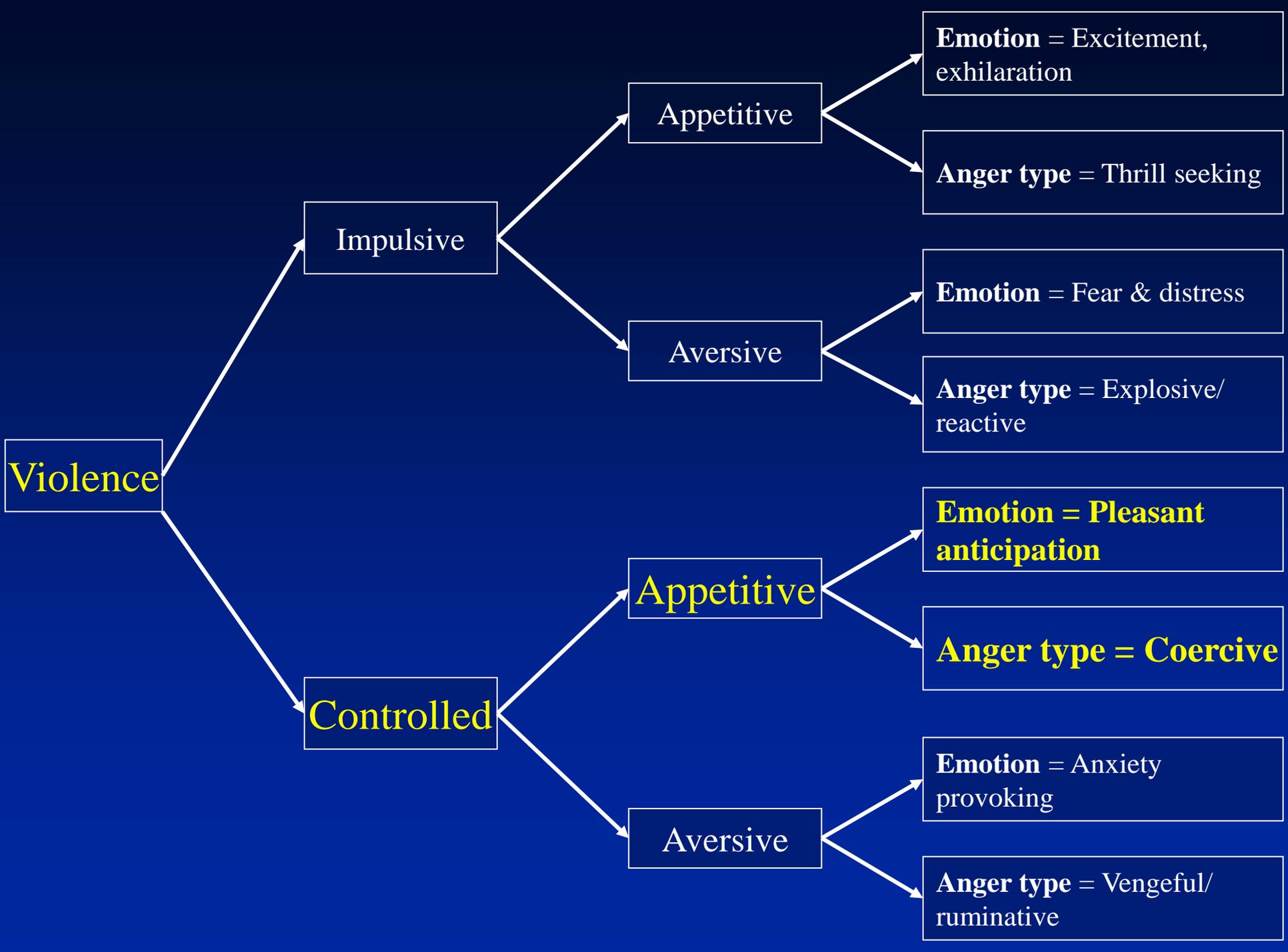
A specialist confirmed a diagnosis of **Asperger's Syndrome** and recommended that he remain in hospital.

Course in Hospital

- This was was problematic. He was isolated and continued to replicate his earlier psychopathology by becoming infatuated with female members of staff.
- He was eventually discharged back to prison where he remains as he did not meet the criteria for any specific service. (i.e. not really PD ; Not really LD;; not really MI etc. etc.

Question

How would a mental health professional explain his violent behaviour?



Question 2

How should mental health professionals treat/manage his violent behaviour?

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References

- Benjamin, L. S. (1993) *Interpersonal diagnosis and the treatment of personality disorders* , New York Guilford Press
- Bowden, P. (1996) Graham Young (1947-90); the St Albans poisoner. His life and times . *Criminal Behaviour and Mental Health* 17-24 Suppl.
- Howard, R.C. (2011) The quest for excitement. A missing link between personality disorder and violence. *J. of Forensic Psychiatry and Psychology*. 22 (5) 692-705.
- McAdams, D ((2013) The Psychological Self as Actor, Agent and Author. *Perspectives in Psychological Science* 8 (3) 272-295.

Thank You