Confabulation and Delusions: A Need for Increased Awareness, Understanding, and Training for Criminal Justice and Forensic Mental Health Professionals

By Jerrod Brown, Ph.D.

False beliefs such as confabulation and delusions can have serious consequences in criminal justice settings such as false confessions and wrongful convictions. For example, these false beliefs can limit an individual’s capacity to make informed legal decisions like waiving legal rights (e.g., Miranda rights and the right to an attorney), confessing to a crime, or entering a plea. Further, false beliefs may limit an individual’s competency to stand trial or serve as a witness. Despite these issues, professionals working in criminal justice and forensic mental health settings often lack expertise in confabulation and delusions. In light of these consequences, it is essential that legal, law enforcement, corrections, and mental health professionals working in criminal justice and forensic settings are able to recognize and distinguish confabulations and delusions.

In contrast, confabulations are false beliefs that can stem from frontal lobe damage, executive function deficits, or memory issues. Confabulations can also occur among non-impaired individuals who are pressured to respond to direct lines of questioning (e.g., law enforcement interrogations or cross examination). In these cases, an individual unconsciously recalls an inaccurate memory that he or she wholeheartedly believes is true. This may be done in an effort to resolve gaps in an individual’s memory by incorporating memories of other events. Confabulation can be precipitated by internal factors (e.g., cognitive deficits) or external factors (e.g., repeated questioning or negative feedback in stressful situations). Although confabulation can occur in perfectly healthy individuals under the right set of circumstances, the presence of neurological conditions such as fetal alcohol spectrum disorder (FASD),
traumatic brain injury (TBI), and Wernicke-Korsakoff syndrome (WKS) increases the likelihood of confabulation.

In contrast, delusions are firmly entrenched false beliefs that persist despite the presence of convincing evidence to the contrary. These misinterpretations of reality can take on the form of delusions of persecution (e.g., “the CIA is trying to kill me”) or delusions of grandeur (e.g., “I am Jesus Christ”). Delusions typically occur in the context of a mental illness such as a psychotic disorder (e.g., schizophrenia).

Although both confabulation and delusions seem real to the individual and are manifested without any malice intentions, these types of false beliefs can be distinguished in terms of their etiology. Gaining a greater familiarity with an individual client’s personal background is essential in this process. An important step is obtaining collateral information from sources other than the client, including family members, friends, care providers, and official records. If the client has a mental illness such as psychosis or a pattern of bizarre behavior across different settings, then delusions are likely the source of the false beliefs. In contrast, if the client has memory issues, executive function impairments, or frontal lobe injuries, then confabulations could be the cause of the false beliefs. It is possible that a client could suffer from both delusions and confabulations at the same time. Distinguishing the origins of these false beliefs is a necessary first step in ensuring the adequate treatment of the client.

To increase awareness of confabulation and delusions in criminal justice and forensic mental health settings, advanced training should focus on 10 key learning objectives:

1. Develop a working knowledge of the definitions and subtypes of delusions and confabulation.
2. Review existing research literature on confabulation and delusions including key facts and statistics.
3. Explore the biopsychosocial and environmental causes of confabulation and delusions.
4. Examine common myths and misinformation about confabulation and delusions.
5. Learn how to distinguish between confabulation and delusions through a systematic comparison of similarities and differences.
6. Obtain a working knowledge of the deleterious impacts of confabulation and delusions on an individual’s capacity to navigate the criminal justice system (e.g., competency to stand trial).
7. Understand how confabulation and delusions can contribute to false confessions, inaccurate testimony, and wrongful convictions.
8. Acquire a basic understanding of the challenges (e.g., misdiagnosis and missed diagnosis) that confabulation and delusions can present in the screening and assessment process.
9. Learn about intervention strategies and treatment techniques for confabulation and delusions.
10. Discuss current gaps in knowledge and highlight future directions for research on confabulation and delusions.

Biography

Jerrod Brown, Ph.D., is an assistant professor and program director for the master of arts degree in human services with an emphasis in forensic behavioral health for Concordia University, St. Paul, Minnesota. Jerrod has also been employed with Pathways Counseling Center in St. Paul, Minnesota for the past fifteen years. Pathways provides programs and services benefiting individuals impacted by mental illness and addictions. Jerrod is also the founder and CEO of the American Institute for the Advancement of Forensic Studies (AIAFS), and the editor-in-chief of Forensic Scholars Today (FST) and the Journal of Special Populations (JSP). Jerrod has completed four separate master’s degree programs and holds graduate certificates in autism spectrum disorder (ASD), other health disabilities (OHD), and traumatic-brain injuries (TBI). Email address: Jerrod01234Brown@live.com.