

was completed demonstrating the efficacy of schema therapy for violent offenders with personality disorders [7] (see Chapter 2 for an overview).

Schema Therapy Model of Forensic Risk Behaviour

The central tenet of the forensic schema therapy model is that criminal and violent behaviour (and the risk thereof) can be understood as an ‘unfolding sequence of schema mode activation’ [8]. The circumstances preceding criminal behaviour often involve the triggering of overwhelming child modes and related underlying schemas (e.g., Abandonment, Defectiveness, Mistrust/Abuse) that invariably lead to the activation of one or more coping modes that represent forensic risk behaviour (e.g., Bully and Attack, Self-Soother). The dominant question guiding forensic schema therapy assessment is: What mode, or sequence of modes, is activated during an offender’s acts of crime?

The forensic schema therapy model (see Figure 16.1) provides a framework for understanding and treating forensic risk behaviour. Schema modes represent distinct ‘pathways to offending’ – internal vulnerability risk factors for offending behaviour [8]. Healthy schema modes (especially the Healthy Adult mode) are considered internal protective factors which decrease the likelihood of offending behaviour. While other developmental (e.g., history of trauma), situational (e.g., being incarcerated with antisocial peers), genetic, and temperamental factors will influence risk of offending, the likelihood of forensic risk behaviour at a given moment is determined by the relative activation of maladaptive and healthy modes for an individual [8].

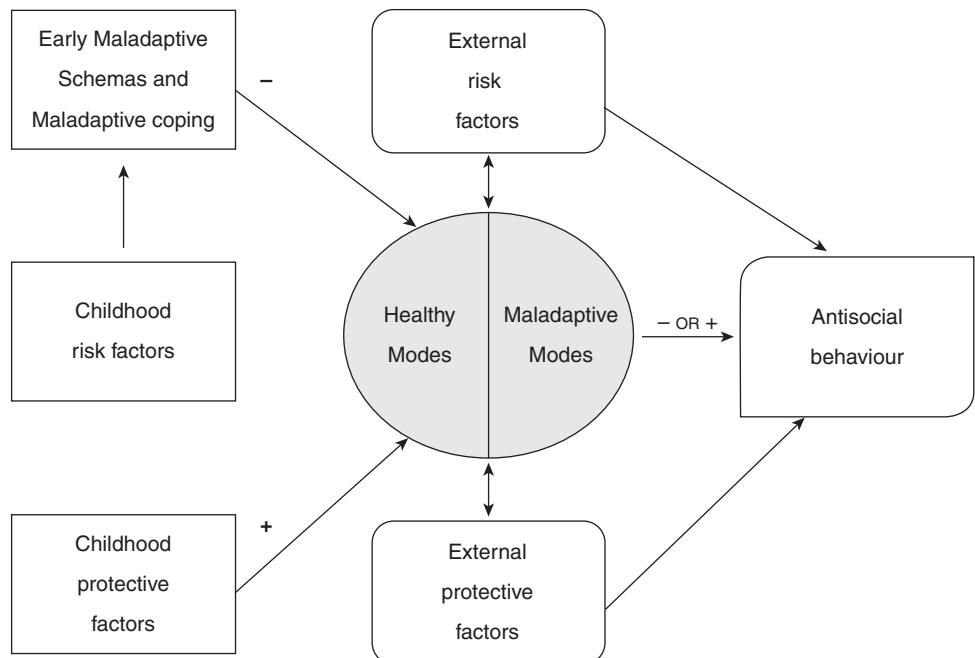


Figure 16.1 Schema therapy conceptual model of forensic risk behaviour

Adapted from Bernstein et al. (2019) [8]. **Note:** + increases forensic risk behaviour, – decreases forensic risk behaviour.

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.