Confabulation: A Review for Forensic Professionals

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Presenter’s Biography
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Training Objectives

• Describe different types of confabulation (i.e., spontaneous versus provoked) and distinguish these constructs from other important topics (e.g., suggestibility, delusions, and malingering) that can impact the validity of information acquired from suspects, witnesses, and defendants
• Analyze risk factors and warning signs for confabulation in criminal justice and forensic settings
• Describe a basic understanding of how to minimize the likelihood of confabulation during legal processes
• Describe the latest empirical findings and discuss directions for future research on confabulation
Agenda

• Confabulation: Introduction and Overview
• Criminal Justice and Forensic Considerations
• Special Topics of Discussion
• Special Populations
• Screening Considerations
• Intervention Considerations
• Conclusion
• Supplemental Slides

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, Henry & Shallice, 2008, pg. 637

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. 52
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, 1995)

“What is known is that in some instances, individuals who confabulate show no signs of impairment and can present as logical and coherent” (Moscovitch, 1995)

Confabulation Characteristics

• Verbal statements more common than non-verbal behavior
• Individuals believe their confabulated statements are accurate and are not likely to accept evidence contrary to their accounts
• Can present as coherent or fantastic
• Can range from completely false to partially true
• Personality may affect the ease with which the individual confabulates
• People may confabulate about small details or fabricate an entire event that never occurred
• No motivation to deceive or misrepresent the truth

Memory & Confabulation

• Memory-related misstatements
• Cognitive deficits in higher-order memory processes
• Organizational deficits associated with memory
• Reality vs. fantasy
• Source-monitoring deficits
• False recognition
• Executive functioning deficits
• Memory loss/gaps in memory
False Self-Reports - Key Point

“Despite confusing real and fictional events, false self-reports may hold some element of truth, which can create an impression of accurate reporting.”

Brown et al., in press

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 of Confabulation Found in the Literature

- Acute Confabulatory Psychosis
- Amnestic Confabulatory Behavior
- Behaviorally Spontaneous Confabulations
- Bizarre and Plausible Confabulations
- Chronological Confabulation
- Classic Compensatory Confabulations
- Confabulatory Euphoria
- Confabulatory Paraphasia
- Confabulations of Violence
- Delusional Confabulation
- 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 Confabulations
- Pseudepiphoria
- 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

• 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

Biological, emotional, environmental, personal, and social factors

Populations Possibly Prone to Confabulate

• Alzheimer’s
• Anton-Babinski 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
• Dorsolateral Prefrontal Lesions
• Encephalitis
• Fetal Alcohol Spectrum Disorder (FASD)
• Focal Frontal or Limbic Lesions
• Frontal Tumors
• Frontotemporal Dementia (FTD)
• Herpes Simplex Encephalitis
Populations Possibly Prone to Confabulate

- 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)

How does Confabulation Possibly Present?

- Absurd stories
- Believable
- Bizarre
- Confident
- Confusing
- Coherent
- Delusional
- Detailed
- Disorganized
- Erroneous Stories
- Error
- Fragments of true memories
- 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
Confabulation: Overlapping Terminology

- Honest Lying
- Imagination Inflation
- Impaired Intentional Control of Working Memory
- Impaired Memory Retrieval/Reconstruction
- Impaired Temporality Monitoring
- Impairment in response criterion adjustment based on metacognitive feedback
- Inappropriate Memories
- Intrinsic Memory Phenomenon
- Inversion Errors
- Invented Memories
- Irrelevant Speech
- Low-Memory Self-Awareness
- Memory Deficit
- Memory Distortions
- Memory Errors
- Memory Fabrications
- Memory Falsification
- Memory Fragments
- 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

What about False Memories?

- Convincing
- Disturbing
- Dramatic
- Emotional
- Real
- Scary
- Vivid

False memories can feel
Important Topics to be Aware of

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

DRM Paradigm

- James Deese originally developed the paradigm in 1959
- Roediger and McDermott expanded on Deese’s research in 1995—this is when this approach became more widely known
- A procedure that examines and shows how easy it is to create a false memory
- Spontaneously induced false memories/false memory research
- Semantically related words (e.g., awake, bed, blanket, doze, dream, drowsy, nap, peace, rest, slumber, snooze, snore, tired, wake, and yawn)
- Critical lure/theme word is omitted (e.g., sleep)
- What factors influence false memory creation?

Misinformation Effect

- Eyewitness memory
- Post-event misinformation
- Memory contamination
- Social influence
- Source credibility
- Suggestive questioning
- False memory production
Autobiographical Memory

- Memory of self
- Who, what, where, and when of self
- Personal experiences
- Guides behavior
- Self-regulation
- Self-definition
- ToM
- Problem solving

Source-Monitoring Error

- Misidentification of the original source or context of the memory
- Poor memory functioning
- Encoding issues
- Memory contamination
- Extreme stress
- Psychiatric illness
- Brain damage
- Sleep deprivation
- Suggestive influences
- Executive function deficits

False Memory Key Point

"Making the detection of false memory even harder is the fact that the false memories are often not completely false. They are distortions of the truth, a blend of truth and memory distortions, a confabulation."
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

**Spontaneous and Provoked Confabulation**

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* (Brown, et al., 2016).

Spontaneous confabulation occurs when an individual creates a false memory *without precipitation by an external force or influence* (Schnider, 2003; Schnider & Ptak, 1999; found in Brown, 2017).

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**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” (Coltheart and Turner, 2009, found in Huntley & Brown, 2016).
Provoked Confabulation

“Provoked confabulation refers to errors or distortions that are incorporated into memories in response to an external cue or challenge” (Kopelman, 1987)

“Provoked confabulation occurs when the person is prompted for an answer or has received external cues, placing the expectation for a memory that does not exist while simultaneously communicating that it should exist” (Kessels, Kortrijk, Wester, & Nys, 2008)

“Because provoked confabulation results from the inadequate or incomplete search for information in memory, fleeting intrusion errors or distortions often occur in response to a direct query” (Kopelman, 2010; Schnider et al., 1996)

Found in Brown et al., in press

Provoked Confabulation-An Example

Provoked confabulations 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

Provoked Confabulation

• Authoritative positions
• Brain damage
• Can occur in healthy subject
• Cross-examination
• Explicitly prompted for a response
• Intrusions on memory tests
• Investigative interview

• Memory-related misstatements
• Not knowing the answer to a question
• Occur in response to an external stimulus
• Pressured to respond
• Probing questions
• Produced in response to an external trigger
• Response to a challenge
Confabulation—An Important Reminder

• Verbally-Based

• Behaviorally-Based

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

Criminal Justice and Forensic Considerations
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

Very Important Reminder

“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.”

Based on Brown et al., 2015, pg. 3

Implications for Memory Impairment in the CJS

- Defense-related information
- Forgotten appointments
- Investigative interviews
- Cross-examination
- Eyewitness testimony
- Miranda Rights Waiver
- Police line-ups
- Competency to Stand Trial
- Probation requirements
- Court-ordered treatment
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. 354). 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, 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, 2009, p. 352
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 various imaginational exercises (e.g., “Think hard about how you would have done it.”)”

Kassin, 2007, pg. 176

Confabulated False Confessions

- Acquiescence
- High suggestibility
- Suggestive questioning
- Long interview duration
- Compliance
- Imagination exercises
- Memory-related impairment
- Amnesia-related circumstances
- Lack of confidence in their own memories
- General absence of genuine memories
- Neuropsychological impairments
- Temporal confusion

Confabulation and Malingering

“Confabulation differs from malingering, in that malingering is purposeful deviation from the truth with a desired outcome to achieve secondary gain (false, custom, fagen, fraud, or personas).”

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. 2
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 professionals 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


Special Topics of Discussion
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 Poole & Dickinson, 2014, pg. 403

Social Media and Confabulation

Inspirations for confabulation can be drawn from social media

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 (Glowinski, Payman, & Frencham, 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)
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
Executive functioning

Deficits in executive functioning are common—difficulties in problem solving, impaired judgment, poor decision-making skills, diminished ability to comprehend the cause and effect of their actions and behaviors.

Brown et al., 2015; Shiner and Keller, 2002

Adaptive functioning

Adaptive functioning is defined by an individual’s ability to care for oneself and meet the demands of social responsibilities.

A person’s adaptive functioning is composed of practical, social, and mental capacities to deal with everyday challenges and problems.

Harrison & Oakland, 2002

Mild Learning Disabilities

“People with mild learning disabilities tend to confabulate more”

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

FASD-Related Deficits

- Impulsivity
- Poor decision making
- Learning disabilities
- Communication deficits including confusing or inconsistent responses to questioning
- Difficulty linking past behavior to consequences, which may contribute to an individual not responding to punishment
- Memory difficulties
- May readily follow others and are readily influenced by peers
- Difficulty maintaining friendships
- Difficulty with concepts of dates, time and money

FASD & Memory

- Confabulation
- Executive functioning impairments
- Uncertainty
- Suggestibility
- Social pressure
- Information processing ability deficits
- Education and vocational performance
- Diagnostic assessments
- Memory demanding tasks and situations
- Working memory problems
- Weak visual memory skills (face memory)
- Weak verbal memory skills
- Poor spatial memory
- Explicit memory deficits
- CST evaluations

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"
FASD and False Confessions

- Confabulation
- Suggestibility
- Difficulties in understanding legal terminology, interview and interrogation questions, and legal proceedings
- Avoid embarrassment
- An attempt to please an interviewer, interrogator, or attorney
- An attempt to get out of the office/room

Clery & Faz, 2000; Williams, 2006

FASD and Confabulation

Confusion of events may cause confabulation when earlier memories are judged as currently relevant

Fast & Conry, 2006; Turner & Coltheart, 2010; Pedzdek et al., 2009; Fast & Conry, 2006

Ten Tips For Communicating With An Individual Who May Have FASD

1. Use simple, concrete and direct language
2. Avoid leading questions
3. Explain things slowly to allow more time to process the information
4. Ask the individual to explain what you said in their own words to ensure understanding of the direction or question
5. Inquire about contacting a mentor, advocate, or case worker who can offer support
6. Conduct the conversation in a quiet setting free of distractions
7. Give the individual space and avoid physical confrontation
8. Maintain a calm and collected demeanor at all times
9. Gather corroborating evidence or statements
10. Provide frequent breaks to protect against distraction and mental fatigue

Clery & Faz, 2000; Turn & Coltheart, 2010; Tedd (ed.), 2006; Tye & Lewis, 2006
Other Special Populations

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

Schizophrenia & Memory

- Bizarre delusions
- Episodic memory deficits
- False memory creation
- Medications
- Psychotic symptoms
- Source monitoring failures
- Significantly impact overall quality of life

Schizophrenia Resource

Brain Injury Basics

TBI can be described as a change in brain function resulting from an external force (e.g., a blow or jolt to the head)

The severity of such an incident can vary from “mild” with short-term alterations in brain functioning to “severe” with long-term consequences in brain functioning

Menon, Schwab, Wright, & Maas, 2010; found in Brown et al., in press

Silent Epidemic

“Traumatic brain injury has been referred to as the “silent epidemic,” as society is largely unaware of the high incidence rate and resulting neurocognitive deficits that accompany the disturbance”

Langton & Tabbie, 2005; found in Brown et al., 2017

TBI & Confabulation
TBI & Memory

- Can occur even in mild TBI cases
- Extremely common deficit associated with TBI
- Substance use intoxication
- Attention and concentration deficits
- Processing speed difficulties
- Treatment compliance issues
- Consider acts of domestic violence
- Repeating the same word or phrases
- Forward thinking memory deficits
- Problems with daily living skills

WKS

“Wernicke’s encephalopathy (WE) and Korsakoff syndrome (KS) are generally viewed as two distinct stages of the same illness called Wernicke-Korsakoff syndrome (WK syndrome)”

Spiegel & Lim, 2011

WKS

Wernicke-Korsakoff syndrome (WKS) is the chronic amnesic state following Wernicke encephalopathy, an acute neurological disorder characterized by ataxia, vestibular dysfunction, nystagmus, drowsiness and a confusional state (Victor et al. 1989)

Can result in a host of pathological, neurological, and cognitive impairments

- Long-lasting or permanent

Implications of this condition are widespread
**WKS Signs and Symptoms**

- Amnesia
- Apathetic and inattentive
- Inability to form new memories
- Severe loss of memory
- Loss of muscle coordination (unsteady or uncoordinated walking)
- Confusion
- Dementia-like symptoms
- Possible skin changes
- Hallucinations

**WKS & Memory**

- Anterograde amnesia
- Autobiographical memory impairment
- Confusion
- Difficulties in learning new information
- Episodic memory deficits
- Memory consolidation, recall, recognition deficits
- Memory gaps (confabulation/false memories)

**Overrepresentation of WKS in Certain Populations**

- Homeless populations
- Older individuals (social isolation, limited family contact, limited resources for food, and alcohol abuse)
- Psychiatric inpatient settings (alcohol abuse and nutritional deficit histories)
- Detoxification centers
Important Reminders

• May appear fairly normal during brief initial encounters
• May be able to carry on conversations normally
• May have normal intellect
• May be unable to identify family members and people they knew well from their past
• May be unable to form new memories
• May repeat the same thing over and over again
• May ask the same questions repeatedly
• May forget meeting you just minutes or seconds earlier
• Will most likely require consistent monitoring and supervision
• May require to live in an institutionalized setting

Eyewitness Testimony and KS

“Because confessions and eyewitness testimony are accepted so readily in criminal justice settings, any information provided by someone with Korsakoff may not be accurate”

Based in Brown et al., 2017

KS and Confabulation

• Damage to the frontal lobes
• Source monitoring errors
• False memories
• Amnesia
• Executive function deficits
• Executive control failure
• Episodic memory (may disproportionately confabulate)
• Memory intrusions
• Memory distortions
• Memory errors
• Memory illusions
• Self-monitoring deficits
Suggested Resource


WKS and Confabulation Resource


Another Helpful Resource

**Under-Recognition of Special Populations is Forensic & Legal Settings**

May result in mislabeling or misperceiving the person as:

- Disorganized
- Impulsive
- Immature
- Lazy
- Non-compliant
- Remorseless and Callous
- Laughing at inappropriate times
- Indifferent

*Behaviors may be a direct result of impairments caused by the disability*

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**Important Reminders for Criminal Justice & Legal Professionals**

- Certain accommodations may need to be made
- Intentional vs. unintentional behaviors
- Memory
- Suggestibility
- Confabulation
- Vulnerability/victimization
- Trial Right Deficits
- Sentencing and Post-release considerations

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**Screening Considerations**
Important Consideration

"...not correctly identifying the presence of confabulation negatively impacts all subsequent steps of the criminal justice and legal processes, and may ultimately lead to false confessions and inappropriate court rulings."

Brown et al., 2014; found in Brown et al., in press

Examining Habits

"Individuals who are at a greater risk of confabulating may rely on past habits and memories when attempting to fill in gaps in their recall, overestimating the likelihood that their past behavior is relevant to the present"

Brown et al., in press

Imagination

People who have been asked to imagine completing a set of mundane tasks will often report that they actually completed those tasks when questioned later (Fanello, 1999).

This tendency to mistake imagination for an actual memory is even stronger when people are shown photographs of the completed work or are provided with manipulated photographic or video evidence of their experiences (Henkel, 2011; Nash & Wade, 2009; Nash, Avery, Mode, & Barlow, 2002). These false memories are even more prevalent when multiple sensory experiences are involved, such as both hearing about and imagining an event (Henkel, Franklin, & Barlow, 2003).

Found in Brown et al., in press
### 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

### Suggestions for Clinical and Forensic Professionals
- Establish partnerships with other programs, providers, and professionals who understand the complexities of confabulation
- Expand diagnostic and intake screening procedures to better identify clients who are at an increased risk to confabulate
- Develop skills and procedures for effectively approaching and communicating with individuals who display problematic behaviors associated with confabulation
- Develop and provide education and training opportunities to clinical and forensic mental health professionals regarding the complexities 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, clinicians 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, 1995; found in 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

(Smit & Jaspars, 1998; found in Brown et al., 2015)

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
**Intervention Considerations**

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

Burgess & McNeill, 1998; Bassa & van der Brink, 2001; Funagane & Memoz, 2008; Scolaro, Pepera, & Froushani, 2008; Schnider, 2001

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**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

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**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

Mertz & Brower, 2001
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 Resources

Questions
Thank You...

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  - Forensic Scholars Today (http://online.csp.edu/forensic-scholars-today)
  - Adult FASD Provider Network (https://www.facebook.com/AdultFASDProviderNetwork)

Supplemental Resources
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

“Forced confabulation can occur in forensic interviews when an interviewer presses on 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. 78)

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

History of Confabulation

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”

Tolbert, 1993; pg. 398, found in Schneider, 2008, pg. 49
### 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 hairbreadth 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 **overshared 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.*

Berlyne, 1972; McIntosh, 1980; Nielson & Gallo, 2000; Fotopoulou, Conway, Sohne, Tyas, & Rappeport, 2008, pg. 1430

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.