Confabulation and the Criminal Justice and Mental Health Systems: An Introduction to a Complex Topic

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Abstract

Confabulation occurs when an individual inaccurately recounts memories or events that are untrue or chronologically out of sequence but does so without the intent to deceive. The source of this behavior is often misunderstood, associated with a broad range of disorders, and continues to be problematic for criminal justice professionals and mental health professionals alike. It is important to establish a better understanding of the topic of confabulation to implement appropriate and necessary interventions for clients. This article provides an overview of the types of confabulation that can occur as well as relevant information and suggestions for how professionals can handle them.

Introduction

Confabulation is a puzzling, multifaceted phenomenon where individuals fill in gaps in their memory with accounts and statements that are untrue or chronologically out of sequence. This presentation of erroneous information is dissimilar to lying, as there is no intent to deceive others. False memories that are characteristic of confabulation can have major implications for the criminal justice and mental health systems. However, very few criminal justice and mental health professionals have received the appropriate education and training to be able to identify and effectively work with individuals who confabulate.
Confabulation is particularly difficult to understand because it has multiple definitions, a variety of expressions, an uncertain etiology, and is an unfamiliar or confusing topic to many professionals. While confabulation can occur in individuals with no identified cognitive or psychiatric disorder, it often has an association with a wide range of neurocognitive and psychiatric disorders, including schizophrenia, Korsakoff syndrome, fetal alcohol spectrum disorder, and frontotemporal dementia and Alzheimer’s disease.

Types of Confabulation

Two of the most common types of confabulation found in literature include spontaneous and provoked confabulations. Spontaneous confabulations are unprompted and seem to be involuntary. They are relatively rare, as they mainly manifest in cases of dementia and may be the result of an interaction between frontal lobe pathology and organic amnesia. Provoked confabulations occur in response to a prompt and represent a normal response to a faulty memory, are common in both amnesia and dementia, and can become apparent during memory tests.

Confabulation and the Criminal Justice System

An individual exhibiting confabulation may produce false or inaccurate witness accounts that could lead to wrongful prosecution. This can also result in false confessions and untrue or incomplete alibis that may lead to wrongful incarceration. Additionally, confabulation may interfere with the defendant’s ability to assist counsel with his or her defense, or possibly render the defendant incompetent to stand trial. In many cases, confabulation can contribute to continued involvement in the criminal justice system.

Confabulation and the Mental Health System

When someone confabulates within the context of a mental health setting, it is likely that the mental health professional will not recognize its occurrence. As such, the information collected from the patient may result in an inappropriate and incorrect diagnosis. Moreover, this inaccurate information may also result in the development of an ineffective treatment plan and a failure to reach treatment goals.

Intervention Considerations

When working with clients who confabulate, professionals should avoid confrontation, make use of a memory diary, use memory-monitoring strategies, promote positive reinforcement, and utilize self-monitoring training. It is also vital to look at and treat all associated symptoms. Professionals must remain patient when interviewing individuals who confabulate. Always remember to allow extra processing time, avoid overwhelming the individual, be tolerable of long pauses and silence, and ask open-ended questions so as to avoid influencing or changing the memory. Patients may also benefit from consistent encouragement. Throughout the process, check for comprehension, keep things simple and non-confrontational, use developmentally appropriate language, and reassure clients that it is acceptable not to know the answer. If clients become frustrated, attempt to reduce their stress and remind yourself to remain calm and patient.

It is crucial to validate reported information when working with individuals who are potentially at risk for confabulation. Collateral informers and records that sanction or invalidate self-report accounts should be pursued. These can help increase the precision of assessments and the appropriateness of interventions. Confabulation is not intentional, and by conveying this understanding to the client, a
A healthy working rapport can be established. Lastly, a neuropsychological evaluation may be necessary to identify confabulation.

**Conclusion**

Clients who confabulate present significant troubles for the justice system and can complicate appropriate mental health diagnoses due to their providing of false information. While it may be difficult to detect, professionals must take notice of the signs and symptoms of confabulation by familiarizing themselves with the literature. In doing so, appropriate intervention strategies can be applied, increasing the likelihood of treatment success.

**Biographies**

**Jerrod Brown, M.A., M.S., M.S., M.S.**, is the Treatment Director for Pathways Counseling Center, Inc. Pathways provides programs and services benefiting individuals impacted by mental illness and addictions. Jerrod is also the founder and CEO of the American Institute for the Advancement of Forensic Studies (AIAFS), and the Editor-in-Chief of Forensic Scholars Today (FST) and the Journal of Special Populations (JSP). Jerrod holds graduate certificates in Autism Spectrum Disorder (ASD), Other Health Disabilities (OHD), and Traumatic-Brain Injuries (TBI). Jerrod is certified as a Youth Firesetter Prevention/Intervention Specialist, Thinking for a Change (T4C) Facilitator, Fetal Alcohol Spectrum Disorders (FASD) Trainer, and a Problem Gambling Treatment Provider. Jerrod is currently in the dissertation phase of his doctorate degree program in psychology.

**Robert Biehn** is a graduate student currently pursuing a master’s degree in Forensic Mental Health. Robert is a seasoned correctional professional with 25 years of experience working with a variety of community corrections programs.

**Deb Huntley, Ph.D.,** teaches undergraduate psychology in the Social and Behavioral Sciences department at Concordia University, St. Paul. She earned her Ph.D. in Clinical Psychology from the University of Houston, with a concentration in Child and Family Psychology. She is currently a member of the editorial review board for The Family Journal, Forensic Scholars Today, and the Journal of Special Populations.

**Cameron R. Wiley** is a fourth-year undergraduate student attending Ohio State University and pursuing a Bachelor of Science in Psychology with a minor in Neuroscience. Cameron has an expected graduation date of December 2016. As an active member of campus, Cameron is an Undergraduate Research Assistant in the Emotions and Quantitative Psychophysiology lab of the Department of Psychology, a Certified Personal Trainer in the Department of Recreational Sports, and an Office of Diversity and Inclusion Scholar. He is employed as a Lab Support Associate at Nationwide Children’s Hospital. Cameron intends to pursue a Ph.D. in Clinical Psychology to continue with his current research and ultimately become a Neuropsychologist.

**Jeffrey Riley, B.A.,** graduated from the St. Olaf College Psychology program in 2016 with concentrations in Neuroscience and Linguistics. Following graduation, Jeff will be employed with Minnesota Adult and Teen Challenge as a Life Renewal Coach, as well as volunteering in Hennepin County Medical Center in the Traumatic Brain Injury lab. Future goals include pursuing a Ph.D. in Cognitive Psychology with the intention to research effective interventions for addiction and trauma.

**Janina Cich, M.A.,** is a retired law enforcement officer with two decades of criminal justice experience. She is an Adjunct Criminal Justice and Forensic Mental Health Professor and Lecturer, and Chief Operating Officer of the American Institute for the Advancement of Forensic Studies (AIAFS).