

When forensic clients commit crimes or acts of violence, it is usually possible to reconstruct these events as an unfolding sequence of modes, with one state triggering another, culminating in criminal or aggressive behaviour. Research indicates that the events preceding crimes are often initiated by emotional triggers such as feelings of abandonment, loneliness, worthlessness, humiliation, mistrust, fear, anger, and frustration. Thus, child modes such as the Vulnerable Child, Lonely Child, Impulsive/Undisciplined Child, and Angry/Enraged Child, and associated EMS appear to play key roles in triggering a sequence of events that result in antisocial and violent behaviour. As events progress, the client's emotional vulnerability often becomes less evident, but their anger and impulsivity often escalate. Substance abuse often plays a major facilitating role in these events, as the client uses drugs or alcohol to quell any inner pain (Detached Self-Soother mode), further disinhibiting and emboldening them to carry out antisocial acts. During the crime itself, and the events immediately preceding it, the offender's overcompensatory modes tend to take centre stage. Here, the offender's use of dominance (Self-Aggrandiser mode), deceit and manipulation (Conning Manipulator mode), threats and aggression (Bully and Attack mode), hyper-alertness to threat (Paranoid Overcontroller mode), and cold, ruthless aggression (Predator mode) are evident.

It is not always the case that crimes are triggered by vulnerable emotions. In some cases, for example, crimes stem from entitlement, callousness, or impulsiveness; that is, some crimes arise from an insistence that one is entitled to get what one wants, with callous disregard for the rights or needs of others (Self-Aggrandiser mode), or a need for immediate gratification that overrides any inhibitions (Impulsive Child mode). Whichever way the crime is instigated, the therapist specifies the links between modes and crimes, giving them and the client clear and measurable targets, with the goal of reducing the client's risk of recidivism.

As with schema therapy for any population, the quality of case conceptualisation is critical to working with offenders. Schema therapy is indicated when specific modes are associated with particular criminal behaviours. Offence analysis involves understanding the mode sequence (e.g., Vulnerable Child → Punitive Critic → Bully & Attack mode) that propels the individual towards offending, as well as moments wherein healthy modes (e.g., Healthy Adult mode) have ascendancy and offer opportunities for the individual to disengage from violent or other criminal impulses. Patterns of offending that do not fit well with a schema mode conceptualisation (e.g., violence driven by florid psychosis) are unlikely to be well suited to schema therapy. The internal risk factors for antisocial behaviour, their corresponding schema modes, the clinical manifestations of the modes, and the goals of schema therapy interventions are summarised in Table 16.1.

## Forensic Schema Therapy: Considerations and Adaptations

The basic treatment approach is consistent with schema therapy generally as described in this book; however, a key objective for the treatment is to reduce the recidivism risk of offenders. Treatment ultimately aims to (1) help clients experience more satisfaction of basic needs, (2) heal underlying painful schemas, (3) reverse maladaptive coping behaviour, and (4) build the Healthy Adult mode. Schema therapy works across the central vulnerability factors for forensic risk behaviour (internal and external), while developing the Healthy Adult mode as a protective factor. Notwithstanding this, schema therapy with forensic clients also requires several considerations and potential adaptations from general clinical work [9], as discussed herein.

**Table 16.1** Internal risk factors for antisocial behaviour, schema mode manifestations, and typical schema therapy intervention focus

Relevant Dynamic Internal Risk Factor	Schema mode	Clinical manifestation (Cognitions, Emotions and Behaviours)	Goals of Interventions
Early maladaptive schemas involving disconnection/rejection and abuse	Vulnerable Child Lonely Child Punitive Critic Demanding Critic	Feels rejected, inferior, humiliated, anxious, isolated, excessive self-punishing, and self-critical	Healing painful emotions and underlying maladaptive schema Enhancing capacity for positive emotional states and healthy attachments to other people
Excessive anger, anger dysregulation	Angry/Enraged Child	Easily triggered to anger and rage; misperceives situations as threatening or unfair; rigid; 'all-or-nothing' control over anger	Experience degrees of anger; making realistic appraisals of situations; expressing anger in modulated, constructive ways
Behavioural disinhibition; low frustration tolerance	Impulsive Child	Acts quickly on impulses without thinking or planning; can't tolerate limits or delays in gratification	Increase frustration tolerance; stopping and thinking before acting
Addictive behaviours	Detached Protector, Detached Self-Soother/ Self-Stimulator	Uses drugs to self-regulate emotions, engages in addictive thrill-seeking behaviour	Improve emotional self-regulation; diminishing addictive behaviour; developing relapse prevention skills
Avoidant behaviours	Detached/Avoidant/Angry Protector	Excessive, inflexible avoidance of people and emotions	Increasing ability to experience and express feelings; make genuine emotional contact with other people; coping effectively with people and situations

Domination and exploitation of others	Self-Aggrandiser, Conning/ Manipulator mode	Arrogant, condescending towards others; exploitative, uses other people; deceives and manipulates others	Approaching others as equals, and relationships as reciprocal; behaving honestly towards others, connecting with others
Threats and aggression towards others	Paranoid Overcontroller, Bully and Attack, Predator mode	Hypervigilant to (perceived) threats; 'hot' reactive aggression in response to threats; uses intimidation, aggression to achieve goals; uses cold, ruthless aggression to eliminate threats, obstacles, or rivals	Developing balanced, realistic appraisals of the intentions of other people; developing empathy for victims and remorse for previous offences; recognising and avoiding triggers for aggression; using healthy, non-aggressive methods of resolving conflicts and pursuing goals