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Confabulation in Correctional Settings: An Exploratory Review

Authors: Jerrod Brown, Mario L. Hesse, Michael Rosenbloom, Blake Harris, Jason Weaver, Anthony Wartnik, Erwin Concepcion, Chris Mertz, Erv Weinkauf, Pamela Oberoi, & Stephanie A. Kolakowsky-Hayner

Disclaimer: Some of the information presented in this article is based on professional interpretation, opinion, and experience. The subject of confabulation is complex and requires extensive education and training in order to grasp the concepts and key research findings associated with this topic. Professionals interested in learning more about confabulation are encouraged to review the scholarly literature related to this topic and should consult with other professionals with advanced competencies in this subject matter.

Introduction and Overview

Confabulation is a complex subject, often misunderstood by professionals and highly debated within the academic field (Glowinski, Payman, & Frencham, 2008). Controversy and a lack of consensus among researchers and professionals' remains in the classifications, mechanisms, origins, and definitions associated with confabulation (Glowinski et al., 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). A large portion of the research that examines confabulation has relied on case-study methods (Turner, Cipolotti, Yousry, & Shallice, 2008).

Confabulation can be described as a disruption in normal memory function, whereby the individual unintentionally distorts or fabricates imaginary or non-experienced events without intent to deceive or lie (Ackil & Zaragoza, 1998; Clare & Gudjonsson, 1993; Fotopoulou, Conway, & Solms, 2007; Gudjonsson, 1992; Moscovitch, 1995). In other words, individuals who inaccurately integrate incorrect information into their memory and/or subsequently present such information as fact are demonstrating confabulation (Pezdek, 2008). Individuals who confabulate are unaware of the falsehood of their statements (Schnider, von Daniken, & Gutbrod, 1996). The mechanisms and underpinnings associated with confabulation are believed to be multifaceted and complex (Smith & Gudjonsson, 1995). Although, confabulation involves impaired memory processing, the underlining brain processes and cognitive functioning deficits associated with this phenomenon are largely unknown (Turner, Cipolotti, Yousry, & Shallice, 2008). However, 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 may range from slight deviations in a narrative to narratives that have no factual basis. For this reason, one could speculate that confabulation falls along a spectrum, ranging from minimal to extreme occurrences. However, additional discussion and research is warranted to support this statement.

Diagnostic Comorbidity

In the neurology literature, confabulation is commonly associated with Wernicke-Korsakoff Syndrome (WKS), a metabolic brain disorder that results from chronic thiamine deficiency and is associated with alcohol abuse and dependence (Gilboa & Moscovitch, 2002; Johnson et al., 2000). The characteristics most often associated with WKS are severe and disproportionate anterograde memory loss in patients that are otherwise alert and responsive (Becker, Furman, Panisset, & Smith, 1990; Halliday, Cullen, & Harding, 1993). Yet, there are other conditions where confabulation may occur. Examples include Alzheimer's disease (Cooper, Shanks, & Venneri, 2006), particularly involving episodic memories (Lee, Kinomura, Meguro, Akanuma, Meguro, & Fukuda, 2009), behavioral variant frontotemporal dementia and traumatic brain injury (Turner, Cipolotti, Yousry, & Shallice, 2008). Additionally, confabulation may further be observed in psychiatric disorders such as schizophrenia (Shakeel & Docherty, 2014). In addition, executive functioning deficits are often present in those who confabulate (DeLuca, 2000; Metcalf et al., 2007).

Diagnostic Clarification

Confabulation and malingering. Confabulation differs from malingering, in that malingering is purposeful deviation from the truth with a desired outcome to achieve secondary gain (Vitacco, Jackson, Rogers, Neumann, Miller, & Gabel, 2008). Confabulators are not aware of which elements of their remembered stories are real and which have been unconsciously inserted. It is also important to note that someone who is malingering is more likely than a person who is confabulating to exhibit symptoms beyond just memory problems.

Confabulation and delusions. 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). Often these inaccurate or false beliefs are not based in reality and are implausible or even bizarre. A person experiencing delusions is often out of contact with reality and frequently believes facts that are false and implausible. Furthermore, an individual experiencing delusions, rather than confabulating, is often unable to disengage from false beliefs even when evidence to the contradictory is presented. 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). Professionals should also attempt to make a determination regarding the validity of the delusional beliefs.

Confabulation and 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. Research has reported that it is nearly impossible for a professional to determine whether the individual is being truthful or confabulating (Glowinski, Payman, & Frencham, 2008). 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.

Confabulation within Correctional Settings

Little is known about the impact confabulation has on forensic mental health settings (Smith & Gudjonsson, 1995), including correctional facilities. It is quite possible that confabulation can contribute to wrongful prosecution and subsequent incarceration in some cases. For example, defendants may confabulate and provide false confessions or incomplete or incorrect alibis statements (Gudjonsson, 1999; Kassin & Kiechel, 1996). As a result, accurate detection of confabulation among an offender population is strongly suggested.

Additionally, when an inmate is confabulating it may appear to correctional professions that they are being intentionally deceitful. To ensure that effective strategies are used, it is important not to make assumptions or dismiss an individual's behavior until accurate differentiation can be established. This

also ensures that an opportunity to understand the inmate's behavior and evaluate their functioning is not missed, thus improving rapport, communication and behavior.

Table 1 highlights important reminders for correctional professionals to take into account when encountering or considering the topic of confabulation. The authors would like to stress the importance of ongoing training and awareness related to the topic of confabulation. However, correctional staff should consult with trained professionals competent in the area of confabulation if an inmate exhibits confabulatory statements.

Table 1. Confabulation in Correctional Settings: Important Reminders

- Confabulation is not the intent to lie or deceive, but rather an inmate's gap in memory and their attempt to fill the gaps.
- The presence of confabulation should alert correctional professionals to the possibility that they may be interacting with an inmate who is cognitively impaired and/or vulnerable.
- Inmates 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.
- Inmates exposed prenatally to drugs or alcohol may experience deficits in memory and may display confabulation as the brain's way of filling in the gap in memory.
- Suggestive questioning may enhance the probability of confabulation because the individual is attempting to fill in memory gaps.
- Inmates with cerebral dysfunction may be more likely to confabulate when they are misled in some way. Therefore, if there is substantial pressure to remember an event a certain way, they may actually come to believe it.
- Correctional staff may have a difficult time determining lying and deceitfulness, associated with anti-social behavior, from confabulation.
- Inmates with a history of confabulation may confess to crimes or prison rule violations they did not commit.
- Mental health programming may become challenging and less effective when an inmate exhibits confabulatory responses within therapeutic settings.
- Inmates who confabulate may have a diminished capacity to engage in informed decision-making abilities.
- Certain cognitive impairments, conditions, and factors may increase an individual's risk to confabulate compared to persons without certain conditions.
- Accurate detection of confabulation should be determined through an appropriate clinical interview, records review, contact with collateral sources, and psychological testing conducted by a qualified professional.

Variations in stories told by individuals who confabulate may range from minor to strange and unbelievable narratives (Turner, Cipolotti, Yousry, & Shallice, 2008). Within correctional settings, confabulators may put their own safety at risk with other offenders or be accused of illegal behaviors they did not commit. Verifying statements made by someone with a history of confabulation is highly recommended. Individuals with a history of lying that suddenly begin to confabulate (exhibit confabulation-like behaviors) are particularly difficult for practitioners because differentiating between the two can be extremely challenging. Individuals who confabulate, most likely, do not recognize that their false statements can lead to a host of unintended adverse outcomes. Table 2 highlights possible adverse consequences associated with confabulation within an offender population.

Table 2. Confabulation in the Criminal Justice System: Possible Consequences

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

Clinical Considerations. Within the context of clinical settings, clinician's should take into account confabulation when determining the accuracy of a client's diagnoses (Smith & Gudjonsson, 1995). Confabulation can result in an unreliable self-report, thus complicating the diagnostic assessment process. Clinical decision-making may be compromised when an inmate consistently confabulates. Clinicians must pay close attention to discrepancies in an inmate's narrative that are inconsistent and/or illogical. Clinicians are also encouraged to review collateral sources of information, when possible, from familial and non-familial individuals familiar with the inmate's prior daily living routine and functioning. Additionally, clinicians should review inmate records for behavioral patterns that may indicate a history of confabulation. Obtaining accurate and verifiable information throughout the assessment and treatment process is also strongly suggested; keeping in mind that confabulation may negatively impact overall treatment outcomes (DeLuca, 1992; DeLuca & Locker, 1996).

Suggested Approaches. Interacting with individuals who confabulate may create confusion and frustration on behalf of the professional, especially if professionals lack of awareness and understanding of confabulation. It is important to note that professionals should not assume that someone who confabulates fully comprehends what is being explained. Keep in mind that closed-ended questions can easily mask the inmate's true impairments and limitations with regard to memory. Whenever possible and appropriate, the use of open-ended questions may assist in determining an inmate's ability to accurately recall information. However, this process will never identify all inmates that have a propensity to confabulate.

Table 3 highlights possible suggestions to consider when addressing the topic of confabulation within correctional settings. However, it should be noted that the information presented in Table 3 is not researched through rigorous scientific study and is only based on professional experience and opinion.

Table 3. Confabulation within Confinement Settings: Suggestions for Correctional Professionals

- Correctional officials should be knowledgeable about each inmate's mental health disorders/illnesses to better recognize offenders who may confabulate
- Correctional professionals should review multiple data sources (e.g., multiple accounts, review

records, etc.) to confirm accounts provided by inmates with a history of confabulation

- Inmates who confabulate may require additional testing and possible referral for neurological or psychological testing
- Provide education and training opportunities to correctional staff regarding the complexities of confabulation within an inmate population
- Broaden correctional officer specialties to include an advanced knowledge base related to confabulation
- Create system-wide education and training opportunities within correctional settings that pertain to confabulation
- Appropriately document in the inmate's case file, when confabulation is suspected
- Implement fact-checking procedures to clarify and verify statements made by inmates with a history of confabulation
- Create opportunities to better understand the unique behavioral and developmental characteristics of inmates with a history of confabulation
- Establish partnerships with offender-based reentry programs that understand the complexities of confabulation
- Within correctional settings, expand diagnostic and intake screening procedures to identify at-risk inmates
- Inform appropriate correctional staff, when an inmate makes possible confabulatory statements
- Develop skills and procedures for effectively approaching and communicating with inmates who display problematic behaviors associated with confabulation

Conclusion

Although confabulation can create significant issues within clinical and forensic settings, the rate of its actual incidence is unknown (Glowinski, Payman, & Frencham, 2008). Inmates who confabulate may create significant challenges for correctional staff. As a result, correctional professionals are strongly encouraged to understand the risk factors associated with confabulation within offender populations. Additional research is necessary and warranted, especially when serious consequences might ensue due to the behaviors of an individual dealing with confabulation.

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About the authors:

Jerrod Brown, MA, MS, MS, MS, is the Treatment Director for Pathways Counseling Center, Inc. Pathways provides programs and services benefitting individuals impacted by mental illness and addictions. Jerrod is also the founder and CEO of the American Institute for the Advancement of Forensic Studies (AIAFS) and the lead developer and program director of an online graduate degree program in Forensic Mental Health from Concordia University, St. Paul, Minnesota.

Mario L. Hesse, PhD, is a professor of Criminal Justice as St. Cloud State University. Dr. Hesse's areas of research and teaching focus on: corrections, delinquency, gangs, and media and crime. Mario has been a review-editor for *A Critical Journal of Crime, Law and Society*, the *Journal of Gang Research* and other journal and periodical publications.

Michael Rosenbloom, MD, is a behavioral neurologist and currently serves as the clinical director of the HealthPartners Center for Memory and Aging. He is a graduate of the Mass General Hospital/Brigham and Women's residency training program at Harvard. He subsequently completed a behavioral neurology fellowship at the University of California, San Francisco (UCSF) Memory and Aging Center, focusing on Alzheimer's disease as well as atypical dementias such as frontotemporal dementia and rapidly progressive dementia. In addition to his work as a neurologist, Dr. Rosenbloom participates in ongoing research related to early detection of Alzheimer's disease and intranasal therapeutics for dementia.

Blake R. Harris, PhD, obtained his PhD in Clinical Forensic Psychology from the California School of Forensic Studies and has gained invaluable experience in diverse forensic settings. Dr. Harris enjoys professional and casual ventures that afford him the opportunity to research, explore, discuss, and even debate the etiology and nature of aberrant violent behavior, and destructive personalities. This is especially true regarding the concept of the psychopath, the subject to which he devoted his long-titled dissertation (Aberrant Psychopathy as a Potential Protective Factor against Posttraumatic Stress Disorder Symptomatology).

Jason Weaver, PhD, is a social and personality psychologist who is particularly interested in the complex interplay between people and situations. Most of his current research examines identity and the effects of consistency motivation, but he has also studied self-fulfilling prophecies, voting behavior, sport performance, inter-cultural interactions, and romantic relationships. A guiding theme in his research is to employ creative, high-impact paradigms to investigate longstanding issues in social and personality psychology. In addition, he is interested in finding ways to more effectively translate psychological science into real-world applications.

Judge Anthony P. (Tony) Wartnik served as a trial judge for 34 years, nine of which were on the Bellevue District Court, a limited jurisdiction court and almost 25 years on the King County, Washington Superior Court, a general jurisdiction court. In the latter capacity, he presided over involuntary mental

illness treatment commitment cases, juvenile offender and dependency cases, adult criminal cases, and family law cases in addition to other assigned responsibilities. He chaired a task force in the mid-1990s to establish protocols in Juvenile Court for determining the competency of youth with organic brain damage and chaired the Governor's Advisory Panel of Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE). Since retirement from the court in 2005, Tony has served as a consultant to the Fetal Alcohol and Drug Unit, University of Washington, School of Medicine and as the Legal Director/Liaison for FASD Experts, a multidisciplinary Forensic Assessment and Diagnostic Team, and has presented at workshops and conferences throughout the United States, in Canada, New Zealand and Australia. In addition, he has authored and co-authored numerous articles on issues involving Fetal Alcohol related issues, mental health, and other subjects as they relate to the law and the court.

Erwin Concepcion, Ph.D. LP, is a clinical neuropsychology consultant for the Minnesota Brain Injury Alliance and Director of Psychology with the Minnesota Department of Human Services.

Chris Mertz, PsyD, is a neuropsychologist at HealthEast Care Systems in St. Paul, MN. He is a graduate of James Madison University in Virginia and completed postdoctoral fellowship at Cooper University Hospital in Camden, NJ. In addition to directing the outpatient neuropsychology clinic at St. Joseph's Hospital, he is a faculty member for the HealthEast APA Psychology Doctoral Internship program. Areas of professional interest include geriatric neuropsychology, decision-making capacity, and delirium.

Erv Weinkauf, MA, is a retired 40-year law enforcement veteran with 19 years of teaching experience. He currently serves as chairperson of the Concordia University Criminal Justice Department in St. Paul.

Pamela Oberoi, MA, is a psychotherapist and the manager of the refugee mental health program at Pathways Counseling Center in St. Paul. She provides diagnostic assessments and psychotherapy to individuals experiencing severe and persistent mental illness and/or developmental problems. Pamela is also a researcher and is the author and co-author of numerous articles. She has been one of the few professional involved in researching and writing about the topic of confabulation.

Stephanie A. Kolakowsky-Hayner, PhD, CBIST, is the Director of Rehabilitation Research at Santa Clara Valley Medical Center in San Jose, CA. She is the Project Director of the Northern California Traumatic Brain Injury Model System of Care Follow-up Center. She is the Partnering-PI for the DoD-funded study of rTMS: A Treatment to Restore Function after Severe TBI. Dr. Kolakowsky-Hayner holds an appointment as a Clinical Assistant Professor Affiliated in the Department of Orthopaedic Surgery, Stanford University School of Medicine, and is also the Chair of the Brain Injury Association of California Board of Directors. In addition to being the proud mom of 5 school-aged children, she actively serves on the Academy of Certified Brain Injury Specialists Board of Governors, and the Board and multiple committees and task forces of the American Congress of Rehabilitation Medicine.