Analysing offending: a short guide for expert witnesses

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What we will cover over the next two days

1. Psychological evaluations in the criminal justice system; some issues and the relevance of case formulation

2. Processes in the development of offenders

3. Processes of personal sense- making

4. Processes leading to offences

5. Processes within offences

6. Processes in repeated offending

Personal introduction

- Worked in HM Prison Service for 14 years, much in high security with life sentence prisoners convicted of murder, sex offenders and those diagnosed as personality disordered; also e.g. staff training, counselling , and operational consultancy e.g. hostage incidents and firearms incidents with the police

- Key role in developing national standards for training with the British Psychological Society and validating, accrediting and examining training programmes

- Established and run two MSc programmes, supervision / examining of relevant PhDs

- Continued consultancy on national and local working parties (e.g. homicide and suicide by mentally disordered, therapeutic communities, veterans), for Scottish Prison Service (difficult prisoners, investigation of allegations) and reports for Parole Board, Crown Court

Areas for psychological evaluation in criminal justice include

- Competence to stand trial
- Insanity defence
- Diminished capacity/ mitigation
- Prediction (and management?) of risk of further offending

(Miller, 2013)

NB Expert's role can include advising a court from a scientific perspective on matters such as deception, confessions and suggestibility, reliability of eyewitness memory, the nature and consequences of trauma

Competence to stand trial

Accused must be able to:

- Understand proceedings against him/ her (including charges, possible penalties, adversarial nature of legal process)

- Participate in own defence (e.g. discuss with lawyer, communicate own version of events, testify relevantly and with regard to appropriate courtroom behaviour)

- Factors that might result in lack of competence ....?

Insanity defence (1)

- Only raised/ contested in 25/1000 felony cases in US (*Miller, 2013*)
- For finding of guilt an individual must have committed the offence (*actus reus*) and had the capacity to have done so knowingly and purposely (*mens rea*); recognises awareness of self (identity) and agency (choice)
- M'Naghten test(and variations in other jurisdictions) focuses on powers of understanding and thinking being severely impaired by a diagnosable mental disorder
- - The consequence was that the individual did not know what he/she was doing or that it was wrong
- However few mental disorders usually involve such a high degree of impairment …….

Insanity defence (2)

- "Not guilty by reason of insanity" cannot be established solely on the basis of a diagnosis of mental disorder e.g.
- Does the presence of a "commanding" internal voice (auditory hallucination) remove freedom of choice any more than if another person made the command?
- Does acting upon a delusional belief make a person less responsible for an antisocial act than if they were acting upon a religious or political belief?
- What if in addition to evidence of mental disorder there was evidence of planning, concealment, or evasion?
- Should a person who is intoxicated by alcohol or drugs be regarded as responsible for their actions?
- For insanity defence all criteria must be met

Diminished capacity/ mitigation

- At sentencing hearing; concerned with mitigation not guilt

- Can include influences on sense of self and agency such as childhood abuse, dysfunctional family or institutional care, susceptibility to negative peer pressure, limited intellectual capacity , mental disorder

NB In some jurisdictions assessment can occur ahead of the trial to argue for a lesser charge e.g. manslaughter rather than murder

Why assess?

- The purpose of psychological assessment is to <u>contribute to decision- making</u>

- "No evaluation can be performed if the psychologist does not know why the referral has been made, no questions can be answered, and therefore, no report can be written." *(Ackerman, 2006 pp. 66-67)*

- "For most practitioners working with offenders, the key purpose of assessment is to provide an explanation of the individual's presenting problems" *(Lee- Evans, 1994 p.6)*

- "An integrated report is not merely the presentation of findings from….. assessment tools, but the blending of these findings into a meaningful understanding of the client in the context of the client's life." *(Groth- Marnat & Horvath, 2006 p.78)*

Common problems in reports 1

Limited research on reports until last couple of decades – until then mostly audit- style investigations of perceived value of general reports by mental health professionals- but more recent studies of psychological reports endorse a picture of common weaknesses including……

- Excessive and unexplained jargon
- Vagueness and ambiguity in style: unfocused, verbose, speculative with unclear structure
- Failure to include data from which inferences drawn
- Over- interpretation (unwarranted conclusions not based on data, often overly- negative or positive)
- Under- interpretation (so unsure of link between data and conclusions)
- Gaps between author's intent and reader's interpretation

(e.g. Benn & Brady, 1994; Harvey, 2006; Ownby, 1997; Weiner, 1999)

Common problems in reports 2

"Inexperienced and poorly trained psychologists have a tendency to put together an indigestible mass of discrete observations and a 'cook book' list of signs and indicators without any sort of overview or attempt to apply these to the problems which prompted the original referral."
(McGinley, 1998)

Maintaining focus 1

"A report is written as a process to convey information to the reader. In doing so, the writer must consider who is reading the report........It is anticipated that the report will answer the questions that the referral source has asked.....When writing the report, the report should be written in a manner that increases the likelihood that it will be read in its entirety."

(Ackerman, 2006 p.60)

Maintaining focus 2

- How will you ensure a shared understanding of concepts/ terms?
- Conclusions must be supported by explained and interpreted data (and state what procedures were used and why, evaluate accuracy and limitations). NB Include test scores?
- Recommendations should be logically related to the explanations and conclusions stated (i.e. rationale should be in preceding sections)
- How will you justify the findings of your report? (+ it should only contain statements that you are confident enough to defend in an adversarial situation)
- Specify conditions under which conclusions hold (things can change)

The importance of writing

- Poor spelling, grammar, punctuation and sentence construction make reading difficult and could result in failure to convey intended information

- " The reader may also doubt the accuracy of the facts if the report is badly written" *(Benn & Brady, 1994 p134)*

- " Furthermore, the writer should recognize that there is a difference between written language and spoken language. When a report is too informal, it loses it appeal and professional impact: it may be viewed as less credible by the reader." *(Ackerman, 2006 p 60)*

- So ……stick to essential points and material, use simple words and sentences, be careful of excessive or unexplained jargon and acronyms, be concise, have a clear structure and headings *(Harvey, 2006; Sternberg, 2003)*. Also check for accuracy and readability and **proofread!**

Risk and offences: a "warm- up"

➢ *The case of 'P'*

In groups of 4 or 5, read the extract from the case report and:

- Identify salient aspects of the offence (murder)
- Identify possibly relevant aspects of P's life history (he was 23 years old at the time of the report)
- Try to formulate hypotheses about why the offence occurred
- What recommendations would you make for intervention in order to lessen future risk?
- How would you judge, in the years to come, whether risk has been reduced?

Prediction (and management?) of risk of further offending (1)

Can be required at sentencing hearing or whilst in custody (e.g. for parole). Most attention has been given to combinations of:

- Static risk factors (historical and personal factors associated with heightened risk that cannot or are unlikely to change e.g. genetic, early upbringing, childhood antisocial behaviour, learning disability)
- Dynamic risk factors (factors associated with heightened risk that can change such as antisocial attitudes, antisocial peers, lack of insight, substance abuse, problems in self- regulation, problems in relationships)

Much work has concentrated on these. What else might be important?

Prediction (and management?) of risk of further offending (2)

Other factors:

- Likelihood and impact of long- term circumstances e.g. relationships, employment, finance
- Likelihood and impact of changes in above (life events and transitions)

The above can be <u>protective</u> (e.g. supportive relationship) or <u>de-stabilising</u> (e.g. break- up of an intimate relationship)

- Acute or "immediate" situational factors (e.g. perceived provocation, intoxication, presence of antisocial peers)

- Likelihood of an individual engaging with and benefiting from available interventions (e.g. cognitive- behavioural programmes)

Approaches to risk assessment: 1st generation

Unstructured clinical judgement

- Relies on professional opinion and experience
- Allows flexibility rather than "one size fits all"
- BUT is subject to personal bias both in terms of theory and judgement (e.g. *Tversky & Kahneman, 1981*)
- Tends to be inconsistent and unreliable
- Accuracy can be below chance (*Monahan, 1981*)

Potential sources of bias in assessment 1

- Lack of reflective (critical, questioning) approach – particularly to assumptions and "experience"
- Fundamental attribution error *(Jones & Nisbett, 1971)*
- Emotional factors e.g. stress, pessimism, difficulty in empathising
- 'Creeping determinism' (*Fischoff, 1975*) – like historians "reading history backwards"
- Client (cooperation, verbal ability, recall, denial, effects of rehearsal etc)
- Institutional environment (absence of relevant, presence of irrelevant factors)
- Failure to corroborate/ check information

Potential sources of bias in assessment 2: heuristics

- Representativeness – tendency to attend and adhere to salient but possibly irrelevant information (e.g. acquired brain injury)

- Availability – what is uppermost in the assessor's mind at the time e.g. last training event attended, last book read

- Confirmation – selective attention to information that fits one's hypotheses or preconceptions (and ignoring rest)

- Adjustment and anchoring – e.g. influence of earlier reports, media, etc

- Elimination by aspects – other priorities (e.g. anticipated approval of colleagues or client can lead to some options being discarded). NB open reporting

- *Need to be careful of these in all assessment*

Approaches to risk assessment: 2nd generation (e.g. Static- 99)

Actuarial / statistical

- Static information empirically associated with offending is used to calculate likelihood of further offending
- Tends to predict reconviction more effectively than unstructured clinical
- BUT is insensitive to unique personal factors, circumstances that influence risk and to change in the individual
- The individual being assessed must match the population on which the measure was constructed

Approaches to risk assessment: 3rd generation (e.g. HCR- 20)

Structured clinical judgement

- Combines actuarial data with systematic evaluation of factors identified in research literature and clinical experience
- Allows consideration of unique personal factors ("clinical override")
- Allows some recognition of factors that increase or decrease risk
- Gives an idea of what to focus on in managing risk
- BUT it is not always easy to combine different sorts of data
- Not clear which individual factors are most important
- No mention of protective factors
- Insufficient consideration of processes involved in factors such as de- stabilisers and link to other factors

Approaches to risk assessment: 4th generation (e.g. Violence Risk Scale)

Combined

- Includes actuarial and dynamic factors
- Dynamic factors are assessed prior to treatment and used to identify treatment targets
- 'Stage of change' (*Prochaska & Di Clemente, 1982*) for each of the dynamic factors is identified before and after treatment; post-intervention risk level is calculated from the latter
- Good psychometric properties and potentially useful integration
- BUT there are major problems with conceptualisation and measurement of Stages of Change (e.g. *Burrowes & Needs, 2009*)
- Recent recognition of importance of recognising individual strengths as well as deficits, but there is still a gap with (largely criminological) research concerned with desistance from offending rather than risk

NB An emerging standard

Daubert vs. Merrill Dow Pharmaceuticals (1993). In USA. Led to new standard for expert testimony and reporting. Criteria:

- (For each hypothesis): Is the hypothesis testable?
- (If tests are used): Has the test been peer reviewed?
- (For each test): Is an error rate available?
- Is there general acceptance in the scientific community?

(See e.g. Ackerman, 2006)

Lessons from risk assessment (1)

- Be careful of inconsistent and subjective approaches that are prone to bias and limited use of evidence

- Where appropriate incorporate empirically- developed measures of proven reliability and validity BUT

- Need to incorporate personal ('idiographic') factors unique to individual case

- Need to be aware of processes that increase or decrease risk - not just 'variables' that are labels or 'proxy' measures, taken out of context (*Case & Haines, 2009; Polaschek, 2012*)

- Need better understanding of processes in and conditions for personal change *(Burrowes & Needs, 2009)*

Lessons from risk assessment (2)

- Need to be aware of relevant research and theory (including that on desistance from as well as risk of further offending: e.g. identity, personal narratives, offenders' perspectives : e.g. *McNeill, 2012*) and importance of clinical skill at interpersonal level rather than just 'the manual' (*Gannon & Ward, 2014 – "where has the psychology gone?"*)

- Neglect of above can lead to distrust, lack of engagement and unwillingness to explore (*Maruna, 2010 – "why do they hate us?"*)

- Also relevant to assessment of mitigating factors and making recommendations at pre- sentencing stage – even investigation of 'insanity'?

An integrative/ supplementary approach: 'case formulation' (1)

From *Hart, Sturmey, Logan & McMurran (2011)*:

• "Formulation is the preparation of an evidence- based exploration of a person's difficulties – their form, their origins, and their development and maintenance over time ....." (p. 118)

• " .... the process or product of gathering and integrating diverse clinical information to develop a concise account of the relevant variables ..... to guide decision- making." (p. 119)

An integrative/ supplementary approach: 'case formulation' (2)

- "A formulation that is not individualised is merely a restatement of the nature, etiology, and solution of the problems experienced by the (nonexistent) average patient or offender." (p. 120)

- "What will work best for this particular person with this particular problem in light of the person's unique history, current situation and possible futures?" (p.120)

- "Formulation may be characterized as a process of developing an explanatory theory regarding an individual's problems, which is in turn based on more general theory and the facts of the case at hand." (p.120)

The relevance of case formulation

- Especially appropriate for complex cases, where standardised approaches have been unsuccessful and where individuals pose a risk of harm to others (or self) (*Logan & Johnstone, 2010*)

- As a developing approach it is not without problems in terms of reliability and validity (*Hart et al., 2011*; *Sturmey & McMurran, 2011*) and we have to be careful not to slide back into unstructured clinical judgement

- However it prompts detailed consideration and integration of a range of potentially relevant areas, perspectives and methods: some of these will be explored in the rest of the two days ......

Case formulation in forensic practice can include

- Processes in the development of offenders
- Processes of personal sense- making
- Processes leading to offences
- Processes within offences
- Processes in repeated offending
- (Processes involved in change)

Leads to hypotheses about

- **Why offence(s) occurred**
- **What maintains problems/ patterns**
- **Likelihood of change and what will help or hinder**
- **Implications of above for risk (including monitoring) and intervention**

Processes in the development of offenders

Sometimes referred to as 'predisposing', 'vulnerability' or 'life history' factors

Developmental and Life- Course Criminology *(Farrington, 2003)*

Key and reliable findings include:

- Prevalence of offending peaks 15- 19 years
- Onset peaks 8- 14 years
- Early onset associated with long criminal career, more offences in childhood with more later
- Acts defined as offences are often parts of wider antisocial behaviour
- Different types of offences tend to be first committed at different ages
- Most offences in teenage years committed with peers, with evidence of increasing diversification; after 20, more evidence of specialisation and offending alone

Some forms of antisocial behaviour at different ages *(after Farrington)*

- Difficult temperament at 2 yrs
- Biting, hitting at 4 yrs
- Cruelty to animals at 8 yrs
- Shoplifting and truanting at 12 yrs
- Burglary at 15 yrs
- Violence at 20 yrs
- Intimate partner violence, drink driving in 20s and 30s

Risk factors for early onset of offending include

- Individual factors (e.g. impulsiveness, low intelligence, bullying, negative emotionality

- Family factors (e.g. poor parental supervision, erratic/ harsh discipline, marital conflict, parental rejection/ low involvement, antisocial parents or siblings, peer influences. NB local authority care)

- Socioeconomic factors (e.g low family income, large family size, delinquent peers, high crime neighbourhood)

Contribute to 'long- term antisocial potential' in terms of Farrington's Integrated Cognitive Antisocial Potential (ICAP) framework.

Integrated Cognitive Antisocial Potential (Farrington, 2005)

- Identifies factors contributing to 'long- term antisocial potential' (willingness to commit crime) and 'short- term antisocial potential' that leads to offences being committed
- Focuses on crime by young working class males but elements could be adapted or applied more widely
- Based largely on longitudinal research (e.g. Cambridge Study – based in London; Dunedin; Pittsburgh; Montreal; Seattle)

- However, criticisms of this sort of research include vague and inconsistent use of concepts, crude and simplistic measures(e.g. of family functioning), aggregated data (often group differences), neglect of contexts
- Much of the research guilty of "radically over- simplifying the lived real- life experiences of young people" *(Case & Haines, 2009, p. 16)*
- *Rutter (1987 p.320)* "the focus of attention should be on the processes or mechanisms, rather than on variables"

Examples of Developmental Pathways in Research Literature

Moffitt (1993):
- Life-Course Persistent (early onset, neurospsychological deficits and skewed development prevent desistance)
- Adolescence –Limited (largely peer- related, stop with adult commitments and opportunities)

Though not necessarily that simple:
- Many AL at age 32 yrs still involved in heavy drinking, fights, drug use and some self- reported offending
- LCP s divided into high and low level 'chronics')

(Nagin, Farrington & Moffitt, 1995)

= Support for ICAP?

- Some homicide perpetrators are early- onset in their less extreme offending, others are late- onset (late teens or early adulthood) and others have no previous offending history *(Dobash et al., 2007)*

Nature- nurture integration

- Twin and adoption studies show some heritability but below 50%
- No direct genetic effect on antisocial behaviour - influence probability through e.g. impulsivity, sociability, negative emotionality, low physiological reactivity
- Genetically at risk often have most environmental adversity
- Environmental influences can aggravate genetic risk e.g. a genetically- based pattern of neurotransmitter function implicated in some antisocial behaviour is only activated if the child experiences high levels of physical abuse *(Caspi et al, 2002)*
- Child can elicit coercive parenting through 'difficult' temperament

Human development *(Rutter, 1975: 'Helping Troubled Children')*

"(An) ..... appropriate analogy may be that of a river given powerful impetus by its source of origin in a large mountain lake. The lake provides the river with its main source of water but the constituents of the river become altered and modified by the minerals in the river bed over which it flows, the pollution it encounters at various points and the additional impetus provided by the multiple tiny streams which join it on its way to the sea. There is continuity throughout the whole of the course and without the lake of origin there would be

An important area: attachment

"Attachment theory defines the processes by which we form mental representations of ourselves and of others, develop beliefs and expectations about social interactions and relationships, and build the basis for our social behaviours" *(Rich, 2006, p212)*

Secure and insecure attachment

Secure attachment - based on reliable, responsive and reflective parenting , helps develop:

- a sense of self, agency and self- worth

- a sense of relatedness to others and ability to see others' perspectives

- a capacity for reflection and self- regulation (including the tolerance of uncertainty and emotional discomfort)

Insecure attachment - due to unreliable, unresponsive or chaotic parenting, helps develop the <u>opposite</u> of the above *(e.g Fonagy, 2004).*

Insecure attachment: origins

- "Anxious/ ambivalent" ("preoccupied") when caregiver is inconsistent: sometimes warm and attentive, other times withdrawn and uninvolved. These fluctuations are *not* related to the child's state.

- "Avoidant" ("dismissing") when caregiver is cold, unresponsive: can be accompanied by intrusive and punitive over- involvement (e.g. critical, violent).

Some additional points

- Insecure styles of attachment are *strategies* that the person has learned for psychological survival, based on "internal working models".

- For this reason they can complicate reactions to traumatic events and are activated strongly under stress

- They are not necessarily fixed (or distinct) "like a blood type" *(Ansbro, 2008 p. 236):* subsequent experiences in relationships *can* make a difference

- NB. Research indicates relationship

Trauma, abuse and other childhood adversity (1)

- Childhood sexual abuse is often associated with symptoms of post- traumatic stress disorder (PTSD), including anger, sleeping difficulties

- Also more future trauma and victimisation

- Also a legacy of shame, self- blame, sensitivity to perceived threats and humiliation, secrecy and isolation (e.g. *Sigurdardottir et al., 2014*)

- PTSD associated with frequency and severity of delinquency (*Becker & Kerig, 2011*); also substance misuse

- Associated with impulsive and irresponsible lifestyle features and <u>anxiety</u> in psychopathy ; latter characteristic of <u>secondary</u> psychopathy (*Tatar et al, 2012*)

Trauma, abuse and other childhood adversity (2)

- Also recognition of '**Complex PTSD**' when chronic exposure to interpersonal stressors where feel trapped, powerless, betrayed (e.g. *Herman, 1992*; *Kerig et al, 2012*)

- Effects on e.g. self- perception, meanings, regulation of feelings and consciousness, relationships

- Growing recognition of trauma as involving 'moral injury' that impairs sense of connectedness to other people (e.g. *Currier et al, 2015*)

- Abuse in family often most likely in same conditions that produce insecure attachment : makes more difficult to deal with (*Fonagy, 2004*)?

- Increasing (additive) childhood adversity (especially child sexual abuse and economic hardship) associated with more complex adult psychopathology (Putnam, Harris & Putnam, 2013)

Processes of personal sense- making

How people behave, think and feel is guided by what events, situations, other people, the world – and their own identity – mean to them; the meaning they make is <u>influenced by their experiences in life</u>

Beliefs about the world (1)

Extreme Antisocial Outlook

- *Core beliefs*
  - Look after Number One
  - It's a dog eat dog, law of the jungle sort of world
- *Other beliefs*
  - If others get hurt that's their problem
  - No-one every considered me – why should I consider others?
- *View of self*
  - Independent, lone wolf, mistreated, against the world
- *View of other people*
  - Bastards or wimps
- *Behaviour*
  - Manipulate, intimidate, attack, blame
- *Emotions*
  - Anger, contempt   (See e.g. *Beck, 1999; Beck et al, 2001; Bhar et al, 2012*)

Beliefs about the world (2)

'Borderline' Outlook

- *Core beliefs*
  - Life is a turmoil of emotion, trying to survive and trying to escape the pain
  - No-one really understands or cares.
- *Other beliefs*
  - The only thing I can rely on is what I can do to my own body.
- *View of self*
  - I am worthless.
  - I don't know who I am.
- *View of other people*
  - People use you, let you down and can't be trusted
  - Most people wouldn't want to be involved if they really knew me anyway
- *Behaviour*
  - Hostile/ dependent, manipulative, risky/impulsive, self-destructive; also "self- medication"
- *Emotions*
  - Extreme distress and volatility , depression/anxiety, anger and shame

Other patterns associated with personality disorder

Other variants that are quite often found in serious offenders are

- Paranoid (being suspicious, hypervigilant for threat , guarded, etc)
- Narcissistic (feeling superior and special compared to other people)

➢ In your groups of 4 or 5 discuss and answer the following questions:
- What would the beliefs (or "cognitive profiles") of these look like?
- Are these patterns confined to offenders?
- What would they be like to interview?

Beliefs about victims (1)

Gilchrist (2008) identified a variety of themes in the thinking of domestic violence perpetrators including:

- Entitlement to control or to punish perceived lack of deference
- Women as unreasonable, provocative, manipulative or dependent
- Adversarial and dichotomous beliefs regarding situations (e.g. seeing in terms either of winning or losing, controlling or being controlled)
- Blaming external factors such as stressors or alcohol
- Ideas of their own or partner's sex drive as uncontrollable (in the case of their partner often a source of jealousy)
- Denial or minimising harm.

Pornari, Dixon and Humphreys (2013): not all perpetrators hold these to the same degree + highlighted the importance of experiences in the family of origin (including childhood abuse: see *Bell & Naugle, 2008*).

Beliefs about victims (2)

These implicit theories are similar to those found in other violent or sexual offenders:

Sexual murderers_(*Beech, Fisher & Ward, 2005*) : e.g.

- Dangerous world – other are likely to be abusive or rejecting so must dominate, control, punish
- Male sex drive is uncontrollable and women are to blame for loss of control

Child abusers (*Ward & Keenan, 1999*): e.g.

- Entitlement due to superiority and ability to control

Rapists (*Polaschek & Gannon, 2004*): e.g.

- Women are dangerous (deceptive and impossible to understand)
- Women are sex objects, always sexually receptive and available to meet the sexual needs of men

NB A variant of 'dangerous world' in 'kill or be killed' view of gang members or those in communities where weapons are carried and cultural norms (e.g. 'culture of honour') encourage retaliation (*Felson, 2014*)

Beliefs about/ readiness to use aggression 1

'Social cognition' models e.g. *Crick and Dodge's (1994)* 'Social Information Processing' and *Huesmann's (1998)* 'Script Theory':

- Aggression arises primarily from how people make sense of their social world

- Making sense becomes organised into knowledge structures ("schemas") that include e.g. memories , related concepts, templates or "scripts" for situations and behaviour, beliefs about the appropriateness / desirability of aggressive behaviour

- Relevant structures become strengthened through use; this makes them more likely to be used, across a widening range of situations and more likely to become automatic (i.e. with limited cognitive processing)

- Broadly compatible with social learning approach in terms of origins and escalation of aggressive tendencies

Beliefs about/ readiness to use aggression 2

'General Aggression Model' (e.g. *Anderson & Bushman, 2002*): additional aspects suggested or emphasised include:

- The importance of precipitating 'situational' factors (e.g. provocation, incentives, aggressive cues) converging with predisposing 'personal' factors (e.g. beliefs, values, long-term goals, mood) in episodes of aggressive behaviour

- Personality is established through (and can be understood in terms of) the development of knowledge structures, that the individual constructs through experience, that guide interpretations and behavioural responses

- Well- used/ rehearsed knowledge structures, as well as becoming applied more readily and automatically (giving rise to biases) are more resistant to change

Beliefs about/ readiness to use aggression 3

- They can also exert an influence even when not fully activated, predisposing to a hostile view of people's actions and seeing relationships in adversarial terms (often with self seen as 'victim'). = 'Hostile attribution bias'
- Scripts can be made more accessible through rehearsal in fantasy or negative rumination
- A bias to negative interpretations of others/ events can make anger more likely
- Anger and other forms of negative arousal can exacerbate impulsivity, reliance on biases and lack of consideration of alternative interpretations, consequences, or consideration of other people's views and feelings.
- NB Extreme = psychopathy?

Early maladaptive schemas (EMS) 1

- "...broad, pervasive themes.....regarding oneself and one's relationship with others, which are developed during childhood and adolescence, elaborated during one's lifetime, and dysfunctional to a significant degree" (*Young et al, 2003, p7*)

- Influence relationships, are persistent concerns and interpretations of/ reactions to events.

- Like beliefs about the world, can be used to characterise personality disorders

Early maladaptive schemas (EMS) 2

Disconnection and rejection

- _Abandonment/ instability_ (expectation that significant others will be unreliable in their support and unpredictable in their care and allegiance).
- _Mistrust/ abuse_ (expectation that others will hurt, manipulate, abuse or take advantage).
- _Emotional deprivation_ (expectation that the need for emotional support will not be sufficiently met).
- _Defectiveness/ shame_ (feeling of being bad, inferior, unwanted and unlovable).
- _Social isolation/ alienation_ (feeling of being different to others and not belonging).

Early maladaptive schemas (EMS) 3

Impaired autonomy and performance
- *Dependence/ incompetence* (belief in own helplessness and need for support in handling responsibilities).
- *Vulnerability to harm or illness* (magnified fear that unstoppable catastrophe could occur at any time).
- *Enmeshment* (exaggerated emotional involvement with significant others and belief that their support is necessary for personal survival).
- *Failure* (belief in own lack of past or future success, and seen as due to personal inadequacy compared to others).

Impaired limits
- *Entitlement/ grandiosity* (belief in superiority to others and right to special privileges).
- *Insufficient self- control/ self- discipline* (poor regulation of own behaviour and reactions, to the detriment of achieving goals).

Early maladaptive schemas (EMS) 4

Other- directedness

- *Subjugation* (feeling coerced to surrender control to avoid retaliation or to gain approval at expense of own needs).

- *Self- sacrifice* (meeting others' needs at expense of own, to avoid guilt of feeling selfish or due to sensitivity to others' pain).

- Over- vigilance and inhibition

- *Emotional inhibition* (holding back feelings and their expression to avoid shame, disapproval from others or loss of control).

- *Unrelenting standards* (belief that it is essential to meet very high standards of behaviour and performance, typically to avoid criticism)

Early maladaptive schemas (EMS) 5

Illustrative research: Williams and Needs (2010) with a sample of 155 undergraduates found e.g.

- *Abandonment/ instability* correlated .68 with Attachment Styles Questionnaire *Preoccupation with relationships*
- *Mistrust/ abuse* .65 with ASQ *Discomfort with Closeness*
- *Entitlement* .41 with Sustaining Fantasy Questionnaire *Power and Revenge*

Need to know more about these sorts of universal human process and how they (or variations on these themes) might be involved in offending

The Personal Narrative 1

- "According to McAdams' theory, modern adults create an internalised life- story – or personal myth – in order to provide their lives with unity, purpose and meaning ……..a story with characters, a set of themes, and a plot that unfolds over time in a relatively coherent fashion. The narrative identity can be understood as an active information- processing structure …..then acts to shape and guide future behaviour….." *(Ward & Maruna, 2007 p.85)*

The Personal Narrative 2

- "This process of embedding the view of the self in an unfolding personal story, an individual's 'inner narrative', helps to explain many aspects of criminal activity." (*Canter & Youngs, 2009, p121*)
- Roles include 'victim', 'revenger', 'professional'
- Has implications for role victim is cast into

➢ Case of 'J' – What sort of 'story' was he living – characters (including self), plot, what influenced this and what were current and future consequences?

How might child molesters view their offending?

Navathe et al's (2013) 'Sex Offender Relationship Frames' study of child molesters - 4 types of relationship:

- Master- Slave
- Teacher- Student
- Caregiver- Child
- Lover- Partner

SSA of serial sexual murders: differentiation by style of behaviour towards victim

Victim as:

- **OBJECT** (to be used and controlled, not regarded as a person e.g. postmortem injuries and sexual acts)

- **VEHICLE** (for own emotional state e.g. specific type of victim selected, use of restraints, abuse)

- **PERSON** (attempt to create a degree of pseudo- intimacy or relationship e.g. some responsiveness to behaviour of victim, rape then dress victim again)

(Canter & Wentink, 2004)

Possible narratives?

What if a person's (realistic) sense of who they are is confused or unclear?

- Self- concept clarity *(Campbell,1990, 1996)* = extent to which self- concept is confidently held, internally consistent, temporally stable
- Conditions in childhood necessary for clear self-concept are the same as those for secure attachment
- Low clarity is associated with increased responsiveness to external feedback (and depression, rumination etc)
- Self- concept clarity is inversely related to unstable self- esteem

Origins and consequences of an unstable self

- *Kernis et al (2000):* self- esteem unstable when parents were critical, controlled through guilt or withdrawal of love

- Unstable self- esteem: individual is preoccupied with and sensitive to events that might have relevance to feelings of self- worth. Self- esteem is continually "on the line" (*Kernis & Goldman, 2005*)

- " ..... abuse, chaotic parenting, neglect or inconsistency can have a detrimental effect on the development of an integrated, flexible and adaptive sense of identity" *(Pollock et al, 2001, p60)*

- Unstable self- esteem is especially associated with anger and aggression (e.g. *Kernis et al, 1989*), and paranoia (e.g. *Thewissen et al, 2008)*; can be inflated *high* self- esteem ("*threatened egotism*" e.g. *Baumeister et al, 1996*)

Processes leading to offences

Sometimes referred to as 'Context' of offending – what was the person's life like at the time, what happened that increased the chances of offending, and what psychological factors were involved? This area is often given insufficient attention.

Homicide and other violence: the influence of adverse events and circumstances

- "...the lives of homicide offenders tend to be characterised by chronically high levels of stress" (*Humphrey & Palmer,1987p301*) compared to non- violent offenders
- "...stress is clearly a contributory factor to many if not most intrafamilial killings" (*Ewing, 1997 p153*)
- Stress implicated in e.g. intimate partner violence (*Lila et al, 2013*), courtship violence (*Makepeace, 1983*)
- Psychological disintegration under stress > catastrophic violence (e.g. *Revitch & Schlesinger, 1978*; also e.g. *Howells, 1980; Ruotolo, 1968*)
- Homicides followed by suicide "involve men who become untethered from anchors of meaning in their life" (*Starzomski & Nussbaum, 2000 p 473*)

NB *Zamble and Quinsey (2001)*: recidivism preceded by rise in negative emotions in 30- day period (especially 48 hours) prior to offending

Need to put people back in context

- Mind is not "an isolated, autonomous processor of abstract information" but "inextricably linked with its social context" (*Smith & Collins, 2010 p.139*)

- *Ward and Casey (2010)* 'extended mind' and sexual offending, *Bateson (1972)* analogy of blind person and white stick: mind extends beyond skull or skin into the environment

- *Clark and Crossland (1985)*: instead of just taking people apart (psychologically speaking!), see what they are part *of*

- *Merlo (2011 p. 110)*: "….. when biased by the psychologistic fallacy we disregard the context, and assume that individual level outcomes are only explained by individual level characteristics."

Factors that influence exposure to adversity 1

- "people are active agents and may cause life stressors as well as be influenced by them" (*Swindle & Moos, 1990, p3*)
- *Jeronimus et al (2014 p.760)*: "..... individuals seek, shape and evoke life events and situations that match their personality"; neuroticism associated with increase in negative life events and (with major events) vice versa
- Similarly, sensation- seeking linked to e.g. accidents associated with risk- taking (Cohen, 1988), poor coping leads to further stressors (*Hammen, 1992*), "self-medication" with e.g. alcohol can lead to further negative consequences
- Personality disordered individuals prone to experiencing aversive events e.g. borderline associated with more negative life events, especially concerning interpersonal relationships, health, legal (*Pagano et al, 2004*)

Factors that influence exposure to adversity 2

- *Anashensel (1992 p.18)*: "..... psychological disorder predicts downward social mobility and selection out of social roles" > barriers to goals, loss of resources as well as impact of events

- (*Dobash et al, 2007, p248*): "injurious childhood experiences, and ever- present underlying traits.....make a conventional adult lifestyle unlikely as the individual progresses through a narrowing pathway."

- Living in a high crime area, with social disintegration(*Thoits, 1983*) presents challenges and may expose to recurring threat (e.g. Stretesky & Progrebin, 2014)

- Negative <u>psychological</u> changes with negative <u>life</u> changes on top of above can lead to "amplification" (*Aldwin et al, 1996*); studied most in mental disorder e.g. depression, trauma (e.g. *Updegraff & Taylor, 2000*)

'Transitions' framework

- Life events as transitions (e.g. *Goodman et al, 2006*)

- May precipitate a series of negative events affecting several domains (e.g. *Jeronimus et al, 2014*: job loss > divorce > change of residence > loss of social contacts)

- *Ashforth (2001)* - individual in transition must reconcile within four overlapping motives:

➢ **Identity**: view/ sense of self *Who am I/What am I?*

➢ **Meaning**: beliefs, purpose, values *What's it all about/ Why?*

➢ **Control**: self- efficacy/regulation *Can I handle it?*

➢ **Belonging**: connectedness, commitment to others, social support *What am I part of? Am I part?*

Identity: view/ sense of self *Who am I/What am I?*

- *Sadeh and Karniol (2012 p.98)*: "..... crises make us question who we are in relation to who we were and who we are going to be"; loss of "self- continuity" > e.g. anxiety, ineffective coping, alcohol abuse (*Sedikides et al, 2015*)
- Different domains reflect different parts of self- system: implications of life changes can be seen in terms of <u>roles</u> (e.g. *Oatley & Bolton, 1985*)
- Loss of central role(s) by which define self (and greater vulnerability if have "all eggs in one basket") > more negative affect, can lose sense of coherence (*Cruwys et al, 2014; Stein & Markus, 1996*)
- Along with loss, events associated with onset of depression often involve perceived humiliation (*Kendler et al, 2003*)
- Life changes are integrated in "an internalised life story – or personal myth" (*Ward & Maruna, 2007 p.85*): i.e. *narrative*

Meaning: beliefs, purpose, values
What's it all about/ Why? (1)

- "Achilles heel" rather than "erosion" or "random shock" (*Swindle et al, 1988*); importance of personal meanings of events.

- Resonance with past e.g. *Cason et al (2002)*; meaning of negative events influenced by schemas and attachment style (*Platts et al, 2002*)

- "...crises may raise fundamental questions about our lives...we may come to question what our life might have been, what it is about, and what it will become" (*Brown & Harris, 1978 p84*)

Meaning: beliefs, purpose, values
What's it all about/ Why? (2)

- Can separate making sense of particular event(s) and maintaining overall sense of meaning (*Holland et al, 2010*)

- Discrepancies between appraisals of specific events and overall sense of meaning are often accompanied by rumination as attempt to assimilate

- Can result in change or growth in meaning (*Park, 2010*) <u>or</u> e.g. "rigidification" (*Kroger, 1996*)

- Can come to see new events and circumstances as conforming to patterns of threat, unfairness, unreliability, blame of self or others (*Berntsen & Rubin, 2006*)

Control: self- efficacy/regulation
Can I handle it? (1)

- Initial perceptions of controllability important in direction of response to life changes (*Updegraff & Taylor, 2000*)

- Persistence (as distinct from onset) of depression and anxiety in response to life changes linked to perceptions of uncontrollability and continuation ('entrapment), recurrence or worsening ('danger')(*Cruwys et al, 2014*)

- Relevance to handling life changes of self- efficacy, mastery, "hardiness" etc (*Aneshensel, 1992*) BUT

Control: self- efficacy/regulation
Can I handle it? (2)

- Coping, problem- solving, locus of control etc vary across areas of life and even within episodes (; *de Ridder & Kerssens, 2003*)

- Though e.g. fatalism, learned helplessness erode persistence these are often influenced by actual resources, opportunities (*Aneshensel, 1992*)

- Sense of controllability influenced by degree of uncertainty in/ precipitated by event; can resort to strategies e.g. impulsivity that were adaptive in a childhood environment of limited resources (*Mittal & Griskovicius, 2014*)

Belonging: connectedness, commitment, social support *What am I part of? Am I part?* (1)

- Belonging a fundamental human motive (*Baumeister & Leary, 1995*), connectedness affirms place in the world and sense that life has meaning (*Cruwys et al, 2014; Jones & Jetten, 2011; Lambert et al, 2013*)

- Social exclusion affects meaning in life, sense of control, self- esteem (*Williams, 2001*); latter high if feel approved of and accepted (*Leary & MacDonald, 2003*)

- Perceived rejection often seen as unjust, unfair (*Smart Richman & Leary, 2009*)

- Chronic loneliness associated with feelings of difference, alienation, mistrust (*Hawkley & Cacioppo, 2010*)

Belonging: connectedness, commitment, social support *What am I part of? Am I part?* (2)

- Responses such as withdrawal and anger after extreme events can further deplete social support (*Ozer et al, 2008*)

- Resources conferred by social support include instrumental aid, advice, feedback and "confirmation of social identity" (*Iversen et al, 2008 p 519*)

- Approaches to relationships and response to crises (and capacities for reflective functioning and self- regulation) influenced by attachment (*Fonagy & Target, 1997; Sharp et al, 2012*)

Links to homicide and other violence (1)

Identity e.g. Shame ("a globalized negative feeling about the self": *Hundt & Holahan, 2012 p. 192*) is a common antecedent of violence (e.g. *Elison et al, 2014*; *Velotti et al, 2014*); can lead to "escape from self" > rigid, constricted, short- term thinking (*Baumeister, 1990*)

Meaning e.g. Narrative e.g. as wronged, righteous (*Ward & Maruna, 2007*); influence of "culture of honour" makes vigilant, mistrustful (*Altheimer, 2012*); blame victim to protect/ impose world view (*Lila et al, 2013*); beliefs/ implicit theories e.g. in hostile world, need to avoid failure, grievance/ revenge (*Beck et al, 2001*)

Links to homicide and other violence (2)

- **Control** e.g. Can embrace simplistic "answers" (*Ruotolo, 1968*); anger and aggression can restore feelings of control (*Leary et al, 2006*); alcohol impairs self-regulation, amplifies negative mental states (*Day et al, 2003*); self-regulation in face of adversity is a limited resource (e.g. *Baumeister & Heatherton, 1996*)

- **Belonging** e.g. Effects of perceived rejection in unrelated situations contributes to domestic violence (*Pederson et al, 2000*); strong relationship between rejection and anger/aggression; social exclusion impairs self-regulation> "cognitive deconstruction" (*Baumeister et al, 2005*)

Areas for development

- Explore links with Good Lives Model (e.g. *Ward & Stewart, 2007*): impact of life changes on 'primary human goods'

- Why do some people respond to adverse life changes with resilience and enhanced sense of meaningfulness and others with increased risk of violence? (Latter may include reduced sense of connectedness/ acceptability to others)

- Explore e.g. negative life events as a common origin of both mental disorder and propensity to violence (*Silver & Teasdale, 2005*)

- Extend attention to context within risk assessment e.g. likelihood of reconstituting negative patterns, conditions/ meanings under which destabilising may occur

Processes <u>within</u> offence episodes

This area is concerned with an offender's intentions, states of mind and emotions within an offence and recognises that what occurs is often influenced by the interaction between offender and victim.

What might be brought to the offence situation? Past influences

- The individual is likely to bring to the offence situation ways of sense- making based on early and more recent experience : there can be an interaction between these (e.g. anxious ambivalent attachment - and EMS concerning abandonment - likely to be strongly activated by break- up of a close relationship)

- NB "….. attachment problems are central to our understanding of sex offenders and their offending behaviour" *(Craissati, 2009, p. 13; also Ward et al, 1996)*

- Also linked to domestic violence (*Dutton & White, 2012*) – in fact to "all types of criminality" according to a recent meta- analysis (*Ogilvie et al, 2014 p.322*)

What might be brought to the offence situation? Emotions

- Accumulation of negative recent events may have left the individual preoccupied with themes such as unfairness, betrayal, rejection, failure

- Rumination is a common consequence that also amplifies and rehearses issues including grievances (*Keltner et al 1993; Park, 2010; Rusting & Nolen- Hoeksema, 1998*) even when overt expression of anger is avoided as in 'overcontrol' (*Davey et al, 2005*)

- In sexual offenders, negative emotional states linked to: increase in fantasy (*Looman, 1999*); closeness to offending (*Hudson et al, 1999*); over- riding of conventional sexual beliefs (*Polaschek & Ward, 2002*); narrowing of thinking with over- riding of empathy and normal self- evaluative processes (*Covell & Scalora, 2002*)

- Negative emotional states (and above processes?) appear to be important antecedents of other kinds of offending (*Zamble & Quinsey, 2001*)

What might be brought to the offence situation? Intoxication

- Heavy use of alcohol impairs self- regulation and can amplify negative mental states ; many violent and other offences are influenced by prior use of alcohol (*Day, Howells, Heseltine & Casey, 2003*).

- Behavioural effects of alcohol moderated by e.g. social setting, cultural norms about expected behaviour, and impulsivity, lack of empathy, experience of aggressive episodes

- Effects of alcohol mediated by alterations of awareness such as reduced problem- solving ability, diminished evaluation of consequences, misinterpretation of or focus on a narrow range of cues, simplistic inferences regarding the views and intentions of others and accentuation of emotions, greater risk- taking and feelings of power (*Day et al, 2003*); these – like e.g. decisions to take risks (*Wortley, 2014*) are similar to the cognitive effects of negative emotions such as anger

What might be brought to the offence situation? Planning

- In some cases the reasons for contact with the victim may relate to background context (e.g. negotiation of property following relationship break-up: *Silverman & Mukherjee, 1987*) or immediate situation (e.g. a confrontation following a night out, a domestic dispute)

- *Felson and Massoglia (2012)* reported that 25.7% of a sample of homicide offenders reported planning to kill (against 11.3% of sexual offenders)

- Many sequences of human behaviour are engaged in without a clear outcome in view (*Radley, 1977*) and intent in situations resulting in homicide can be multi- faceted and fluctuate (*Briscoe, 1975*)

- *Nestor et al (1995)* lethal violence can be precipitated by persecutory delusional beliefs: does this constitute planning/ intent?

- *Tanay (1975)* reported ¾ of a sample of homicide offenders reported what sounded like <u>dissociation</u>, in which intent and self- awareness was confused, prior to their offence (though methodology unclear)

What might be brought to the offence situation? Dissociation 1

'Ordinary' dissociation:

E.g. have you ever found yourself in a location but couldn't remember how you got there? *(Ogawa et al., 1997)*

- Three main categories *(Waller et al., 1996):*

 - Amnesia (as above, or faced with evidence of actions for which no memory)

 - Absorption (so engrossed in an activity unaware of surroundings)

 - Depersonalisation (experiencing self as an observer, disconnected from body or feelings)

Psychopathological dissociation:

- Disruption in experience and development of self as a result of failure to integrate experience *(e.g. Putnam, 1994)*

- Tendency to dissociate a consequence of disturbance in experience and development of self *(e.g. Liotti, 1994)*

What might be brought to the offence situation? Dissociation 2

- Can originally defend against overwhelming experiences (influenced by immature cognitive system of child + disorganised attachment style when caregiver also the source of abuse: *Liotti, 1992*)

- Later can become an automatic response to stress? (e.g. *Terr, 1991*)

- "Borderline" characteristics common in e.g. sex offenders (*Marshall, pers.communication*),domestic violence perpetrators *(Dutton, 1994)*

- Can be a response to emotionally overwhelming events, as in traumatic situations *(Brewin, Dalgleish & Joseph, 1996*) and offence- related PTSD can be suffered by homicide perpetrators (e.g. Pollock, 1999)

- Also extreme breakdown in self- regulation due to disengagement from painful emotions after falling short of personal standards (*Baumeister, Heatherton & Tice, 1994*). NB Shame and aggression (*Elison et al, 2014*)

NB Poor encoding of homicide event interferes with subsequent recall? - Need to evaluate not dismiss (see *Porter et al, 2007*)

What might be brought to the offence situation? Aggression

- Hostile/ reactive aggression regarded as a response, typically involving anger, to events seen as provocative or threatening

- In instrumental aggression the aggression is regarded as a means to an end (e.g. use of threats to get money, use of force to eliminate an obstacle) and is more likely to be described as "cold- blooded"

- However most episodes appear to involve multiple factors and motives (even "anger" can have numerous functions e.g. *Novaco, 1976*) and often show elements of both the above

- More useful to consider a dimension ranging from impulsive aggression (with limited, automatic cognitive processing) to premeditated (considerable and conscious cognitive processing, including planning)? See *Bushman and Anderson (2001)*

- Though as indicated by previous points, the reality can be even more complex e.g. need to consider offender's views of world (e.g. as dangerous: *Fontaine 2009*) and use of aggression (e.g. as self-protection: *McMahon et al, 2009*)

Additional influences within an offence episode

All above (and e.g. guiding 'personal narrative', script, cultural expectations) or only some can be involved and interact; other relevant features include the following (see *Brookman,: 2015*):

- Privacy, secrecy *or* presence of an 'audience' that might e.g. give encouragement or heighten wish to avoid humiliation or "loss of face"

- Concern with maintaining identity/ status and heightened reaction if perceived as undermined

- Behaviour of victim (can lead to escalation beyond what was originally intended as perpetrator and victim react to each other's behaviour)

- Can be final "trigger" e.g. "…violations to self- esteem through insult, humiliation or coercion are…..probably the most important source of anger and aggressive drive in humans" (*Feshbach, 1971, p285*)

Also "chance"

- "The difference between homicide and assault may simply be the intervention of a bystander, the accuracy of a gun, the weight of a frying pan, the speed of an ambulance or the availability of a trauma centre" *(Gottfredson & Hirschi 1990 p. 34)*

And sometimes motivation can be difficult to understand even when not psychotic ......

- An individual in his late 30s killed a security guard on a building site
- He had lost his job (factory foreman), wife, home, driving license, and continued to drink heavily
- Under- achieved at school but subsequently did quite well in terms of professional (artisan) qualifications and promotions at work. Treated for depression on several occasions from late teens; occasional minor offending (e..g. driving without insurance) in late teens
- On night in question was returning from pub, noticed two security guards on a building site; had been thinking "how much can happen to one guy" and decided to pose as a building inspector and talk to them "for devilment"
- Engaged security guards in conversation, one headed off apparently to make a call from their hut, 'D' panicked and hit the remaining one with a piece of wood he picked up, with fatal consequences
- Why talk to them "for devilment"? – Liked to think of self as "a bit clever" , whereas his life was "none too clever at the time" and through observing them he had decided that they were "plodders" and he was "more active mentally"

Discussion

➢ In your groups of 4 or 5, discuss the following:

• How might we take interviewing about his reasons a bit further?

• What aspects that we've looked at in the last couple of days might be relevant?

NB 'Laddering' (*Needs, 1988; Needs & Jones, in press*)

Even more discussion ....

➢ *The case of 'A'. (He killed a friend of his family, an elderly woman and as a junior reporter on a local newspaper and was sent to report on the crime he had committed. He had an assessed IQ of 128 and his father was editor of a scientific journal)*

• Still in your groups, what are your impressions or hypotheses from this extract from a case report?

• What else would you want to investigate?

• What recommendations would you make for intervention in order to lessen future risk?

• How would you judge, in the years to come, whether risk has been reduced?   (NB See *Winter, 2003*)

Processes in repeated offending

This part centres on 'functional analysis' (often now called 'functional assessment'). This seeks to identify patterns in repeated offending of a particular type, including when it is likely to occur and the purposes or functions that it serves for the individual

An increasingly aggressive case of indecent exposure

- (S) Parks; returning from work (originally school) ; "like Christmas Eve"; lone adult women

- (O) Impotence in consenting encounters; dismissive attitudes to women/ seriousness; concrete thinking; poor coping; alcohol

- (R) Puts offending at "4 figures" (from age 13); urination, masturbation, escalating assault

- (C) Ejaculation (roughly half occasions); "surprise and annoyance" of victims; tension release; prison long term and a "sanctuary"

SORC Framework (after *Lee- Evans, 1994)*

- **S**ituational variables *(settings and trigger events)*
- **O**rganism variables *(physiological factors, behavioural skills, cognitive skills, beliefs, needs, values)*
- **R**esponse variables *(frequency, intensity, duration, relationship to other behaviours, 'organism' aspects during the chain of events)*
- **C**onsequent stimuli *(immediacy, probability)*

NB *Antecedents, Behaviour, Consequences (ABC)*

Some quotes

- " Functional analysis constitutes not a psychological theory but a strategy for problem solving, and as such may be adopted whatever the problem under discussion" (*Owens & Ashcroft, 1982, p188*)

- "Functional analyses do not attempt to completely explain behaviour, rather, they simply assist the assessor to develop hypotheses as to what *controllable* factors are at work" (*Westrup, 1998 p.280*)

Worth pointing out

- Ostensibly similar problems may have different origins and be maintained by different factors: different factors are involved in onset and maintenance of a behaviour pattern
- Within the same individual, a problem may consist of several functionally separate patterns
- Need to approach variables in terms of whether they increase or decrease the probability of the behaviour or the severity of the problem, whether they are antecedents or consequences (and relationships between the two)
- Consequences can be correlational rather than causal (e.g.. getting caught) and can be antecedents of a further sequence in a chain (e.g. contributing to stronger fantasies or feelings of resentment) (See Gresswell & Dawson, 2010: Multiple Sequential Functional Analysis)
- And worth considering …. How can we gather information in order to identify patterns in the individual case?

Origins/ influences

- Skinner: operant conditioning – manipulate frequency of a behaviour through environmental events.

NB Reinforcement and punishment

- Darwin: natural selection (here- of behaviour)
- Shapiro: analysis of variations in a behaviour over time
- Goldiamond: 'ecology of behaviour'- give client insight into patterns and increase functionally equivalent alternatives
- NB Mischel (1973) "idiographic stimulus and response equivalences" + Mischel and Shoda (1995)

Functional analysis of recidivistic arson (after Jackson et al, 1987)

(A)
- General setting conditions: psychosocial disadvantage, dissatisfaction with life and self, ineffective social interaction
- Specific psychosocial conflict: lack alternative responses to conflict, experience with fire
- Triggering events: powerlessness, rejection, anger , anxiety

(B)
- Fire, target, solitary, involvement with scene?

(C)
- Short- term influence on environment, excitement, attention etc though can be preoccupation with secrecy

= *'Only Viable Option Theory'*

Case study

➢ *Case of 'Mr X'*

In your groups of 4 or 5, discuss and:

- Try to organise information in terms of Antecedents, Behaviour and Consequences (ABC); use SORC if you prefer

- Formulate at least one hypothesis concerning functional relationships involved in his offending

- What recommendations would you make for intervention in order to lessen future risk?

- How would you judge, in the years to come, whether risk has been reduced?

Some limitations/ words of caution

- Practical constraints
  - Time consuming
- Utility problems
  - More than one function for a behaviour (*Sturmey, 1996*)
- Offenders may be poor informants
  - Lack ability to discriminate their emotions (e.g., anger vs. anxiety)
  - Inadequate memory for past events
  - Motivation to lie, distort, or omit
- Different environments can promote or inhibit certain behaviours
- Difficult to observe target behaviours directly within an institution

However

- Can be used to supplement standardised risk assessment protocols and other interviewing
- Can it be integrated in more depth with the sorts of issues and processes that we have been looking at in this course?
- NB Offence Paralleling Behaviour (Jones, 2004)

Final section (at last!)

➢ *Back to case of 'P'. In your groups of 4 or 5, identify and discuss any aspects that we have covered since that you find interesting and that might be useful to explore further in relation to this case.*

Final questions and discussion

- Are there any questions you would like to ask, issues you would like to discuss or areas that you would like me to talk about?

- What would you like to know more about concerning forensic psychological assessment or being an expert witness?

Finally ....

Thank you for listening and good luck with your work!

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