



Confabulation: A Brief Review for Marriage and Family Therapists

Please note: This blog was originally posted on the AAMFT website to support their upcoming webinar on confabulation. For more information, use this [link](#).

By Jerrod Brown, Ph.D.

Confabulation is an unintentional memory disturbance. Such an inaccurate memory can simply be a distortion of an existing memory or the fabrication of a new memory. For example, a client may mistakenly believe that a real event from decades ago instead took place recently. In contrast, a client could create a fantastic memory of an event that never occurred. The likelihood of this phenomenon is often increased by the presence of a range of disorders and conditions. This includes psychosis (e.g., schizophrenia), trauma (e.g., brain injuries), fetal alcohol spectrum disorder, memory disorders (e.g., dementia, Alzheimer's disease, and Korsakoff's syndrome), and other neurological conditions. In light of the co-occurrence of confabulation with these disorders, marriage and family therapists should have a strong working knowledge of this memory disturbance.

Failure to identify instances of confabulation can have deleterious consequences in treatment settings. This is largely due to the fact that many clinical activities are informed by information self-reported by the client. For example, inaccurate information can contribute to misdiagnosis and the allocation of inappropriate treatment options. Further, confabulation can result in credibility and countertransference issues where therapists may struggle in their decisions of what to believe or not believe. Beyond assessment and treatment, confabulation could result in false reports of victimization or even perpetration of physical and sexual abuse. In such instances, the marriage and family therapist

may be obligated to report this information to the appropriate legal authorities. As such, inaccurate information can result in criminal charges and wrongful convictions.

Despite these difficulties, marriage and family therapists are well positioned to identify confabulation and provide support to clients suffering from this affliction. A necessary first-step in this process is corroborating self-reported information with reliable sources (e.g., family and friends). This is particularly true of clients suffering from clinical and neurological disorders and situations when sensitive memories with severe consequences have been recalled. As this process can be very challenging for the marriage and family therapist, the professional must keep in mind that confabulation is unintentional in nature and without malicious intent.

When confabulation has been discovered, the marriage and family therapist should work with the client to address any underlying clinical or neurological disorder and improve their memory recall. Interactions with the client should be slowly paced, use simple and clear language, and employ open-ended questions. Opportunities include teaching the client self- and memory-monitoring strategies and introducing the client to memory diaries. Similarly, the development of a strong support system of family members and friends is imperative. This group can not only serve as collateral sources of information, but also help ensure the client feels unconditional love and support throughout the therapeutic process. Through such a systematic approach, marriage and family therapists can help clients suffering from confabulation improve both their short- and long-term outcomes.

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