Confabulation and Suggestibility: Clinical, Forensic, and Judicial Considerations

Presenter:
Jerrod Brown, MA, MS, MS
Treatment Director for Pathways Counseling Center, Inc.

Presenter’s Biography
Jerrod Brown, MA, MS, MS, 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). 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. Email address: Jerrod01234Brown@live.com

Training Objectives
• Review key research findings, statistics, and concepts associated with confabulation and suggestibility
• Acquire a basic understanding of confabulation and suggestibility within clinical, forensic, and judicial settings
• Comprehend and differentiate the concepts of confabulation and suggestibility
• Learn about the challenges that confabulation and suggestibility can present for clinical and forensic professionals
• Gain a basic knowledge of the Gudjonsson Suggestibility Scales (GSS)
• Become familiar with the topic of interrogative suggestibility and confabulation within interrogation settings
• Explore the controversies and misconceptions associated with confabulation and suggestibility

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Agenda
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- Confabulation: Introduction and Overview
- Criminal Justice and Forensic Considerations
- Special Topics of Discussion
- Special Populations
- Screening Considerations
- Intervention Considerations

Suggestibility
- Suggestibility: Introduction and Overview
- Suggestibility in Children
- Interrogative Suggestibility and False Confessions
- Special Topics of Discussion
- Special Populations
- Screening Considerations
- Supplemental Resources

My Experience
• Attachment-Related Disorders
• Autism Spectrum Disorder (ASD)
• Criminal Justice-Involved Populations
• Fetal Alcohol Spectrum Disorder (FASD)
• Learning Disorders
• Personality Disorders
• Serious and Persistent Mental Illness (SPMI)
• Substance Abuse Disorders
• Sleep Disorders
• Traumatic Brain Injury (TBI)
• Trauma-Related Disorders
Confabulation

**Defining Confabulation**

“Confabulation, the pathological production of false memories, occurs following a variety of aetiologies involving the frontal lobes, and is frequently held to be underpinned by combined memory and executive deficits.”

Turner, Cipolotti, Pouwery, & Shallice, 2006, pg. 467

Confabulation

Confabulation is the communication of falsely constructed answers and information by an individual recounting something he or she genuinely believes to be the truth [Anastasi, 2006]

Confabulation is the act of honestly lying, providing information based on inaccurate memories whether those memories were provoked by questions or arose spontaneously [Moscovitch, 1989]

Found in Brown et al., 2015

**Interesting Consideration**

“Confabulators dispense worthless claims sincerely, while seeming not to care that they are disbelieved. Their claims seem valuable to them, but they are actually worthless because they were generated by malfunctioning brain processes”

Hirstein, 2009, pg. 12

Confabulation

Explaining Confabulation

“Confabulation may range from slight deviations in a narrative to narratives that have no factual basis” [Brown et al., 2015, pg. 1]

“The mechanisms and underpinnings associated with confabulation are believed to be multifaceted and complex” [Smith & Gudjonsson, 1996]

“What is known is that in some instances, individuals who confabulate show no signs of impairment and can present as logical and coherent” [Moscovitch, 1989]

Found in Brown et al., 2015, pg. 1

Confabulation-My Personal Thoughts

• Complex
• Confusing
• Few criminal justice and forensic professionals understand this topic
• Major implications for the criminal justice and mental health systems
• Many misconceptions
• Many gaps in the literature
• Most likely higher among criminal justice involved populations compared to the general population (Research is needed to examine this claim)
Various Types and Terms of Confabulation Found in the Literature

- Acute Confabulatory Psychosis
- Amnesic Confabulatory Behavior
- Behaviorally Spontaneous Confabulations
- Bizarre and Plausible Confabulations
- Chronological Confabulation
- Classic Compensatory Confabulations
- Confabulatory Euphoria
- Confabulatory Paraphrenia
- Confabulations of Violence
- Delusional Confabulation
- Embarrassment Confabulations
- Exotic Story Telling
- Forced confabulation
- Habits Confabulations (HCs)
- Introspective Confabulations
- Memory-Related Confabulation
- Momentary Confabulations
- Out of Embarrassment Confabulations
- Pathological Confabulation
- Perceptual Confabulations
- Productive Confabulations
- Progressive Confabulosis
- Provoked Confabulation
- Pseudologia Fantastica
- Recollective Confabulation (RC)
- Schizophrenic Confabulations
- Self-Enhancing Confabulation
- Semantically Anomalous Confabulations
- Simple Confabulations
- Spontaneous Confabulation
- Transient Confabulations
- Visual Confabulation

Difficulties with Defining Confabulation

How do we define confabulation?
- Condition
- Deficit
- Disorder
- Distortion
- Error
- Impairment
- Memory Phenomena
- Syndrome
- Symptom

Possible Causes for Confabulation Found in the Literature

Biological, emotional, environmental, personal, and social factors
- Impaired memory function
- Executive functioning deficits
- Frontal lobe damage
- Various cognitive impairments
- Reality monitoring/Source monitoring failures
- Autobiographical memory deficits
- Preserve a sense of self-identity and self-esteem
- Confusion
- Memory distrust
- Provoked through high stress interviews
- Among others

How does Confabulation Possibly Present?
- Absurd stories
- Believable
- Bizarre
- Confident
- Confusing
- Coherent
- Delusional
- Detailed
- Disorganized
- Erroneous Stories
- Error
- Fragments of true memories

Possible Populations Possibly Prone to Confabulate
- Alzheimer’s
- Anton-Babinski’s syndrome (unawareness of blindness)
- Aphasia (communication disorder can impact speaking, listening, reading, and writing)
- Binswanger’s Encephalopathy
- Bipolar Disorder
- Brain Tumors
- Cerebral Disconnection Syndromes
- Central Nervous System (CNS) infections
- Damage to Frontal lobe regions
- Dementia
- Dorsolateral Prefrontal Lesions
- Encephalitis
- Fetal Alcohol Spectrum Disorder (FASD)
- Focal Frontal or Limbic Lesions
- Frontal Tumors
- Frontotemporal Dementia (FTD)
- Herpes Simplex Encephalitis
- Mild Learning Disabilities
- Nicotinic Acid Deficiency
- Hypnosis
- Korsakoff’s Syndrome
- Medial Temporal (hippocampal) Lesions
- Multiple Sclerosis
- Posterior Communicating Artery Aneurysms
- Psychotic Disorders
- Ruptured ACoA aneurysms
- Schizophrenia
- Split-Brain Operation
- Subarachnoid Hemorrhage
- Traumatic Brain Injury (TBI)
- Variant Frontotemporal Dementia (bvFTD)
- Wernicke-Korsakoff’s Syndrome (WKS)
- Fairy-tales
- Implausible Stories
- Long-term-less common
- Misattribute their Whereabouts
- Normal
- Out of Embarrassment
- Short-term-more common
- Subtle Distortions
- Unbelievable
- Unwitting Embellishments
### Confabulation: Overlapping Terminology

- Clouded Consciousness
- Delusional memories
- Disordered Recognition Memory
- Disrupted Editing of Memory Traces
- Distorted Memories
- Distortions of memories
- Dysfunctional Memory Processing
- Dysfunctions of Consciousness
- Embellishments or elaborations
- Erroneous Memories
- Executive Retrieval Dysfunction
- Exotic Story Telling
- Fabricated Memories
- False Memories
- False Memory Recognition
- False Narrative
- falsification of Memory
- Faulty encoding
- Faulty Memory
- Faulty Strategic Search
- Honest Lying
- Imagination Inflation
- Impaired Attentional Control of Working Memory
- Impaired Memory Retrieval Mechanisms
- Impaired Temporality Monitoring
- Impairment in response criterion adjustment based on metacognitive feedback
- Inappropriate Memories
- Intrinsic Memory Phenomenon
- Intrusion Errors
- Invented Memories
- Irrelevant Speech
- Low Memory Self-Awareness
- Memory Defect
- Memory Distortions
- Memory Errors
- Memory Fabrications
- Memory Falsehoods
- Memory Illusions
- Memory Retrieval Deficits
- Misplaced Memories
- Pathological Forms of Forgetting
- Pathological Memory Distortion
- Personal Memory Failures
- Profound Disorganization of Memories
- Self-Serving Memory Distortion
- Strategic Retrieval Processing Deficits

### Important Topics to be Aware of

- DRM Paradigm
- Misinformation Paradigm
- Psychological Vulnerabilities
- Source Memory
- Source-Monitoring Error
- Autobiographical Memory Deficits

### What about False Memories?

- DRM Paradigm
- Misinformation Paradigm
- Psychological Vulnerabilities
- Source Memory
- Source-Monitoring Error
- Autobiographical Memory Deficits

### Spontaneous Confabulation-An Example

Coltheart and Turner (2009) note that spontaneous confabulations occur without any request for information and may even be delusional.

A client walked to a window, looked out at the street and buildings below, and then stated that, "my boat has been stolen."
Provoked confabulation can occur when individuals are asked for simple “yes” or “no” responses, to point to a picture (“Do you see a photo of the man who robbed you?”), or to create a drawing.

An example of a provoked confabulation might be when an employee states that he had been at a business meeting in response to a question about what he did during the morning.

Huntley & Brown, 2016

Possible Mechanisms Underlying Confabulation

- Basal Forebrain Lesions
- Cognitive Control Failures
- Dysfunction of Strategic Retrieval Processes
- Faulty Strategic Search
- Frontal Lobe Dysfunction
- Impaired Cue-Retrieval
- Memory Loss
- Neurocognitive Disorders
- Orbitofrontal Cortex Lesions
- Prefrontal Cortex Damage
- Poor Executive Functioning
- Reality Monitoring Deficits
- Self-Enhancing Biases
- Self-Monitoring Deficits
- Temporal Confusion


Please Consider

“The brain damage that causes confabulation can turn rock-solid providers of information into people little more reliable than pathological liars.”

Hirstein, 2009, pg. 1

Confabulation-An Important Reminder

- Verbally-Based
- Behaviorally-Based

Criminal Justice and Forensic Considerations

“Confabulation may lead to convincing false confessions because the confabulator believes that they are telling the truth and will show no outward sign of lying.”

Found in Brown et al., 2015, pg. 3
Confabulation: Considerations for the Criminal Justice System

- May contribute to false/inaccurate witness accounts that could lead to wrongful prosecution
- May contribute to false confessions and false/incomplete alibis
- May contribute to wrongful incarceration
- May contribute to ongoing involvement in the criminal justice system
- May interfere with the defendant’s ability to assist counsel with his/her defense, or possibly render the defendant incompetent to stand trial

Brown et al., 2015

Confabulation within the Context of Interrogation

“Within the context of interrogation, Gudjonsson (2003a) defines confabulation as “problems in memory processing where people replace gaps in their memory with imaginary experiences that they believe to be true” (p. 364). The confabulations in cases of false confessions typically do not arise in the context of neurological disease, but are due to subtle psychological processes in situations of high emotional intensity.”

Gudjonsson, Sigurdsson, Sigurdardottir, Steinthorsson, & Sigurdardottir, 2014; found Gudjonsson, 2016

Confabulation and Reliability of Testimony

“The tendency of some people to confabulate extensively when reporting an event they allegedly saw or heard is relevant to the reliability of testimony given by suspects, victims, and witnesses.”

Gudjonsson & Clare, 1995, pg. 333

Confabulation and False Confessions

“The suspect may convert the simple admission into a fully detailed confession in which confabulations of memory originate from his or her exposure to secondhand sources of information (e.g., leading questions, overheard conversations, crime scene photos, and visits to the crime scene), often facilitated by variousimaginational exercises (e.g., “Think hard about how you would have done it.”)”

Kassin, 2007, pg. 176

Confabulation and Malingering

“Confabulation differs from malingering, in that malingering is purposeful deviation from the truth with a desired outcome to achieve secondary gain” (Vallejo, Johnson, Hogan, Newmark, Miller, & Gabel, 2000)

Confabulators are not aware of which elements of their remembered stories are real and which have been unconsciously inserted (Brown et al., 2015)

Brown et al., 2015, pg. 3

Confabulation within Correctional Settings

Little is known about the impact confabulation has on forensic mental health settings (Smith & Gudjonsson, 1995), including correctional facilities

When an inmate is confabulating it may appear to correctional professional that they are being intentionally deceitful

The presence of confabulation should alert correctional professionals to the possibility that they may be interacting with an individual who is cognitively impaired and/or vulnerable

Individuals with a Traumatic Brain Injury (TBI) may be more likely to confabulate due to memory deficits and distortions of reality caused by damage to the brain

Found in Brown et al., 2015, pg. 3
A Suggested Resource


Screening Considerations

Possibly include the following:
• Executive Functioning Deficits
• Language Disorders
• Learning Disorders
• Memory Disorders
• Neurocognitive Disorders

What about sleep and trauma-related disorders?

Suggestions for Clinical and Forensic Professionals

• Review multiple data sources (e.g., multiple accounts, review records, etc.) to confirm accounts provided by clients with a history of confabulation
• May require additional testing and possible referral for neurological or psychological testing
• Appropriately document in the individual’s case file when confabulation is suspected
• Implement fact-checking procedures to clarify and verify statements made by individuals with a history of confabulation
• Create opportunities to better understand the unique behavioral and developmental characteristics of individuals with a history of confabulation

Adapted from Brown et al., 2015

Clinical and Forensic Considerations

• A misunderstanding of confabulation can lead to inappropriate counter-transference on the part of clinical staff (Chlebowski, Chung, Alao, & Pies, 2009)
• Within the context of clinical settings, clinician’s should take into account confabulation when determining the accuracy of a client’s diagnoses
• Confabulation can result in an unreliable self-report, thus complicating the diagnostic assessment process
• Clinical decision-making may be compromised when an individual consistently confabulates
• Clinicians must pay close attention to discrepancies in an individual’s narrative that are inconsistent and/or illogical

Smith & Gudjonsson, 1993; found in Brown et al., 2015

Adapted from Brown et al., 2015
Clinical and Forensic Considerations

- Clinicians are also encouraged to review collateral sources of information, when possible, from familial and non-familial individuals familiar with the individual’s prior daily living routine and functioning.

- Clinicians should review records for behavioral patterns that may indicate a history of confabulation.

- Obtain accurate and verifiable information throughout the assessment and treatment process is also strongly suggested; keeping in mind that confabulation may negatively impact overall treatment outcomes.

DeLuca, 1992; DeLuca & Zucker, 1996; found in Brown et al., 2015

Neurological Immaturity

“Neurological immaturity is likely responsible for the fact that some young children also produce fantastic narratives during interviews.”

Schacter, Kagan, & Leichtman, 1995; found in Pozzo & Dickinson, 2014, pg. 403

Delusions vs. Confabulation

Delusional behavior is described as inaccurate and/or false beliefs held by an individual that are most likely illogical or erroneous in nature (Rosenlic, Paydar, & Hinchcliff, 2008).

Determining the difference between confabulation and delusional beliefs should involve third-party information (e.g., examining the individual’s belief system, length of time that the delusion(s) is present, and corroboration by others who know the individual’s history) (Brown et al., 2015).

Professionals should also attempt to make a determination regarding the validity of the delusional beliefs (Brown et al., 2015).

Social Media and Confabulation

Inspirations for confabulation can be drawn from social media.

Interesting Consideration

“Hirstein (2005) argues that confabulations, delusions, and the false memories of healthy individuals can be defined along a continuum of self-deception.”

Found in Fotopoulou, 2010
Confabulation vs. Lying

Discriminating between behaviors associated with lying and confabulation can be extremely challenging (Glowinski, Payman, & Frencham, 2008).

Lying involves deceitful intent, whereas confabulation is conducted without the conscious intent to deceive.

When attempting to identify if an individual is confabulating or overtly lying, clinicians should assess whether there is a secondary gain associated with the statement.

Although not a litmus test, assessing secondary gains associated with individual statements may provide some level of validity (found in Brown et al., 2015, pg. 2).

Special Populations

Mild Learning Disabilities

“People with mild learning disabilities tend to confabulate more”

Clare & Gudjonsson, 1993 found in Smith & Gudjonsson, 1995, pg. 517


FASD and Confabulation

“Memory impairment stemming from hippocampus damage and impaired frontal lobe functioning is a common deficit in FASD, causing free recall difficulties accompanied by intrusions and confabulation”


Other Special Populations

• Schizophrenia
• Traumatic-Brain Injury (TBI)
• Wernicke-Korsakoff Syndrome (WKS)

Schizophrenia Resource

Confabulation and WKS Resource


Another Helpful Resource


Screening Considerations

Confabulation Assessment Instruments

• Dalla Barba Confabulation Battery (DBCB; Dalla Barba, 1993)
• Provoked Confabulation Test (PCT; Cooper et al., 2006)
• The Nijmegen-Venray Confabulation List (NVCL-20; Rensen et al., 2015)
• Pacific Assessment of Confabulation (PAC)
• The Sacramento Assessment of Confabulation (SAC)

The Nijmegen-Venray Confabulation List (NVCL-20)


Intervention Considerations
What I Have Found to Work in Some Cases

- Avoid Confrontation
- Diary
- Memory Monitoring
- Positive Reinforcement
- Self-Monitoring Training
- Treat associated Symptoms

Intervention Considerations

- Burgess & McNeill, 1999; Davo & van den Broek, 2001; Funayama & Mimura, 2008; Glowinski, Payman, & Frencham, 2008; Schnider, 2001

How To Address Confabulation When It Occurs

- Corroborate important information when working with individuals who are potentially at risk for confabulation
- Seek out collateral informants and records to confirm or disprove self-report accounts -(may increase the accuracy of assessment and appropriateness of interventions)
- Understand that confabulation is not intentional -(will definitely be helpful in establishing a working rapport)
- Referral for a neuropsychological evaluation

Interventions-Continued

“In so much as confabulating patients suffer from some of the cognitive deficits, namely amnesia, executive dysfunction, source monitoring impairments, and strategic retrieval deficits, the management and rehabilitation of confabulation can focus on improving these cognitive abilities and related functional goals

Fotopoulou, 2008

Kotapolaki, 2008

How To Address Confabulation When It Occurs

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Mertz & Brown, 2015

Book Resources

Suggestibility
Importance of Studying this Topic

“Suggestibility is a fascinating and important aspect of human behavior. A full understanding of its causes and relationships with social, cognitive and individual difference variables is of considerable theoretical and applied interest. It is particularly important that the practitioners in legal contexts are aware of its potentially insidious effects.”

Ridley, Gabbert, & La Rooy, 2013 Pg. 228; in Ridley, Gabbert, & La Rooy, 2013

Defining Suggestibility

Suggestibility can be defined as an individual’s vulnerability to adopt someone else’s views.

For example, in response to another individual’s suggestion (i.e., hint, clue, question, or statement) an individual can be convinced of events unfolding differently or the occurrence of events that never happened.

Suggestibility involves the acceptance of information as truth.

Cole and Loftus, 1987; Gudjonsson, 2000; Sharman & Powell, 2012; found in Brown et al., in press

Suggestibility

- Interrogative pressure (Interrogative Suggestibility)
- Misleading questions
- False confessions
- Easily guided
- Confabulation
- Memory recall deficits
- Memory confidence
- Blame taking
- Over-endorsement
- Distorted responses
- Admitting to greater involvement
- Desire to please others
- Clinical considerations

Gudjonsson, 2003; found in Brown et al., in press

Suggestibility-Continued

- Complex/advanced vocabulary questioning
- Executive functioning
- Misleading questions
- IQ
- Anxiety/Stress
- Unfamiliar demands
- Self-esteem
- Memory distrust
- Impaired narrative abilities
- Free-recall/Open-ended prompts
- Manipulation on part of the interviewer
- Contradictory misinformation

Immediate Suggestibility

Delayed Suggestibility

Compliance

Compliance is where an individual outwardly agrees with information from another source, but does not internally accept the information as fact.

Suggestibility involves the acceptance of information as truth.

Gudjonsson, 2000; found in Brown et al., in press
Context

The context of an interview may also play an important role in increasing the likelihood of suggestibility.

Contexts could include the interviewer’s statements, actions, and tone prior to and during the interview.

Suggestive questions and contexts can create an interviewer bias that threatens the validity of information procured during the interview.

[Suggestibility in Children]

Research has established that individual differences can play an important role in increasing the likelihood of suggestibility in children.

**Cognitive Factors:**
- Intelligence
- Theory of Mind (ToM)
- Executive function

**Social Characteristics:**
- Shyness
- Avoidance coping style
- Deficits in psychosocial maturity such as responsibility and temperance

[Suggestibility in Children]

Strategies that rely on coerciveness are particularly problematic for children. This could include the use of the following:

- Questioning in a repetitious and leading manner
- Employing false or misleading evidence
- Falsely assuring the interviewee that the crime or its consequences are not serious

These strategies contribute to suggestibility because children:
- Tend to be eager to please and trust people in a position of authority
- May be driven to protect their peers
- May have the urge to say anything to escape the interrogation setting as soon as possible

[Suggestibility in Children]

Other Variables to Consider

- Lower IQ scores (McNeel, Clare, & Bull, 2002)
- High Trait Anxiety (neuroticism) (Gudjonsson, 1981)
- Negative Life Events (Bull, 2001; Bull, & Boon, 2008)
- Assertiveness (Gudjonsson, 1988a)
- Anger and Suspiciousness (Gudjonsson, 1992a)
- Avoidance Coping Strategies (Gudjonsson, 1994a)
- Self-Esteem (Gudjonsson & Singh, 1990; Singh & Gudjonsson, 1994)

Personal and affect measures associated with interrogative suggestibility are in need of further scrutiny.

[Suggestibility in Children]

Interrogative Suggestibility and False Confessions

Research has established that interrogative suggestibility and false confessions are problematic for children. This could include the use of the following strategies:

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[Suggestibility in Children]
Suggestibility in the Forensic Context

“...the extent to which, within a closed social interaction, people come to accept messages communicated during formal questioning, as the result of which their subsequent behavioral response is affected”

Gudjonsson & Clark, 1986, p. 84

Gudjonsson–Clark Theoretical Model of Interrogative Suggestibility

“The theoretical model of interrogative suggestibility conceives suggestibility as a dynamic and situational process”

Pires, Silva, & Ferreira, 2014, pg. 290

Gudjonsson–Clark Theoretical Model of Interrogative Suggestibility

Gudjonsson and Clark’s (1986) model proposes that interrogative suggestibility is more likely to occur in individuals who experience:

(a) A greater sense of uncertainty about the subject matter

(b) Stronger interpersonal trust with the interrogator

(c) An increase in one’s expectations that he or she should know the “correct” answer to the questions being asked

Found in Watts & Brown, 2016

Memory Distrust Syndrome

“This syndrome can be defined as ‘a condition where people develop profound distrust of their memory recollections, as a result of which they are particularly susceptible to relying on external cues and suggestions’


Memory Distrust Syndrome, Confabulation and False Confessions


Memory Distrust—Another Resource

Witness Testimony and Suggestibility

Eyewitness testimony plays an integral role in the legal systems of most Western nations (Levy-Gigi & Vakil, 2014; Pires, Silva, & Ferreira, 2014)

Eyewitness testimony is fallible and can result in wrongful convictions (Cutler & Penrod, 1995; Wells & Olson, 2003).

Eyewitness suggestibility occurs when an eyewitness is exposed to misinformation about an event that they witnessed, and then the eyewitness incorporates this misinformation into their memory of the event (Chan, Thomas, & Bulevich, 2009).

False Confessions and Suggestibility

One characteristic often observed among individuals who have falsely confessed is a limited understanding of legal rights (Marris et al., 2006, Redlich et al., 2006; Richardson et al., 1995)

Special Topics of Discussion

Adverse Life Events

- Increased vulnerability to certain types of questions and questioning approaches
- Insecure attachment
- Self-esteem
- Increased risk to feel uncertain
- Ineffective coping strategies
- Maybe more sensitive to negative feedback
- May rely more on the interviewer as to how to answer the question

Adverse Life Events-A Few References


Self-Esteem and Interrogative Suggestibility

Alcohol

“Nash and Takarangi (2011) found in their survey among individuals with blackout experiences that they often tend to rely on less credible resources to fill in the gaps. Consequently, being exposed to inaccurate information (e.g. in a suggestive interview, or by co-witnesses or other external sources) could more easily make people with blackouts believe in and remember experiences that never occurred.”

Memory Conformity

- Influenced by another person’s account, explanation, or report of the same experience
- Social influences
- Post-event discussion- post- - Post-event memory distortion
- Source Monitoring Error
- Incorrect source attributing
- Resulting in memory altercation (partially untrue to completely untrue)
- False memories
- Variables to consider— Age, confidence levels, social anxiety, relationship to other members in the group

Memory Conformity-Peer Reviewed Resource


Coping Strategies and Situation Variables

“According to Gudjonsson and Clark (1986) whether or not individuals are suggestible depends on their coping strategies during interview.

**Situational Variables**
- Uncertainty about the correct answer
- Trust in the interviewer
- Expectation of success

These may be manipulated by interviewers through negative or positive feedback or through the repetition of questions”

Problem-Focused vs. Emotion-Focused Coping Strategies

“Howard and Hong (2002) found that participants who were characterized by a problem-focused coping style were significantly less susceptible to suggestion than those with a tendency to use emotion-focused coping”
My Experience

- Adaptive Functioning Deficits
- Attention Deficits
- Auditory Processing Deficits
- Cognitive Deficits
- Executive Functioning Deficits
- Hearing Deficits
- Impulsivity
- Language Deficits
- Learning Problems
- Memory Problems
- Multiple Mental Health Conditions
- Self-Esteem Issues
- Social Skills Deficits

Intellectual Disabilities

- Try to avoid the following when interviewing individuals with an ID:
  - Multi-step questions
  - Avoid yes or no and true and false questions
  - Complex questions
  - Limit the amount of words used per question
  - Closed-ended questions
  - Misleading questions
  - Be aware of using advanced vocabulary
  - Repeating the same question over and over again
  - Suggestive questioning approaches

Developmental vs. Chronological age

“A present, research findings suggest children with IDs perform similar to their mental age matched peers. Interviewers should be aware that a 15-year-old youth has the mental age of a typical 7-year-old, that youth would be expected to show memory and suggestibility similar to the 7-year-old level”

ID-Related References


ID-Related References


FASD and Suggestibility

FASD’s social and cognitive deficits predispose individuals to suggestibility and an inclination to agree with others, which could result in concurring with leading questions, false confessions, and, ultimately, wrongful convictions.
FASD-Related Deficits

- Psychosocial deficits
- Adaptive functioning deficits
- Executive function deficits
- Poor reading and math abilities
- Impaired information-processing
- Cognitive inflexibility
- Language impairments
- Attention deficits
- Social dysmaturity
- Difficulty linking cause and effect
- Gaps in memory leading to inaccurate factual retrieval

Alloway, Gathercole, Kirkwood, & Elliott, 2009; Bhatara, Loudenberg, & Ellis, 2006; Duquette & Stodel, 2005; Edwards & Greenspan, 2010; Henry, Sloane, & Black-Pond, 2007; Khoury, Milligan, & Girard, 2015; Mela & Luther, 2013

FASD and Suggestibility Peer Reviewed Journal Resources


ASD Related Deficits

The role of ASD in legal proceedings requires careful consideration of the defendant’s symptom severity and environmental context. Individuals with ASD may experience the following behaviors and deficits:

- Dislike physical contact initiated by others
- Diminished ability to recognize social cues
- Diminished decision making abilities
- Obsessional interests
- Rigidness
- Poor verbal and nonverbal communications skills
- Impulsivity
- Increased desire to please people in authoritative positions
- Sensitive to extreme sensory experiences
- Unpredictability

Asperger et al., 2010; Faske, 2013; Faske & List, 2009; Luke, Clare, King, Redley, & Watson, 2012

ASD and Suggestibility

If ASD is not recognized in a suspect or witness, a number of issues can arise during the legal process (Woodbury-Smith & Dein, 2014)

Specifically, an individual with ASD could:

(a) have difficulty coherently recalling a series of events (Maras and Brewer, 2012)

(b) be acquiescent or suggestible to questioning during interviews, interrogations, or testimony (Maras and Brewer, 2012)

(c) behave or present themselves in a manner that is misinterpreted by others during legal proceedings (Austin and Hurley, 2014; Woodbury-Smith & Dein, 2014)
ASD and Suggestibility

• Suggestibility can be defined as the degree that you will believe what you are told, even if the information is misleading. This issue in ASD has been attributed to several different sources including limited problem solving abilities and the framing of questions by interviewers in legal settings (Woodbury-Smith & Dols, 2014).

• Despite popular beliefs, individuals with ASD are not more suggestible than the general population. However, individuals with ASD are more acquiescent to demands (North et al., 2008).

ASD-Suggested Journal Sources


ADHD and Suggestibility


Down syndrome (DS) and Suggestibility


Screening Considerations
Gudjonsson Suggestibility Scales (GSS 1 & 2)

• One of the first and only widely available measures of suggestibility for use in forensic and criminal justice settings (Gignac & Powell, 2009)

• This instrument measures a person's predisposition to interrogative suggestibility with two parallel forms: GSS 1 (Gudjonsson, 1984) and GSS 2 (Gudjonsson, 1987)

• Have been extensively utilized in legal and forensic settings to explore the proneness of suspects, victims, and witnesses to interrogative suggestibility (Bianco & Curci, 2015; Gudjonsson, 2003, 2013)

Other Tools to be Aware of

• Gudjonsson Compliance Scale

• Gudjonsson Blame Attribution Inventory - Revised (GBAI-R)

• Video Suggestibility Scale for Children (VSSC)

• Bonn Test of Statement Suggestibility (BTSS)

Summary-My Opinion

• Complex

• Multifaceted

• Confusing at times

• Extremely important topic

• Not on the radar of many criminal justice and mental health professionals

• Few training opportunities available

• Additional research is needed

Book Resource

Suggestibility in Legal Contexts: Psychological Research and Forensic Implications

Questions

Thank You...
What about Sleep Issues?

Sleep and Suggestibility References


Confabulation, Suggestibility, and IQ

“There is evidence that confabulation in memory is negatively associated with IQ and memory and positively with interrogative suggestibility”

Found in Gudjonsson & Young, 2010

Gullible

“...people who are gullible tend to be more suggestible”

Eyenhick & Ferreira, 1965, Found in Ridley, 2013, Pg. 3; in Ridley, Gabbert, & Le Reay, 2013

Defining Gullibility

“Gullibility can be defined as an unusual tendency toward being duped or taken advantage of”

Greenspan, 2009, pg. 2

Book Resource of Gullibility
Confabulation- A Historical Definition

“Confabulation is a factually incorrect verbal statement or narrative, exclusive of intentional falsification, fantastic fabrication, random guesses, intrinsic non-sense, the chaotic themes of delirium and hallucinations, and all systematic delusions other than those arising from the patient’s disorientation in his experienced time”

Talland, 1961, pg. 344; Schneider, 2008, pg. 48

Forced Confabulation and Forensic Interviews

“Forced confabulation can occur in forensic interviews when an interviewer presses an eyewitness to answer a question even though the eyewitness has indicated that he or she does not know or is unsure of the answer to the question” (Stolzenberg & Pezdek, 2013, pg. 79)


Preschool Children

“Preschool children tend to report and behave as though they had known novel facts for a long time, even though they had actually acquired them only minutes earlier”

Taylor, Shannon, & Bennett, 1994; found in Asp & Tranel, 2013, pg. 398

Confabulation Supplemental Slides

Child Witnesses and Confabulation

• Developmental and Neurological immaturity
• Pressured to produce responses to questions even if the child does not produce the correct answer
• Suggestive influences and questions
• May be pushed beyond their actual memory
• May result in confabulation or made up answers
• Be aware of forced confabulation

Ackil & Zaragoza, 1998; Poole & Dickinson, 2014; Stolzenberg & Pezdek, 2013

Forced Confabulation and Forensic Interviews

“Preschool children tend to report and behave as though they had known novel facts for a long time, even though they had actually acquired them only minutes earlier”


History of Confabulation

“Confabulation is a factually incorrect verbal statement or narrative, exclusive of intentional falsification, fantastic fabrication, random guesses, intrinsic non-sense, the chaotic themes of delirium and hallucinations, and all systematic delusions other than those arising from the patient’s disorientation in his experienced time”

Talland, 1961, pg. 344; Schneider, 2008, pg. 48
History of Confabulation

• “The word [confabulate] dates back as early as 1450, and in its original usage, meant: to talk familiarly together, converse, chat.” (Berrios, 1998; Hirstein, 2005; Oxford English Dictionary, 2nd Edition)

• “Early researchers... proposed that confabulation reflects a desire to fill in gaps in memory, termed ‘confabulation out of embarrassment.’” (Bonhoeffer, 1901; Van Der Horst, 1932; Schnider, 2008)

• Confabulation, as a technical term, was first applied to Korsakoff’s patients by the German psychiatrist Karl Bonhoeffer in the early 1900s (Berrios, 1998; found in Brown et al., 2015, pg. 1)

Historical Accounts of Confabulation

Perhaps the earliest clinical description of spontaneous confabulation was from the seminal observations of the frontal lesion patient Phineas Gage by Harlow (1868/1993), who noted that “(Gage) was accustomed to entertain his little nephew and nieces with the most fabulous recitals of wonderful feats and hair breadth escapes, without any foundation except in his fancy” (p. 277).

Historical Reference

Mercer, Wapner, Gardner and Benson (1977), in their study of 11 amnesic patients, argued that confabulation is influenced by:

(a) impaired memory function leading to uncertainty
(b) the belief that a response is expected
(c) the availability of an overlearned or affectively significant response
(d) impaired ability to monitor or self correct responses

Earlier Research on Confabulation

“Earlier accounts put forward proposed that confabulations were based on the psychological need to ‘fill in’ embarrassing memory gaps, satisfy the suggestions of the examiner, or deny the painful reality of brain damage”

Historical Consideration-Confabulations of Violence

Weinstein and colleagues (1956) claimed confabulations of violence were common in patients with head injury, and they may contain symbolic representations of their current preoccupations and disabilities

Autism Spectrum Disorder (ASD)