

FORENSIC PSYCHOLOGY

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OUTLINE FOR TODAY

Psychology Training

**What Doctoral Level Psychologists
Do?**

Forensic Psychology and Training

Violence Risk Assessment Training

Special Topics

CLINICAL TRAINING

B.A. Psychology

M.A. Psychology

Practicum Training

Internship and Dissertation

Psy.D. Clinical Psychology

**Post-Doctorate (Residency) in Clinical
Psychology**

License

WHAT DO PSYCHOLOGISTS DO?

PSYCHOLOGY CAREERS

TEACHING

RESEARCH

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STATISTICS, RESEARCH DESIGN AND PROGRAM EVALUATION

ORGANIZATIONAL AND INDUSTRIAL PSYCHOLOGY

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SOCIAL PSYCHOLOGY

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SCHOOL PSYCHOLOGY

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CLINICAL PSYCHOLOGISTS

- **Assess**
- **Diagnose**
 - **Treat**

ASSESSMENT

Cognitive Abilities

Learning Disabilities

Vocational Assessment

Psychopathology

Personality Functioning

Neuropsychology

DIAGNOSIS

DSM-5

Diagnostic and Statistical Manual- Fifth Edition, 2013

TREATMENT

Individual Adult Therapy

Individual Child Therapy

Family Therapy

Play Therapy

Art Therapy

Couples Therapy

Group Therapy

Consultation

Supervision

Mandated Reporting

MANDATED REPORTING

FORENSIC PSYCHOLOGY

The Intersection of Psychology and the Law

BEYOND CLINICAL TRAINING

- **Training in Child Protection and Divorce Custody Evaluation**
- **Training in Sexual/Physical Abuse Interviewing**
- **Violence Risk and Threat Assessment/Management**
- **On-going Miscellaneous Trainings**

WHAT KINDS OF THINGS DO FORENSIC PSYCHOLOGISTS DO?

CHILD PROTECTION EVALUATIONS

- **Typically done for Juvenile Court when DCF is involved**
- **Court Ordered**
- **Components**
- **Best Interests of the Child**
- **Consultant to the Judge**

DIVORCE CUSTODY EVALUATIONS

- **Parents Cannot Agree on Parenting Schedule**
- **Done Through Family or Probate Court**
- **Court-Ordered**
- **Components**
- **Consultant to the Judge**
- **Best Interest of the Child**

JUVENILE COURT EVALUATIONS

- **Court Ordered**
- **Cognitive Status of Juvenile**
- **Mental Health Status of Juvenile**
- **Recommended
Interventions/Conditions of
Probation**

CRIMINAL COURT EVALUATIONS

- **Court Ordered or Attorney Requested**
- **Cognitive Status**
- **Mental Health Status**
- **Recommended Interventions/Conditions of Probation**

SEXUAL/PHYSICAL ABUSE EVALUATIONS

- **Connecticut is a “Child-First State”**
- **Minimize the Interviewing of the Child**
- **Multidisciplinary**
- **Specific Protocol (RATAC)**
- **Videotaped**
- **Interview Becomes Evidence**

TESTIMONY: EXPERT WITNESS VS. FACT WITNESS

Fact Witness

- Testify to the Facts

Expert Witness

- Qualified Expert
- Specification of Area of Expertise
- Consultant to the Judge
- Some Rules of Evidence do not Apply

WHAT TYPES OF CASES USE EXPERT WITNESSES?

- **Criminal Trials**
- **Juvenile Court**
- **Child Protection**
- **Divorce Custody**
- **Injury Trials**

CONSULTATION TO SCHOOLS

Clinical Consultation vs. Forensic Consultation

CONSULTATION TO OTHER MENTAL HEALTH PROFESSIONALS

- **Cognitive**
- **Personality**
- **Psychopathology**
 - **Risk**

CONSULTATION TO LAW ENFORCEMENT

- **Specific Meaning of a Mental Health Diagnosis for a Given Suspect**
- **How Best to Approach a Person of Interest**
- **Training**
- **Psychological Autopsy**

CONSULTATION TO ATTORNEYS

- **Interpret/Critique Psychological Assessments Done on Clients of Opposition**
- **Assess strengths/weaknesses of client**
- **Prepare for Trial**
- **Provide Relevant Psychological Research References**
- **Consider Alternative Hypotheses**
- **Jury Choice**

CONSULTATION TO INTELLIGENCE COMMUNITY

- **FBI**
- **CIA**
- **Secret Service**
- **State Department**

COMPETENCY EVALUATIONS

**Can the Individual/Defendant Understand
and Participate in Their Defense?**

- **Cognitive Issues?**
- **Mental Health Issues?**
- **Are there Safety Issues?**

FORENSIC PSYCHOLOGISTS ASSIST THE THREAT MANAGEMENT TEAM (TAT)

RISK ASSESSMENT AND THREAT MANAGEMENT

- **Given What We Know About Dangerousness and Violence, What Risk Does this Individual Pose at the Current Time and how is the Situation Best Managed on an On-Going Basis?**
- **Best Practices Use Threat Assessment Teams (TATs)**

FORENSIC PSYCHOLOGY - NOT CRIMINAL MINDS OR CSI

- **There is a Meaningful Body of Knowledge About Risk Assessment**
- **We are Observing and Interpreting a Group of Behaviors, Applying Current Theories**
- **We don't Profile**
- **Psychologists Cannot Read Minds, They Collect Data**

FORENSIC RISK ASSESSMENT VS. CLINICAL RISK ASSESSMENT

**Traditional Risk Assessment- taught in
graduate school**

**Forensic Risk Assessment – taught
through specialized training and
incorporates more research and
data**

**Delusional Thinking
Psychosis (paranoid
schizophrenia,
etc.)**

**ADHD and Impulse
Control Disorders**

Mania

Substance Abuse

Psychopathy

**Cognitive Style and
Abilities**

**Challenges
Interpreting Social
Cues**

Personality Disorders

Dementia

PTSD

**Neurocognitive
Disorders - TBI**

**MENTAL HEALTH AREAS WHERE
VIOLENCE CAN BE A CONCERN**

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SPECIALIZED ASSESSMENT MEASURES

Mental Health within a Risk Model

Psychopathology

Psychopathy

Sexual Abuse

Domestic Abuse

Stalking

Antisocial Behaviors

Standard Clinical Measures

vs.

**Actuarial Measures (Dynamic vs.
Static Information)**

vs.

**Structured Professional Judgment
(SPJ) Measures**

ASSESSMENT MEASURES

Four domains that predict whether a person will engage in criminal violence

- Instigation – internal motivators such as thoughts or feelings
- Inhibition – internal protective factors such as thoughts, feelings and values
- Habit Strength – historical use of violence
- Situation – external contextual situation such as drugs or peers

ALGEBRA OF AGGRESSION (MEGARGEE 1982)

Affect/Emotion
Behaviors
Cognitive Style

Beliefs/Ideology
Attitudes
Social Factors
Identities
Capacities

Clusters interact with each other. The goal is to evaluate an individual's behaviors within their individual context, not fit a "profile." We collect facts and observe behaviors to form a whole picture.

RANDY BORUM (2015) – ABC-BASIC CLUSTERS

8 Proximal Warning Behaviors

Pathway

Fixation

Identification

Novel Aggression

Energy Burst

Leakage

Directly Communicated Threat

Last Resort Behavior

10 Distal Characteristics

Personal Grievance/Moral Outrage

Framed by an Ideology

Failure to Affiliate with and Actual Group

Dependence on the Virtual Community

Thwarting of Occupational Goals

Changes in Thinking and Emotion

Failure of Sexual Pair Bonding

Mental Disorder

Creative and Innovative

History of Criminal Violence

TRAP-18 (MELOY, 2016)

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WAVR-21 3RD EDITION

(MELOY AND WHITE)

-SITUATIONS ARE DYNAMIC, NOT STATIC. ANY INTERVENTION CHANGES THE SYSTEM – SOMETIMES FOR GOOD AND SOMETIMES NOT

-GOAL IS PREVENTION WITHOUT PREDICTION – CRISIS RESPONSE IS NOT PREVENTION

-SOME WARNING BEHAVIORS HAVE BEEN SHOWN TO BE OF MORE CONCERN I.E., PATHWAY BEHAVIORS, FIXATION BEHAVIORS, IDENTIFICATION BEHAVIORS AND LEAKAGE (MELOY, HOFFMANN, ET ALS., 2014)

“THREAT MANAGEMENT IS NOT ABOUT SCARING OFF THE SUBJECT: IT IS ABOUT CRAFTING INTELLIGENT, EFFECTIVE RESPONSES TO COMPLICATED, POTENTIALLY DANGEROUS SITUATIONS.” - CALHOUN AND WESTON (2016)

MENTAL HEALTH TREATMENT IS OFTEN AN INTEGRAL PART OF THE RESPONSE, BOTH FROM A CLINICAL TREATMENT PERSPECTIVE AS WELL AS A CASE MANAGEMENT PERSPECTIVE.

KEY FORENSIC PSYCHOLOGY CONCEPTS

PATHWAYS TO VIOLENCE

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PATHWAYS TO VIOLENCE

IMPROMPTU VIOLENCE



TARGETED VIOLENCE



IMPROMPTU VIOLENCE

Intense autonomic arousal

Subjective experience of emotion

Reactive and immediate violence

Internal or external perceived threats

Goal is threat reduction (Homeostasis)

Possible displacement of target

Time-limited behavioral sequence

Preceded by instinctual behaviors to reduce threat

Primarily emotional/defensive

Heightened and diffuse awareness

TARGETED (INTENDED) VIOLENCE

Minimal or absent autonomic arousal

No conscious emotion

Planned or purposeful violence

No imminent perceived threat

Variable goals

**Typically preceded by private ritual to
fuel narcissism/reduce paranoia**

Primarily cognitive/attack

Heightened and focused awareness

KEY THREAT ASSESSMENT AND MANAGEMENT CONCEPTS

- **Targeted violence is NOT the result of “snapping” and can oftentimes be prevented.**
- **Most cases are on a continuum and show leakage along the way.**
- **Proper assessment and management is critical.**
- **Intervention strategies should move from least intrusive to most intrusive.**

Multidisciplinary team approach is the state of the art – need for collaboration not competition among members. No one discipline has all the answers. Multidisciplinary team input avoids silos, bunkers and myopic management; no one person should have the responsibility of making risk/threat level determination

**WHAT THREAT ASSESSMENT
PROFESSIONALS KNOW ABOUT THE
PATHWAYS TO VIOLENCE**

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SPECIAL TOPICS FORENSIC PSYCHOLOGISTS FOCUS UPON

INTIMATE PARTNER VIOLENCE

A pattern of abusive behavior in any relationship that is used by one partner to gain or maintain manipulation, power and control over another intimate partner. This can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.

THE CYCLE OF IPV

DR. LENORE WALKER 1979

IPV CYCLE-PHASE-1

1. Tension building phase –

Tension builds over common issues like friends, dating, time spent with others. Verbal abuse begins. The victim tries to control the situation by pleasing the abuser, giving in or avoiding the abuse. None of these will stop the violence. Eventually, the tension reaches a boiling point and physical abuse begins.

IPV CYCLE-PHASE- 2

2. Acute abuse episode –

When the tension peaks, the abuse begins. It is usually triggered by the presence of an external event or by the abuser's emotional state—but not by the victim's behavior. This means the start of the abuse episode is unpredictable and beyond the victim's control. (However, some experts believe that in some cases victims may unconsciously provoke the abuse so they can release the tension, and move on to the honeymoon phase.)

IPV CYCLE-PHASE- 3

3. The honeymoon phase –

The abuser **expresses remorse**, tries to minimize the abuse and might even blame it on the partner. He (or she) may then exhibit **loving, kind behavior** followed by apologies, generosity and helpfulness. He will genuinely attempt to convince the partner that the abuse **will not happen again**. This loving and contrite behavior strengthens the bond between the partners and will probably convince the victim, once again, that leaving the relationship is not necessary.

PRE-TENSION OR CALM PHASE

- Like the abuse never happened
- Victim hopes that the abuse is over
- Physical/emotional abuse may be absent
- Promises may be kept, giving gifts, etc.

...The Cycle Resumes

ABUSERS

COBRAS AND PIT BULLS

COBRAS

&

PIT BULLS

JACOBSON & GOTTMAN

- **Control/Intimidate**
- **Push/Pull Intimacy**
- **Emotional Abuse**
- **Most Frightening**
- **Macabre Charisma**
- **Harder to Leave**
- **Choose Partners**
- **Lie in Wait & Plan**
- **Independent**
- **Lower Heart Rate**
- **Dependent**
- **More impulsive**
- **Engulfing Intimacy**
- **Fear of Abandonment**
- **Feel Vulnerable**
- **Thinks He is Victim**
- **Distorted Self View**
- **More Passionate**
- **More Isolation**
- **Heart Rate Up**

STALKING

Stalking is a course of conduct directed at a specific person that would cause a reasonable person to feel fear.

STALKING BEHAVIORS

Following, pursuing, waiting, or showing up uninvited at a workplace, place of residence, classroom, or other locations frequented by a victim

Surveillance and other types of observation, whether by physical proximity or electronic means

Trespassing

Vandalism

Non-consensual touching

STALKING BEHAVIORS (CONT'D)

Direct physical and/or verbal threats against a victim or a victim's loved ones

Gathering of information about a victim from family, friends, co-workers, and/or classmates

Manipulative and controlling behaviors such as threats to harm oneself, or threats to harm someone close to the victim

Defamation or slander against the victim

CYBER-STALKING BEHAVIORS

Non-consensual communication including in-person communication, telephone calls, voice messages, text messages, email messages, social networking site postings, instant messages, postings of pictures or information on Web sites, written letters, gifts, or any other communications that are undesired and/or place another person in fear.

TYPES OF STALKERS

Rejected

Resentful

Intimacy seeking

Incompetent suitor

Predator

**(Mullen, P. E., Pathé, M., Purcell, R., & Stuart, G. (1999).
Study of stalkers. The American Journal of Psychiatry)**

SUMMARY

- **Forensic Psychology is a Varied and Specialized Field**
- **Additional Training Beyond Clinical Psychology is Necessary**
 - **All Forensic Psychologists are Clinicians, but not all Clinicians are Forensic Psychologists**

THANK YOU.

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