A LEGAL REVIEW OF AUTISM, A SYNDROME RAPIDLY GAINING WIDE ATTENTION WITHIN OUR SOCIETY

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I. INTRODUCTION

The word autism is derived from the Greek word “autos” which means “self” and describes conditions in which a person is removed from social interaction, that is, an isolated self.1 Unlike many other brain disorders, Autism Spectrum Disorder (“ASD”) “does not appear to be a clear unifying mechanism at either the molecular, cellular or systems level.”2 “Because autism is characterized by groups of symptoms and signs even in its narrowest conception, it is a highly variable neurodevelopmental syndrome and not a unitary condition.”3 Thus, the saying goes that if you have met one person

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3 Daniel H. Geschwind, Autism: Many Genes, Common Pathways?, 135 CELL 391, 391
with an ASD, you have only met one person with an ASD.

In this article we shall discuss ASD diagnosis and treatment, developments in State autism insurance programs, and a variety of litigation issues arising from the education of ASD students including the provision of a free and appropriate education, unlawful transfer policies, denial of tuition reimbursements, limitations of Applied Behavioral Analysis ("ABA") therapy, confinement in the "Autism Intervention Room," and bullies in the classroom. In addition, we will examine tort litigation involving vaccine design defects, premature deliveries and low birth weight as a possible cause of autism, and failing to warn of the violent behavior of ASD students. We shall also discuss guardianship and the least restrictive means doctrine, maintaining control and the need for periodic review. We shall also discuss family law issues including the relocation of the parent with sole custody and what is in the best interests of the ASD child including the availability of services and extended placement. We shall also discuss criminal law issues involving the perceived anti-social behavior of persons with ASD and how to establish intent and guilt. Finally, we shall discuss violence in the home directed towards ASD children.

Public Awareness

In 2007, the United Nations General Assembly passed a resolution declaring April 2 "World Autism Awareness Day." In 2011, President Obama followed suit, declaring that each April 2 would be World Autism Awareness day in the United States and stressing that "autism is an urgent public health issue with a profound impact on millions of Americans." Thereafter, numerous state governors and local officials proclaimed April as Autism Awareness Month, publicly recognizing the individual and unique
In 2013, President Obama commemorated World Autism Awareness Day by announcing the launch of a $100 million Brain Research through Advancing Innovative Neurotechnologies ("BRAIN") Initiative “designed to revolutionize our understanding of the human brain” and “to help researchers find new ways to treat, cure, and [potentially] prevent brain disorders, such as[, inter alia, autism].”

Societal Costs

ASDs impose enormous financial and personal burdens not only on the families of an ASD individual, but also on society as a whole. The financial costs to families and service agencies for providing the appropriate multi-faceted treatments, interventions, and services are significant, and because of the pervasive nature of the disorder, these costs are often required in some form during the ASD individual’s lifetime. Yet, the costs to society for not providing treatment are even greater. An ASD is a lifelong condition: “Assuming prevalence stays flat in the future, the population of adults with autism is expected to rise 625 percent by the year 2030 (compared to 2010).” According to the United States Department of Labor, the labor force participation rate for individuals with disabilities is only 20.5 percent.

The impact of ASD will be increasingly realized by society as ASD

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14 See, e.g., Michael L. Ganz, The Lifetime Distribution of the Incremental Societal Costs of Autism, 161 ARCHIVES PEDIATRIC & ADOLESCENT MED. 343, 348 (2007) (finding that the total lifetime societal costs of all persons diagnosed with autism in the United States “could range from $13 billion to $76 billion” depending on the assumptions of the statistical model employed).

15 See id.


individuals mature out of infancy, as “[t]he substantial costs resulting from adult care and lost productivity of both individuals with autism and their parents have important implications for those aging members of the baby boom generation approaching retirement.”18

II. DIAGNOSIS AND TREATMENT

ASD is a range of complex neurodevelopment disorders, characterized by social impairments, communication difficulties, and restricted, repetitive, and stereotyped patterns of behavior.19 Autistic disorder, sometimes called autism, is on the most severe end of the “spectrum.”20 In these severe cases, the individual may not interact with others, lack the ability to speak, or treat people as objects.21 Milder conditions along the spectrum include Asperger’s Syndrome, childhood disintegrative disorder, and pervasive developmental disorder not otherwise specified (usually referred to as “PDD-NOS”).22 These cases may involve some difficulty understanding and relating to others, and trouble understanding other people’s perspectives and emotions.23

While some individuals with diagnoses within the autism spectrum have excelled in visual skills, sciences, mathematics, and the arts,24 others, and perhaps the same individuals, have been

18 Ganz, supra note 14, at 343.
19 AM. PSYCHIATRIC ASS’N, DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS § 299.00 (5th ed. 2013) [hereinafter DSM-5].
23 See DSM-5, supra note 19, § 299.00.
24 While speculation runs rampant that famous individuals such as Albert Einstein, Isaac Newton, Mozart, Beethoven, and Andy Warhol all experienced the autism spectrum, others such as Temple Grandin, Daryl Hannah, 2002 Nobel Prize Winner Vernon Smith, jazz prodigy Matt Savage, Pulitzer Prize winner Tim Page, actor Dan Aykroyd, and musician Peter Tork have been confirmed to be individuals on the spectrum. See, e.g., Michelle Fattig, Famous People with Aspergers Syndrome, DISABLED WORLD (Dec. 28, 2007), http://www.disabled-world.com/artman/publish/article_2086.shtml; Susie McGee, Famous Autistic People, LOVEToKnow AUTISM, http://autism.lovetoknow.com/Famous_Autistic_People (last visited Mar. 21, 2014).
associated with, inter alia, cognitive disabilities, difficulties in fine motor skills, attention deficit disorders, may suffer from mental health problems such as anxiety and depression, as well as physical health issues such as insomnia and gastrointestinal and digestive problems.25

ASDs vary significantly in character and severity, occur in all ethnic and socioeconomic groups, and affect every age group.26 In 2006 the Centers for Disease Control and Prevention (“CDC”) released data indicating that approximately one in 110 children in the United States had an ASD.27 Just two years later, the CDC updated its estimates finding that one in 88 children in the United States had an ASD (one in 54 boys and one in 252 girls).28 This rapid increase in prevalence rates has intensified the need for a unified societal approach to this disorder. According to the CDC, “[t]he reasons for the increase in the identified prevalence of ASDs are not understood completely[, while] [s]ome of the increase is due to the way children are identified, diagnosed, and served in their local communities . . . reported increases are explained partly by greater awareness by doctors, teachers, and parents.”29

There is not yet a biological test that provides for a precise diagnosis of an ASD.30 Rather, a formal diagnosis is currently based on descriptions and observations of behavior by a specialist, such as an experienced psychiatrist, psychologist, neurologist, or developmental pediatrician, or a team of specialists.31 Accordingly,

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25 DSM-5, supra note 19, § 299.00.
diagnostic assessment is both complex and expensive. In addition, even those who can afford the overwhelming cost of formal diagnosis face obstacles in detecting ASDs early enough to provide effective intervention. Because the hallmarks of ASDs include social impairments, communication difficulties, and restricted, repetitive, and stereotyped patterns of behavior, the most obvious signs and symptoms of an ASD only start to become apparent between two and three years of age.

The core symptoms of an ASD can be treated, and the ASD individual can benefit from therapies such as sensory integrations, speech therapy, occupational therapy, physical therapy, and auditory interventions. One key behavior therapy, recognized as beneficial for individuals with ASDs, is Applied Behavior Analysis (“ABA”). In ABA, certain techniques and principles are used to bring positive changes in behavior in children with Autism and other related developmental disorders.

Although outcomes are variable and specific behavioral characteristics change over time, most children with ASDs remain within the spectrum as adults and, regardless of their intellectual functioning, continue to experience problems with independent living, employment, social relationships, and mental health. The primary goals of treatment are to minimize the core features and associated deficits, maximize functional independence and quality of life, and alleviate family distress. Facilitating development and learning, promoting socialization, reducing maladaptive behaviors, and educating and supporting families can help accomplish these goals. Ideally, interventions should help mitigate the core features of ASDs, which include impairment in social reciprocity, deficits in communication,

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36 Id.
and restricted, repetitive behavioral repertoire.  

III. INSURANCE DEVELOPMENTS

Enacted by Congress in March 2010, the Patient Protection and Affordable Care Act (“ACA”) was intended to “increase the number of Americans covered by health insurance and decrease the cost of health care.”  

A key provision of the ACA is the mandate that requires most Americans to maintain “minimum essential” health insurance coverage.  

Health Care Exchanges

ACA aimed to increase access to health insurance through an expansion of Medicaid and private insurance, and in order to facilitate the selection of health insurance plans, ACA created “Health Benefit Exchanges.” Each exchange, initially scheduled for implementation on January 1, 2014—now postponed to January 1, 2015—provides a marketplace for “qualified health plans” offering an “essential health benefits” (“EHB”) package in the individual and small business insurance market. Included among the ten general categories of EHB was “[m]ental health and substance use disorder services, including behavioral health treatment.” In December 2011, the United States Department of Health and Human Services (“HHS”) issued guidance on ACA, stating that each state could determine which “essential health benefits” must be provided in policies sold through the state’s exchange, giving each state the discretion to select a benchmark plan based on options currently offered in the state, which all insurers would then be required to match.

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38 Id. at 1162–63 (footnote omitted).
44 42 U.S.C. § 18031(b), (d).
45 Id. § 18022(b)(1)(E).
New York’s Health Care Exchange


New York’s Autism Insurance Program

On Nov[ember] 1, 2011, New York became the 29th state to adopt autism insurance [coverage]. Under New York’s autism insurance reform law, state-regulated insurance plans that were to be issued, renewed or modified [on or after] Nov[ember] 1, 2012 . . . were required to cover the screening, diagnosis and treatment of ASDs. When th[is] law was enacted it required that regulations be promulgated regarding those who provide behavioral health treatment, including . . . [ABA]. [However, o]n the eve of New York’s autism insurance reform law’s effective date, the New York Department of Financial Services issued emergency regulations that required service providers to be New York [S]tate-licensed psychologists, psychiatrists, or social workers as well as board certified behavior analysts. . . . [W]hile national certification currently exists for behavior analysts that provide ABA, state licensure does not currently exist in the State of New York.

48 Id.
49 Id. (footnotes omitted); see also N.Y. INS. LAW § 3216(i)(25)(B) (McKinney 2013) (enacting insurance coverage “for the screening, diagnosis and treatment of autism spectrum disorder” in New York).
Thus, autism advocates have taken the position that the promulgated regulations drastically reduce coverage of ABA, as no behavior analyst can satisfy the licensure mandates. Accordingly, while state law requires [that] all insurance policies issued in New York . . . cover ABA, the accessibility to ABA therapy covered by insurance seems, at this time, to be unsatisfactory to those seeking same.\(^5\)

In response to the absence of a licensing procedure for board certified ABA therapists in New York, an organization known as Autism Speaks teamed up with New York State Assemblyman Joseph Morelle and New York State Senator Chuck Fuschillo to work on passing two bills creating a state licensing process.\(^5\)

**Licensure in Other States**

Similar licensing legislation has already been passed in other states.\(^5\) Ohio passed a law similar to the New York law requiring ABA behavior analysts to be licensed, but failed to have a licensing procedure in place at the time the bill passed.\(^5\) In response to the problem of families under the state-regulated health care plans being unable to access ABA treatment, Ohio’s governor included an amendment to the state budget bill establishing a state certification process for ABA providers.\(^5\) Pursuant to “the amendment, the Ohio Board of Psychology . . . [is] responsible for certifying Board Certified Behavior Analysts (BCBAs) as ‘certified Ohio behavior analysts.’”\(^5\) Ohio’s licensing process and the reimbursement for ABA treatment will take effect in 2014.\(^5\)

To avoid requiring a separate licensing amendment, an Oregon bill for autism insurance coverage that includes a licensing mechanism, was recently signed into law, after having been passed

\(^5\) Dickerson & Cohen, *supra* note 47.


\(^5\) *Id.*

\(^5\) *Id.*

\(^5\) *Id.*

\(^5\) *Id.*
by Oregon’s House of Representatives 56–0. Under the legislation, Oregon will require state-regulated health plans to cover a maximum of twenty-five hours per week of ABA treatment. The bill also includes a provision to create “[a] seven-member Behavior Analysis Regulatory Board . . . within the Oregon Health Licens ing Agency [in order] to license providers.” The bill will go into effect for public employees in 2015 and for state-regulated health plans in 2016.

**Variation in Autism Insurance Coverage**

Currently, thirty-four states have some form of autism insurance coverage, however, coverage varies widely from state to state. For example, Texas, the third state to pass a bill providing autism insurance coverage, recently passed a bill expanding autism insurance benefits by eliminating the age cap for state-regulated health plans. In exchange for the elimination of the age cap, ABA benefits for children aged ten and older are limited to $36,000 per year, a generous limit in comparison to other state plans. Texas is one of several states to pass expansions to autism insurance coverage: New Mexico recently expanded coverage to public employees and Kansas made such coverage permanent for state employees; Massachusetts is going one step further by attempting to expand autism insurance benefits through the state’s Medicaid program. Conversely, Utah only offers Medicaid-funded ABA treatment implemented through a lottery system, despite having the highest per capita autism rate in the nation: over 18,000 children are

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58 Welcome #34! Oregon Enacts Autism Insurance Reform, supra note 57.
59 Id.
60 Id.
61 Oregon was the thirty-fourth state to enact autism insurance reform. See id.
63 Id.
64 Id.
diagnosed with some form of ASD in that state.\textsuperscript{66} Utah enacted the program in 2012 after abandoning a bill before the legislature seeking autism insurance coverage under state-health plans.\textsuperscript{67} Although an income test is not required as with traditional Medicaid coverage, a child must not have more than $2,000 in assets in his or her name in order to qualify.\textsuperscript{68} Additionally, coverage is very limited with only thirty-five available slots in the lottery and an age cap of six years old.\textsuperscript{69}

In California, ABA therapy may have been a casualty of the state’s effort to phase out its Healthy Families insurance program and shift the nearly 900,000 children it covered into Medi-Cal, the broader healthcare program for the poor. Despite . . . assurances that the transition would not jeopardize services, activists say hundreds of children are losing coverage for [ABA].\textsuperscript{70}

Notably, despite being a part of the federal government and thus a prime candidate for insurance under the ACA, TRICARE, the Department of Defense’s health benefits program, recently placed new restrictions and imposed cutbacks on benefits received by military families with autistic children.\textsuperscript{71} The ECHO (“Extended Care Health Option”) program, currently in place, only provides ABA and other ASD treatment to the families of active military personnel.\textsuperscript{72} Additionally, a new pilot program that provides ABA coverage to children diagnosed with ASD requires state-licensed providers and only reimburses the minimal coverage despite the child’s particular ASD diagnosis.\textsuperscript{73}

\textsuperscript{66} Utah Adds Another 35 Slots in ABA Lottery Program, AUTISM SPEAKS (June 18, 2013), http://www.autismspeaks.org/advocacy/advocacy-news/utah-adds-another-35-slots-aba-lottery-program.

\textsuperscript{67} Id.


\textsuperscript{69} Id.; Utah Adds Another 35 Slots in ABA Lottery Program, supra note 66.

\textsuperscript{70} Chris Megerian, Slipping Through the Cracks, L.A. TIMES, July 8, 2013, at AA1.


IV. Education

“[T]he average per pupil expenditure for educating a child with autism [was estimated by the Special Education Expenditure Project to be over] $18,000 in the 1999–2000 school year.”\textsuperscript{74} This estimate was nearly three times the expenditure for a typical regular education student who did not receive special education services.\textsuperscript{75} If “prevalence [rates] stay[] flat in the future, the number of school-age students [diagnosed with an ASD] is projected to rise by 44 percent by the year 2030.”\textsuperscript{76} In conjunction with the new public school system reality, where our economy is forcing larger class sizes, layoffs and other changes that may compromise our schools’ ability to serve students, it is foreseeable that school districts will be increasingly challenged to accommodate students with ASDs.

\textit{Individuals With Disabilities Education Act}

Federal Court cases brought on behalf of students with ASDs are based on challenges under the Individuals with Disabilities Education Act (“IDEA”).\textsuperscript{77} Pursuant to the regulations accompanying the IDEA:

the term individualized education program or IEP means a written statement for each child with a disability that is developed, reviewed, and revised in a meeting in accordance with [federal regulations] . . . , and that must include: [inter alia] . . . [a] statement of the child’s present levels of academic achievement and functional performance[] . . . [a] statement of [the child’s] measurable [academic and functional] annual goals[] . . . [a plan to] [m]eet the child’s needs[] . . . [a] description of . . . [h]ow the child’s progress toward meeting the annual goals . . . will be measured; . . . [a] statement of the special education and related services

\textsuperscript{74} U.S. GOV’T ACCOUNTABILITY OFFICE, GAO-05-220, SPECIAL EDUCATION: CHILDREN WITH AUTISM 10 (2005).

\textsuperscript{75} Id.


\textsuperscript{77} See 20 U.S.C. §§ 1400–1444 (2012). Under the IDEA, the term “child with a disability” means a child with one or more of a variety of impairments, including autism, who, by reason of such impairment, needs special education and related services. See id. § 1401(3); see also 34 C.F.R. § 300.8(a)(1) (2013) (same).
and supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the child, or on behalf of the child[,] . . . [a]n explanation of the extent . . . to which the child will not participate with nondisabled children in the regular class . . . activities . . . [and a] statement of any individual appropriate accommodations that are necessary to measure the academic achievement and functional performance of the child on [various State and local level assessments].

A Free And Appropriate Education

Beginning, at the latest, when the student reaches 16 years of age “the IEP must include . . . [a]ppropriate measurable postsecondary goals based upon age appropriate transition assessments related to training, education, employment, and, where appropriate, independent living skills; and . . . the transition services (including courses of study) needed to assist the child in reaching those goals.”

The IDEA also requires that the IEP allow the student to receive an education in the “[l]east restrictive environment.”

The IDEA provides that all students are entitled to a free and appropriate education (“FAPE”). “If a state fails in its obligation to provide a [FAPE] to a handicapped child, the parents may enroll the child in a private school and seek retroactive reimbursement for the cost of the private school from the state.” These tuition reimbursement cases are also brought under the IDEA. To determine whether reimbursement is warranted, the United States Supreme Court has established the three-pronged “Burlington/Carter test,” which asks (1) whether the IEP proposed

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81 Id. § 1412(a)(1).
by the school district was appropriate to the child’s needs and (2) whether the private placement was appropriate to the child’s needs, and then looks to (3) the equitable considerations relating to the reasonableness of the action taken by the child’s parents.\textsuperscript{84}

Although the IDEA outlines both procedural and substantive requirements for IEPs,\textsuperscript{85} it “does not itself articulate any specific level of educational benefits that must be provided through an IEP.”\textsuperscript{86} If a parent or guardian believes that his or her child’s IEP is not compliant with the IDEA, the parent or guardian may file a “due process complaint”\textsuperscript{87} to challenge the adequacy of the student’s IEP.\textsuperscript{88}

**Unlawful Transfer Policies**

Several cases illustrate the diversity of litigation involving ASDs within the confines of education law.

In 2013, a lawsuit was commenced against the Philadelphia school district concerning its “treatment of, and policies governing, school children with autism.”\textsuperscript{89} The case stated:

[p]laintiffs contend that the School District transfers students with autism automatically from one school to another, simply because they complete a certain grade, more frequently than the School District transfers non-disabled students who therefore, unlike autistic children, enjoy continued, uninterrupted attendance in K-5 schools or K-8 schools. . . . Plaintiffs further allege that the decision-making process leading up to the transfer of an autistic student is conducted with little to no parental notice or involvement,

\textsuperscript{84} See Florence Cnty. Sch. Dist. Four, 510 U.S. at 15–16; see also Sch. Comm. of Burlington, 471 U.S. at 370 (explaining the first factor).
\textsuperscript{86} Walczak v. Fla. Union Free Sch. Dist., 142 F.3d 119, 130 (2d Cir. 1998).
and without the required consideration of the children’s individualized circumstances.\textsuperscript{90}

The plaintiffs argued “that this is particularly problematic because children with autism have difficulty transitioning from one environment to another. Claiming that the School District’s policy of transferring autistic students violates several statutes, the . . . plaintiffs [sought] . . . systemic relief from the allegedly unlawful transfer policy, [and] [p]laintiffs filed a motion for class certification . . . ”\textsuperscript{91} The federal district court granted the application for class certification.\textsuperscript{92} The outcome of this litigation will of course be of interest.

\textit{Denial Of Tuition Reimbursement}

In 2012, an action was brought by parents of autistic students against the New York City Education Department under the IDEA, alleging that the city improperly denied their claims for private-school-tuition reimbursement based on testimony about services students “would have” received under their IEP.\textsuperscript{93} The Second Circuit Court of Appeals ruled, in what it found to be a matter of first impression, that the adequacy of a student’s IEP and the ability to provide students with free appropriate public education was to be evaluated prospectively as of the time IEP was created.\textsuperscript{94} In adopting this “snap-shot” rule, the court stated that consideration of “retrospective testimony,” that is, testimony about additional services that “would have been provided,” but, did not officially appear within the confines of the IEP, was precluded.\textsuperscript{95}

\textit{Limiting Applied Behavioral Analysis Therapy}

In 2000, parents of children with an ASD in a New York public school brought suit against the county in which they resided, the county’s Department of Health (“DOH”), and certain DOH officials under 42 U.S.C. § 1983 for violations of IDEA, the Rehabilitation Act of 1973, and the New York Public Health Law, as well as the Fifth and Fourteenth Amendments of the United States

\textsuperscript{90} Id. at 228.
\textsuperscript{91} Id. at 228–29.
\textsuperscript{92} Id. at 236.
\textsuperscript{93} See R.E. ex rel. J.E. v. N.Y.C. Dep’t of Educ., 694 F.3d 167, 174 (2d Cir. 2012).
\textsuperscript{94} Id. at 185–86.
\textsuperscript{95} Id. at 186.
Constitution. The plaintiffs alleged that the defendants “unlawfully implemented policies to prevent, discourage and limit the use of 1:1 Applied Behavior Analysis Therapy . . . in the treatment of autistic/PDD children, [and as a result of those policies, plaintiffs’ children] . . . were deprived of appropriate ABA therapy and suffered injury as a result.” The District Court found, inter alia, that the defendants had denied due process protections to several of the plaintiffs’ through the existence of a “secret” policy, which, among other things, limited ABA therapy to ten hours a week despite IEP plans, without informing the parents or holding post-deprivation hearings under IDEA.

The “Autism Intervention Room”

Physical restraints and seclusion of students with an ASD have also been a source of litigation and legislation.

In 2006, plaintiffs brought suit on behalf of ASD students seeking declaratory and injunctive relief under section 1983, section 504 of the Rehabilitation Act, and Title II of the Americans with Disabilities Act against members of Parchment High School located in Parchment, Michigan. The plaintiffs argued that the officials violated the due process clause of the United States Constitution by depriving students of their liberty interests by placing personal restraints on them, both in the past and in the future. The case arose out of the use of an “autism intervention room” used in Parchment High School. A teenage student with ASD exhibited seizure-like symptoms and was brought to the room where he was physically restrained until his guardian came to pick him up. During the forty-five minute period before the guardian arrived, several officials physically restrained the student until he was no

97 Id.
98 Id. at 431, 435.
99 See generally Perry A. Zirkel & Caitlin A. Lyons, Restraining the Use of Restraints for Students with Disabilities: An Empirical Analysis of the Case Law, 10 CONN. PUB. INT. L.J. 323, 337–45 (2011) (discussing the results of a sixty-one case study concerning parental challenges to restraints used by pre-K-to-twelve educational institutions against students and finding that autism, alone or in combination with other disability classifications, was the underlying disability classification in fifty-five percent of the cases).
101 Id. at *2–3.
102 Id. at *4.
103 Id. at *4–5.
longer moving. He was taken to the hospital thereafter and pronounced dead. His death resulted from the restraint. Several other parents in the district became concerned about their ASD children attending Parchment High School because of the use of the “autism intervention room”; the plaintiffs brought suit on behalf of these parents and children. The District Court, however, found that the plaintiffs lacked standing to bring suit in place of the ASD children and their parents.

**Legislative Response**

In 2009, a Government Accountability Office (“GAO”) study identified several hundred cases of alleged abuse and deaths of school children related to the use of restraint and seclusion. In 2012, the Civil Rights Data Collection showed that nearly 40,000 students in the United States were physically restrained during the 2009–10 school year. The data also showed that restraint and seclusion were used disproportionately, among others, upon students with disabilities. Recently, the Keeping All Students Safe Act (“KSSA”), was re-introduced by United States Representative George Miller (D-CA). Its purpose is to safeguard children from unsafe and unnecessary restraint and seclusion in schools or in a school setting.

**Bullies In The Classroom**

Other educational needs of ASD students also need to be addressed, including safety in the actual classroom. A recent study found that children with ASDs are bullied nearly five times as often as their peers, with approximately 46 percent of ASD children in

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104 Id. at *5.
105 Id.
106 Id. at *5–6.
107 See id. at *7–9.
108 See id. at *14–29, *51.
111 See id.
113 Id. § 3.
middle and high school reporting to their parents that they had been victimized at school within the past year.\textsuperscript{114} The study found that the highest functioning ASD children were at the greatest risk, being three times more likely to be bullied than those ASD children whose verbal abilities were limited.\textsuperscript{115} The highest functioning ASD students are often mainstreamed and while interacting in mainstream classrooms social awkwardness becomes more visible to children without ASDs—while the disability less so—perhaps making it more difficult for student peers to understand the ASD child’s condition compassionately.\textsuperscript{116} As the study’s authors conclude: “Inclusive classrooms need to increase the social integration of adolescents with an ASD into protective peer groups while also enhancing the empathy and social skills of typically developing students towards their peers with an ASD and other developmental disabilities.”\textsuperscript{117}

V. TORT LAW

\textit{Vaccine Design Defects}

To those who are of the belief that autism is a side effect of childhood vaccines, the United States Supreme Court’s 2011 ruling in \textit{Bruesewitz v. Wyeth LLC}\textsuperscript{118} foreclosed litigation against vaccine manufacturers.\textsuperscript{119} Instead, those possibly affected by vaccines must now rely solely on a compensation system created under the National Childhood Vaccine Injury Act.\textsuperscript{120} The Act establishes a strict three-year statute of limitation from the time a vaccine-induced injury occurs to file a claim.\textsuperscript{121} The Supreme Court found that this compensation system, created in 1986, “preempt[ed] all design-defect claims against vaccine manufacturers brought by plaintiffs who seek compensation for injury or death caused by vaccine side effects.”\textsuperscript{122}

\textsuperscript{114} Paul R. Sterzing et al., \textit{Bullying Involvement and Autism Spectrum Disorders: Prevalence and Correlates of Bullying Involvement Among Adolescents with Autism Spectrum Disorder}, 166 \textit{ARCHIVES OF PEDIATRIC & ADOLESCENT MED.} 1058, 1060 (2012).
\textsuperscript{115} See id. at 1061 tbl.1, 1063.
\textsuperscript{116} See id. at 1063.
\textsuperscript{117} Id.
\textsuperscript{118} Bruesewitz v. Wyeth LLC, 131 S. Ct. 1068 (2011).
\textsuperscript{119} Id. at 1082.
\textsuperscript{121} Id. § 300aa–16(a)(2).
\textsuperscript{122} \textit{Bruesewitz}, 131 S. Ct. at 1082.
In a recent action in New York, a plaintiff sought to recover damages for personal injuries she allegedly suffered as a pedestrian while she was pregnant, when she slipped and fell on a utility company’s manhole cover. The plaintiff also sought damages on behalf of her later born infant daughter. The utility company asked the New York State Supreme Court to preclude the plaintiff’s proposed expert testimony, and moved for a Frye hearing on whether the plaintiff could present expert testimony supporting her theory of causation. The plaintiff, who alleged that she prematurely gave birth to her child as a result of her accident, proposed expert testimony by a neurologist to support her theory that the infant plaintiff’s autism spectrum disorder and pervasive developmental delay was proximately caused by her premature birth and low birth weight.

A Quantum Leap of Causation

The New York State Supreme Court ruled that although two studies had suggested a possible association between low birth weights and autism, there was no generally accepted causal link. Citing the Appellate Division, Second Department, in an action where the plaintiff sought to establish a causal connection between her therapeutic use of acetaminophen and her subsequent development of cirrhosis of the liver, the supreme court noted that “an association in medicine or science is different from causation.” Accordingly, the supreme court found the plaintiff’s attempt to equate “general developmental delays of a slightly premature birth to a diagnosis of Autism Spectrum Disorder with Pervasive Developmental Delay . . . [to be a] quantum leap of causation” since medical researchers and scientists must first establish general causation between prematurity/low birth weight

124 Id. at 609.
125 Id. at 611.
126 Id. at 613–14.
127 Id. at 621–22.
128 Id. at 613 (citing Ratner v. McNeil-PPC, Inc., 933 N.Y.S.2d 323, 325 (App. Div. 2d Dep’t 2011)).
129 Id. at 618.
and autism/PDD; however, medical research has only shown a statistical association and has cautioned against establishing prematurity/low birth weight as a cause of ASD/PDD.130

Failure To Warn Of Violent Behavior

In a 2010 case from New York Appellate Division, Fourth Department, a licensed occupational therapist at an elementary school who was assigned to render services to a severely autistic child, sought damages for her personal injuries against the school district and student’s parents after she alleged the student injured her in a classroom.131 The plaintiff alleged that the parents and the school district were negligent in failing to warn the plaintiff of the violent behavior of the student, and that the parents “were also negligent in failing to supervise their daughter in an adequate manner.”132 The appellate division affirmed the trial court’s grant of summary judgment to the defendants, holding that the parents did not have opportunity or ability to control their daughter’s behavior in the classroom, and a warning was not required where the therapist knew of the student’s behavior.133

VI. GUARDIANSHIP—THE LEAST RESTRICTIVE MEANS DOCTRINE

The “least restrictive means” is an increasingly common approach to dealing with a guardianship proceeding involving an ASD party.134 However, prior to reform that began in the late twentieth century, mentally incapacitated individuals, regardless of their cognitive abilities, were deemed wholly incapable of retaining any legal rights or autonomy.135 These individuals were frequently institutionalized and divested of their individual rights.136 However, the availability of more comprehensive medical studies

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130 See id. at 622.
132 Id.
133 Id. at 385–86.
134 See Kristin Booth Glen, Changing Paradigms: Mental Capacity, Legal Capacity, Guardianship, and Beyond, 44 COLUM. HUM. RTS. L. REV. 93, 98 (2012) (“Th[e] current paradigm leads to ‘tailored’ or limited guardianships, which represent the least restrictive means of protection, the promotion of greater autonomy for the incapacitated person, and robust procedural protections in the determination of incapacity and appointment of a guardian.”).
135 See id. at 94.
136 Id. at 104–05.
and the persistent demands of civil rights proponents have resulted in a significant remodeling of the method by which guardians are appointed—namely, the least restrictive means doctrine. For example, in New York State, mentally incapacitated individuals are deemed capable of retaining all of their legal rights until it is proven by clear and convincing evidence that they are incapable of retaining complete autonomy.

New York’s Surrogate’s Court Procedure Act

The original New York statute controlling guardianship appointment, Surrogate’s Court Procedure Act Article 17-A, was enacted in 1969 as a legal means for parents with a mentally incapacitated child, that is, a child with developmental disabilities, autism, traumatic brain injuries, and other enumerated conditions, to maintain control over their child’s decision-making after the child has reached majority. Although a seemingly progressive statute, Article 17-A does not require periodic review, often considered a necessary safeguard to ensure that incapacitated individuals receive due process and are not erroneously deprived of their liberty. Periodic review ensures that the evolving needs of the individual continue to be met over time, particularly where comprehensive medical information continues to yield a greater understanding of mentally incapacitated individuals. Courts will typically allow modification of guardianship if an evaluation presents evidence that the individual has made significant progress, thereby relieving the guardian of some or all duties. Thus, Article 17-A, prior to judicial interpretation, lacked most, if not all, of the due process protections of Article 81 of the New York Mental Hygiene Law.

137 See id. at 98.
138 Id. at 113 & n.87 (citing N.Y. MENTAL HYG. LAW § 81.12(a) (Mckinney 2013)).
139 1969 N.Y. Laws 3046; Rose Mary Bailly & Charis B. Nick-Torok, Should We Be Talking?—Beginning a Dialogue on Guardianship for the Developmentally Disabled in New York, 75 ALB. L. REV. 807, 818 & n.73 (2012) (“The new statute was envisioned as an opportunity for parents to continue as the legal caregivers of their mentally retarded child once the child reached the age of majority . . . .”).
141 See id. at 424–25 (citations omitted).
142 See id. at 428.
Maintaining Control And Periodic Review

In 2010, a proceeding was commenced seeking the appointment of a guardian for a disabled and autistic male who was institutionalized after his mother died. The court sought to determine whether the child’s needs were being met by the guardian, with the benefit of a substantial trust established by the child’s deceased mother. The surrogate’s court, after discussing the history of Article 17-A within a constitutional and international human rights framework, held that due process required that the guardianship appointment be subject to a periodic reporting and review requirement. The court concluded that,

[a]s a matter of fundamental due process, the State may not impose the “extensive loss of personal liberty [inherent] in the guardianship process” without some guarantee that the [guardian] . . . continues to act in her ward’s best interests, and that the ward is . . . no worse off than before the guardianship was awarded.

The Mathews Test

An additional safeguard to the liberty of incapacitated individuals is a three-part test, commonly known as the Mathews test, which was established under New York’s Mental Hygiene Law Article 81. This test requires that, for an individual to be divested of their legal rights, it must be proven that the person is likely to suffer harm, that “the person is unable to provide for personal needs and/or property management; and . . . [that] the person cannot adequately understand and appreciate the nature and consequence of such inability.” If the court finds that the individual is lacking certain capacities, it is only for those specified incapacities that a guardian may be appointed. This nuanced method has been nominally termed “tailored” or “limited” guardianship.

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143 Id. 419–20.
144 See id. at 420.
145 Id. at 435.
146 Id. at 434 (second alteration in original) (quoting Norman Fell, Guardianship and the Elderly: Oversight Not Overlooked, 25 U. Tol. L. Rev. 189, 190 (1994)).
147 See N.Y. MENTAL HYG. LAW § 81.02(b) (McKinney 2013); Mathews v. Eldridge, 424 U.S. 319, 335 (1976).
148 N.Y. MENTAL HYG. LAW § 81.02(b)(1)–(2).
149 See Glen, supra note 134, at 114.
150 Id.
guardianship ensures that mentally incapacitated individuals are retaining the utmost autonomy while also receiving the care and guidance that they require but are unable to self-administer.\textsuperscript{151} Mental Hygiene Law Article 81 affords additional due process safeguards as well, including notice, hearing, right to counsel, proof by clear and convincing evidence that a guardian is necessary, tailored guardianship, and periodic reporting.\textsuperscript{152}

The evolution of guardianship from unlimited to restricted control over incapacitated individuals represents a shift in our society’s understanding and subsequent treatment of those individuals.

VII. FAMILY LAW

Parents may disagree in addressing the issue of what is in their child’s best interest. When custody litigation ensues, that question becomes even more complicated when considering the special needs of an ASD child. The growing population of families affected by ASD requires attorneys and courts to grapple with the issues that arise in determining what constitutes appropriate care and decision-making for a child who has an ASD. Attorneys for these children are also required to become familiar with, inter alia, safety issues, therapies, medical terminology, educational issues, and IEPs. These issues concern not only the child with an ASD, who in certain cases may not be able to communicate, but also the siblings of children with an ASD, many of whom are also impacted by these questions.

Relocation and the Best Caregiver

In one case, a mother sought to move to North Carolina with her ASD child from New York.\textsuperscript{153} The court noted that the move could prove potentially damaging to the child as the child was prone to outbursts associated with his ASD, and it was the father, who would remain in New York, who was found to be best able to soothe

\textsuperscript{151} See N.Y. MENTAL HYG. LAW § 81.20(a)(7) (McKinney 2013) (“[A] guardian who is given authority relating to the personal needs of the incapacitated person shall afford the incapacitated person the greatest amount of independence and self-determination with respect to personal needs in light of that person’s functional level, understanding and appreciation of that person’s functional limitations, and personal wishes, preferences and desires with regard to managing the activities of daily living.”).

\textsuperscript{152} See In re Chaim A.K., 885 N.Y.S.2d 582, 587–89 (Sur. Ct. N.Y. County 2009).

the child during these outbursts. However, the court, in assessing the best interests of the child, permitted the move, finding the mother to be the primary psychological caregiver. The court found that the move would allow for better living conditions for the child, whereas “[a] reversion of custody to the father would be emotionally devastating” for the child. The court also noted that the mother had already found various services within North Carolina to benefit her ASD child.

Available Services

Other courts have placed a prime importance on services available to the ASD child when determining custody. In one such case, the court found that steps taken by one parent to improve the quality of his son’s life as an individual with Asperger’s Syndrome was the most important issue with respect to the child’s best interest. This included providing for all the medical attention needed for the child, helping him “fit in” with his peers, and helping the child overcome any difficulties he faced in performing tasks due to his conditions.

Extended Placement

However, where the parents have been unable to recognize, cope with, or adequately address the special needs of an ASD child, extended placement of the ASD child is not uncommon. In one case, extended placement of an ASD child with the Department of Social Services for twelve months was made because the father was unwilling or unable to recognize the child’s autism. The father refused to provide the necessary care and services required for the well-being of a child with heightened needs.

Indeed, in certain instances, courts have found that placement in foster homes is necessary in order to meet the heightened needs of the child. One court opined that autism amplifies the need for

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154 Id. at *5–6.
155 See id. at *4, *11–16.
156 Id. at *15.
157 Id. at *9, *14.
159 Id. at 12–13.
161 Id.
stability, even if such stability requires placement with foster parents who are better able to meet the child’s heightened developmental needs for permanency, consistency, nurturance, and guidance.\textsuperscript{163}

\textbf{VIII. CRIMINAL LAW}

The issue of ASDs in our criminal courts is likely to grow in significance as the large population of children on the spectrum grows into adulthood. We expect that these cases will prove quite challenging, as an ASD individual’s motivation and intent may be difficult to comprehend. Interesting questions arise regarding mental capacity and an ASD individual’s perception.

\textit{Perceived Antisocial Behavior}

We have a general understanding today that even individuals with high-functioning ASDs can have issues with sensory overload, semantics, sarcasm, have difficulty when dealing with changes in routine or structure, generally have poor social awareness, and inadequate understanding of nonverbal communications such as body language and facial expressions, both on the giving and receiving end.\textsuperscript{164} Accordingly, their responses within society can be very difficult and they can often be viewed as exhibiting antisocial behavior.\textsuperscript{165} While there is no evidence to suggest that individuals with ASDs will commit crimes at a higher rate than the general population, it stands to reason that offenses may be committed by individuals with ASD. However, as with any offense, intent must be considered, and when considering an individual with an ASD, such intent may have to be evaluated differently.

\textit{Vulnerable to a Range of Crimes}

Individuals with ASDs have also, of course, found themselves the victims of improper behavior often rising to the level of criminal

\textsuperscript{163}See generally State Div. of Youth & Family Servs., 2011 N.J. Super. Unpub. LEXIS 1710, at *25, *36 (noting that the trial judge, in making her decision, considered the opinion of the child’s doctor that the child’s autism increased the child’s need for stability).

\textsuperscript{164}See id.

conduct. According to the Autism Society of America, because individuals with ASDs have difficulty picking up social cues and understanding other individual’s thoughts and intentions, they are “vulnerable to a range of crimes from fraud and theft to more violent crimes. Individuals with ASD are also generally taught compliance from a very young age, making them easy targets for abuse and victimization.”

Evidence of Guilt

One autism advocate opined that “[a] diagnosis of an autism spectrum disorder is as relevant to police and legal proceedings as a diagnosis of mental retardation or mental illness would be, no matter how bright, high functioning, and/or verbal the individual may be” since individuals with ASDs “have significant problems in both verbal and non-verbal communication and in both sending and understanding messages, [t]his results in behavior that needs to be explained and understood” since they “respond and perform neurologically inconsistently depending on emotional state, familiarity with the people and situation and various sensory experiences.” It is without question that criminal justice professionals may struggle to differentiate those behaviors typical of


167 Id.

168 BARBARA T. DOYLE, AND JUSTICE FOR ALL: UNLESS YOU HAVE AUTISM: WHAT THE LEGAL SYSTEM NEEDS TO KNOW ABOUT PEOPLE WITH AUTISM SPECTRUM DISORDERS 1–2, http://www.autismspeaks.org/docs/family_services_docs/LegalSystem.pdf (last visited Mar. 21, 2014). One recent example of how an autism spectrum disorder is as relevant to legal proceedings as a diagnosis of mental retardation or mental illness is the case of David Allen Raley, who was sentenced to death in 1988 for capital murder. Howard Mintz, CALIFORNIA DEATH PENALTY AND AUTISM: KILLER DAVID ALLEN RALEY SEeks Reprieve, SAN JOSE MERCURY NEWS (Sept. 8, 2013), http://www.mercurynews.com/ci_24045718/california-death-penalty-and-mental-retardation-condemned-killer. Over Raley’s objection, his attorneys recently raised, as part of an Atkins Eighth Amendment claim, that he is autistic and therefore falls under the legal protections against executing the mentally retarded. Howard Mintz, SANTA CLARA COUNTY KILLER RALEY TRIES TO FIRE LAWYERS FOR ARGUING HE IS MENTALLY RETARDED, SAN JOSE MERCURY NEWS (Sept. 9, 2013), http://www.mercurynews.com/ci_24053303/condemned-santa-clara-county-killer-tries-fire-lawyers (holding that execution of a mentally retarded offender violates the Eighth Amendment prohibition against cruel and unusual punishment). The California Supreme Court ordered a Superior Court Judge to hold hearings and make recommendations. Howard Mintz, SANTA CLARA COUNTY KILLER RALEY TRIES TO FIRE LAWYERS FOR ARGUING HE IS MENTALLY RETARDED, SAN JOSE MERCURY NEWS (Sept. 9, 2013), http://www.mercurynews.com/ci_24053303/condemned-santa-clara-county-killer-tries-fire-lawyers. The case is still pending.
an individual with an ASD and the prototypical conduct of an offender, and measures will need to be taken to avoid misinterpreting behaviors and characteristics typical of those with autism as evidence of guilt, indifference, or lack of remorse. Indeed, the willingness of an ASD individual to “cooperate” can lead to allegations of entrapment.169

The Misunderstood Witness

It will also be a significant task for attorneys to present courtroom witnesses with ASDs in a manner that jurors lacking exposure to individuals with ASDs can understand, without judgment as to unusual responses or mannerisms, and with understanding as to an ASD individual’s “normal.” Left unexplained, such witness’s loud vocal tone, aloof body language, flat facial expressions, difficulty in making eye contact, repetitive behavior, and tactless statements, could adversely affect the ultimate goal of meting out justice.170

Excluding Expert Testimony

In a recent criminal court case arising in New Jersey, a defendant was charged in a two-count indictment with second-degree aggravated assault and second-degree endangering the welfare of a child.171 “Following [this] defendant’s first trial in 2004, he was convicted of second-degree aggravated assault and the lesser-included offense of third-degree endangering the welfare of a minor.”172 However, on appeal, the Superior Court of New Jersey “reversed and remanded because the trial court erred ‘in excluding expert testimony regarding defendant’s diagnosis of Asperger’s Disorder.’”173 “The [New Jersey] Supreme Court granted the State’s petition for certification, and the Court agreed that defendant was

169 See Sabrina Rubin Erdely, The Entrapment of Jesse Snodgrass, ROLLING STONE (Feb. 26, 2014, 10:00 AM), http://rollingstone.com/culture/news/the-entrapment-of-jesse-snodgrass-20140226 (describing how an autistic high school student who had no access to drugs, anxious to interact with his peers, was duped by an in-school drug sting).
170 See id. at 2–4.
173 Id. (quoting Burr, 921 A.2d at 1146).
entitled to a new trial.”

Placement In Foster Care Program

In a criminal proceeding arising in the State of Iowa, a juvenile entered an Alford plea to allegations of sexual abuse and incest and thereafter requested an entry of consent decree in lieu of a delinquency adjudication as means to receiving a detention more conducive to treating his diagnosed cognitive impairment. The issue the Iowa Supreme Court was asked to consider was “the juvenile court’s authority in a delinquency proceeding to enter a consent decree, over the State’s objection.” The juvenile court officer had recommended that the juvenile “be adjudicated a delinquent and placed in a residential treatment facility for sex offenders.” The recommendation was based partly on an evaluation of the juvenile by a psychologist who diagnosed him with Asperger’s Syndrome and found that he “was not safe out in the community given his level of accepted responsibility, impulsivity and his general denial.” At the dispositional hearing, following his Alford plea, the juvenile offered the testimony of a child psychiatrist, who opined that the juvenile’s diagnosis was more properly PDD–NOS, and who strongly recommended against placing him in a sex offender treatment facility. The expert concluded that because of the juvenile’s “developmental disorder and his lack of history of other inappropriate sexual behavior, he

174 Burr, 2013 N.J. Super. Unpub. LEXIS 1130, at *2 (citation omitted). In May 2013, on appeal following the new trial, the Superior Court of New Jersey, Appellate Division, was asked to determine whether “[t]he jury charge as to the defendant’s expert witness [was] defective . . . .” Id. (second alteration in original). It was asserted that the charge failed to guide the jury how it was to consider the expert’s testimony regarding the defendant’s Asperger’s Syndrome. Id. More specifically, the defendant argued that the trial court erred by failing to explain to the jury that his expert’s testimony was offered to show that defendant’s “ability to make certain social judgments [was] impaired.” Id. at *14 (alteration in original) (internal quotation marks omitted). The New Jersey Appellate Court rejected this contention, holding that the trial court’s instruction substantially mirrored the Model Jury Charge for expert witnesses and thus was acceptable. Id.

175 State v. Iowa Dist. Court for Warren Cnty., 828 N.W.2d 607, 609–10 (Iowa 2013); see generally North Carolina v. Alford, 400 U.S. 25, 37 (1970) (“An individual accused of crime may voluntarily, knowingly, and understandingly consent to the imposition of a prison sentence even if he is unwilling or unable to admit his participation in the acts constituting the crime.”).

176 Iowa Dist. Court for Warren Cnty., 828 N.W.2d at 609.

177 Id.

178 Id. (internal quotation marks omitted).

179 Id.
would likely be victimized himself or learn more inappropriate sexual behavior if placed in such a facility.”\textsuperscript{180} Instead the expert “opined that a community-based program focusing on improving all of [the juvenile’s] social skills would be the most effective and appropriate under the circumstances.”\textsuperscript{181} Accordingly, the expert “recommended either a family placement or, if no family placement was available, foster care.”\textsuperscript{182}

The Iowa Supreme Court held, with one justice dissenting, that the juvenile court lacked authority under Iowa law to place the juvenile in state-funded group foster care program as a term and condition of a consent decree and remanded the case.\textsuperscript{183} However, the court noted in its conclusion that it did not “have any substantive disagreement with [the juvenile’s] placement,” clarifying that the issue before it was “not whether [the juvenile] should be placed in group foster care where he can receive appropriate treatment,” but “whether a juvenile court can bring about that result by ordering a transfer of custody, payment by the State, and a residential placement [under] . . . the consent decree provision of the juvenile justice chapter,” in that the court was obligated to follow the framework established by the Iowa legislature.\textsuperscript{184}

\textbf{Determining Credibility Of ASD Witness}

However, individuals with ASDs and those with other disabilities are more likely to be victims of crimes than perpetrators.\textsuperscript{185} In 2013, the Wisconsin Court of Appeals was asked to review a judgment against a defendant convicted of three counts of first-degree sexual assault of an autistic child.\textsuperscript{186} One of the issues in contention was whether the child’s autism somehow reduced her credibility as an expert at trial had discussed suggestibility in autistic children.\textsuperscript{187} The court rejected the contention that the

\textsuperscript{180} Id.
\textsuperscript{181} Id. at 609–10.
\textsuperscript{182} Id. at 610.
\textsuperscript{183} Id. at 616–17.
\textsuperscript{184} Id. at 617; see IOWA CODE § 232.46 (2013).
\textsuperscript{187} Id. at *12 n.4.
defendant “could have offered an expert at trial who would have opined that the child’s autism somehow reduced her credibility.”

**Bruising and Eavesdropping**

A 2008 New York Appellate Term decision held, in a matter of first impression, that an autistic child’s mother lawfully consented to the recording of a defendant’s conversation on behalf of her eight year old child, who was in fact present at the time of the conversation. The child’s mother had surreptitiously placed an audio recording device in her child’s backpack after noticing that he was coming home from school with bruises and abnormal redness on his body. As another basis for its holding, the court, noting that autism is defined under the Mental Hygiene Law as a developmental disability, and in turn a mental disability, found that “[t]here must be a balance between important competing public policy considerations of protecting those with disabilities from abuse and protecting citizens against eavesdropping.”

**Violence in the Home**

Unfortunately, individuals living with an ASD are not immune to violence within their own home. Very recently, an autistic teenager was killed, allegedly by his mother and his caregiver. The victim, Alex Spourdalakis, was found dead in his bed inside a second-floor apartment which he shared with his mother. It is alleged that the two women had grown frustrated with the teen, who required around-the-clock care, and had originally plotted to kill him using sleeping pills. Failing to kill the teen with the pills, the victim’s mother allegedly stabbed him four times in the chest before slitting his wrists, while the caregiver, who was also the victim’s godmother, allegedly killed the family cat. The two women were

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188 Id. at *12.
189 See People v. Clark, 855 N.Y.S.2d 809, 813 (App. Term 2d Dep’t 2008) (mem.); see also id. at 814 (Patterson, J., dissenting) (“[T]he issue of whether a parent can consent to such recording on behalf of a child is one of first impression . . . .”).
190 Id. at 811 (majority opinion).
191 Id. at 813; N.Y. MENTAL HYG. LAW §1.03(3), (22)(a)(1) (McKinney 2013).
193 Id.
194 Id.
195 Id.
also found in the apartment and were reportedly lying in a semiconscious state after taking sleeping pills in an attempt to take their own lives. Both have been charged with first-degree murder in the stabbing death.

IX. OTHER MATTERS OF NOTE

In light of the scientific progress and increased social understanding of ASD, courts and autism awareness societies have come to recognize how legal matters affect those individuals living with ASD. Notably, there has been a progressive shift in the legal system towards understanding the nature and complexity of ASD.

Uncaring Trustees

A New York surrogate’s court recently heard a case involving a severely disabled, vulnerable ASD teenager named Mark, who was the beneficiary of a multimillion dollar trust. Mark suffered from autistic disorder and required constant supervision. Mark was nonverbal and engaged in numerous repetitive behaviors, “including spitting, throwing objects and hitting his head.” Due to the severity of Mark’s ASD, his mother, Marie, after being informed she had terminal cancer, placed Mark in an institution and set up a trust in his name so that he would always be taken care of. After Marie’s death, H.J.P. (Marie’s attorney) and J.P. Morgan Chase Bank were designated co-trustees of Mark’s trust. H.J.P. knew Marie and Mark well, and was aware of Mark’s serious condition. Yet, H.J.P. failed to visit Mark, inquire about his needs, or apply any of the trust income towards improving his condition.

196 Id.
197 Id.
199 See id. at 512–14, 520, 521–23.
201 See id. at 860.
202 Id. (internal quotation marks omitted).
203 Id. at 857–58.
204 Id. at 858.
205 See id. at 861.
206 Id.
Nevertheless, both trustees took commissions from the trust. 207  
After H.J.P. further attempted to be appointed as Mark’s guardian, Mental Health Services brought an action, on behalf of Mark, against the co-trustees for breach of fiduciary duty. 208 The court found that because the co-trustees were aware of the beneficiary’s incapacity and allowed him to languish for years, despite his abundant assets, the co-trustees had breached their fiduciary duty to Mark. 209 The co-trustees were subjected to a denial or reduction in commissions, among other remedies available for such a breach, pending the completion of an accounting. 210

**Discharging Student Loans**

In 2012, a Maryland Bankruptcy Court dismissed a sixty-three-year-old woman’s $320,000 plus school debt, after hearing testimony of her life as an adult woman living alone with Asperger’s Syndrome. 211 The Chapter 7 debtor, Ms. Todd, commenced an adversary proceeding seeking a determination that she was entitled to an “undue hardship” discharge of her student loan debt. 212 The court determined that Ms. Todd had satisfied the Brunner test, establishing “undue hardship” by a showing that her (1) “minimal standard of living” was not enough to pay back her debt, and (2) that her hardship, due to her Asperger’s Syndrome, was sufficient to establish “additional circumstances.” 213 The court noted that even though Ms. Todd had never attempted to make any payments on the loan, she was not prevented from (3) satisfying the “good faith” requirement or obtaining an “undue hardship” discharge of any of the loans. 214 Ms. Todd had testified that, in spite of her condition, she would spend her days researching and calling local charities and churches for work so that she could maintain her minimal standard of living. 215 Her monthly expenses totaled just under $2,000, with her rent constituting half of the total. 216

207 Id. at 860.
208 Id.
209 Id. at 866, 868.
210 Id. at 868.
212 Id. at 679, 687.
213 Id. at 686–87, 688, 692 (quoting Brunner v. N.Y. State Higher Educ. Servs. Corp. 831 F.2d 395, 396 (2d Cir. 1987)).
215 Id. at 681.
216 See id. at 683.
court found that it was possible that Ms. Todd was a fully functional and bright student, but could not maintain employment because of her Asperger’s Syndrome; the court called this dichotomy “the mystery that is Autism.”

ASD Under the New Diagnostic Criteria (DSM 5)

The publication of the fifth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-5) in May 2013 has proven to be a source of debate in the ASD community in that there is concern that it will have an impact on how ASDs are classified. In the DSM-5, Asperger syndrome and “Pervasive Developmental Disorder—Not Otherwise Specified” or “PDD-NOS”, will disappear merging these “high functioning” ASDs into the streamlined New Autism Spectrum Disorder.

The new Autism Spectrum Disorder includes three “functional levels,” which are defined under the new criteria based on “need for support.” The DSM-5 applies to those who are being newly diagnosed or reevaluated. Those with a preexisting autism spectrum diagnosis, including a diagnosis of Asperger’s syndrome or PDD-NOS, need not be re-evaluated as their existing diagnoses should simply be re-coded under the new Autism Spectrum. Unlike the DSM-IV, which provided multiple medical codes, the new Autism Spectrum Disorder carries a single medical code.

While the DSM is not a legal authority, it is a widely regarded guide and has been noted, in its fourth version, in decisions relating to ASDs across the nation. It remains to be seen what impact, if

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217 Id. at 690.
218 Dickerson & Cohen, supra note 47.
219 See DSM-5, supra note 19, § 299.0 tbl.2 (explaining the spectrum levels based on social communication and restricted or repetitive behaviors).
220 Id. § 299.0.
221 Id.
222 Compare id. at 50–51 (giving one code for autistic disorder, Asperger’s disorder, and pervasive developmental disorder), with DSM-IV, supra note 22, §§ 299.0, 299.8 (having separate codes for autistic disorder, Asperger’s disorder, and pervasive developmental disorder). Medical codes are used, inter alia, to group and identify diseases, disorders, and symptoms, describe diagnoses and treatments, determine costs and reimbursements, and relate one disease or drug to another and are developed by the American Medical Association. See DSM-5, supra note 19, at 23. In practice, medical coding is primarily used to file healthcare claims with third party insurers. See id.
any, the new classification will have on how these individuals with high-functioning ASDs receive services, insurance coverage, and are perceived within the courtroom.

X. NEW RESOURCES

New resources for those affected by ASDs, as well as legal professionals, arise frequently. On June 4, 2013, Autism Speaks, an autism advocacy and science organization, announced that it formed the Autism Speaks Legal Resource Center (ASLRC) to help develop and protect the legal rights of people with autism. The ASLRC “may provide logistic support, coordination, legal advice and analysis, training and policy analysis, co-counseling in strategic cases and amicus (friend of the court) briefing.” The Elizabeth Birt Center for Autism Law and Advocacy states that its purpose “is to educate lawyers, advocates and parents about the legal challenges of autism” and “provides training, resources and a forum within which to advance legal and advocacy strategies to improve the lives of those with autism.” Wrightslaw is noted by many as an invaluable resource of special education law information.

XI. CONCLUSION

Due to the exponential increase in ASD diagnoses, it is without question that we can expect to see a rise in ASD related controversies within, and which directly affect, our legal system. Our society, and in particular our laws, seems willing to accommodate this growing population of affected individuals. Our review is by no means complete as new findings, studies, cases, and legislation touching on these issues now arise frequently. The ever-changing landscape of ASDs and the law requires a dedicated


225 Autism Speaks Announces Launch of Legal Resource Center, supra note 224.

226 Id.

227 See About: Our Mission, supra note 224.

periodic analysis and review to keep abreast of the issues that affect the ASD individual, their families, and our society as a whole.