Psychodynamic Forensic Case Formulation
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Caveats & Disclaimers
• Simon WORKS for DSH
• Simon ≠ DSH
• Simon ≠ SOCP

Evolution of this presentation
• Presented segments to CPDA March 2014
Evolution of this presentation (cont.)

- Trained DSH SVP-E’s, CP’s & Contractors (Dec 2014 & Jan 2015)
- Presented at 34th Congress of IALMH in Vienna, (July 2015)
Evolution of this presentation (cont.)

- Presented to FMHAC Annual Conference, 2015 with calls for more psychodynamic training

Forensic Applications

- MDO (past and current mental state)
- SVP (past and current mental state)
- NGRI (past mental state)
- Mental Competency (current mental state)

MDO Commitment Criteria

- **Criterion 1:** PC 2962-defined severe mental disorder
  - Exclusions: PD, MR, Drug Abuse, Sz Disorder
  - Specifically “listed”: Pedophilic Disorder
- **Crit. 2:** PC 2962 Qualifying Offense
  - Listed Offenses
  - Force or Violence
  - Threats of Force or Violence
- **Crit. 3:** SMD cause or aggravating factor in the crime
MDO Criteria (cont.)

- **Crit. 4:** SMD in remission?
  - Full remission not required
  - Can be “well-controlled”
  - Cannot be kept in remission?
    - Past Year: violence, threats, refuses tx, intentional property damage
- **Crit. 5:** 90 days of tx in past year
  - Must be intentional treatment
- **Crit. 6:** Substantial danger of physical harm to others due to SMD

SVP Commitment Criteria

- **Criterion A:** Convicted of a sexually violent criminal offense against one or more victim
  - Crime must be listed in W&IC 6600
  - Must have either a victim under age 14 or
    - Force
    - Violence
    - Duress
    - Menace
    - Fear

SVP Criteria (cont.)

- **Criterion B:** A DMD that predisposes the commission of criminal sexual acts
  - No excluded conditions
  - Must have some degree of EI/VI
SVP Criteria (cont.)

- **Criterion C**: Likely to engage in sexually violent predatory criminal behavior as a result of his or her diagnosed mental disorder without appropriate treatment and custody
  - Not “more likely than not”
  - Must be “sexually violent”
  - **Future Predatory**
    - Likely to victimize a stranger, casual acquaintance with whom no substantial relationship exists, or an individual with whom a relationship has been established or promoted for the primary purpose of victimization

NGRI criteria (PC 1026)

- M’Naghten Standard (1843): As a result of a mental disease, the person **was**:
  
  A. Incapable of knowing or understanding the nature and quality of his or her act  
  **OR**
  
  B. Incapable of distinguishing right from wrong at the time of the commission of the offense
  1. Legal vs. Moral wrongfulness
  2. Substance Use vs. Settled Insanity

NGRI Example

- Joe has a documented history of Bipolar Disorder characterized by delusions of grandeur when he is manic and seemingly unable to control his behavior. During one of these episodes, Joe is convinced that he is the Governor, goes to the governor’s mansion, demands that he be allowed entrance, trespasses onto the property, and ultimately assaults one of the security officers.
Mental Competency to Stand Trial (PC 1368)

- 6th Amendment of U.S. Constitution provides right to fair trial (chance to “adequately defend” self)
- Mentally Incompetent if (as a result of mental disorder or developmental disability):
  1. S/he is unable to understand nature of criminal proceedings OR
  2. Unable to assist his or her lawyer in a rational manner

Mental Incompetence (cont.)

- Mental Condition typically
  - Psychosis
  - Severe Depression
  - Amnestic Disorders
  - Involving hospitalization
- Developmental Disability (with onset prior to age 18)
  - Mental Retardation (Intellectual Developmental Disorder)
  - Seizure Disorder
  - Cerebral Palsy
  - Autism Spectrum Disorders

Mental Incompetence (cont.)

- Mainly assessing:
  - IQ
  - Cognitive Functioning
  - Understanding
  - But psychodynamic concepts come in when case involves psychosis and/or mania
Example

• Mary suffers from a learning disability. She is charged with loitering. When asked why she is going to trial, she says that it is because the police think she committed loitering. However, when asked what loitering is, she cannot explain it.
  – May lack an understanding of the penal code

Example

• David is accused of ADW. He is a Schizophrenic who suffers from persecutory delusions. He holds the fixed belief that his attorney is out to get him, and whenever asked a question, he gives the attorney a false answer because he thinks he cannot trust him.
  – Probably unable to assist his attorney rationally

Freud, Freud-bashing, and psychoanalysis beyond Freud
“Wohin willt du, eel creeping to the person, pass before. If you want to go to person, pass for me.

Sigmund Freud, 1925

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Psychodynamic framework most relevant to forensic work

- Fixation
- Cathexis
- Regression
- Stages of Psychosexual Development
- Transference
- Repetition Compulsion
- Identification with the Aggressor
- Intrapsychic
- Introject
- Loss of Possession of Self
- Defense Mechanisms
- Neurosis vs. Psychosis

Fixation, Cathexis and Regression
(Freud, 1905)

- Fixation is degree of psychological energy that gets attached (cathexis) and stuck to a neutral person, object, idea or particular phase of psychosexual development
- Freud’s Advancing Army Analogy
- Cathect more psychology energy at stages with most tension, conflict and trauma
- Fixation points create vulnerability to regression
- Victim of abuse can develop fixation to particular stage or psychosexual experience, resulting later in repeated acting out
- Supported by animal studies—animals return to earlier behavioral patterns when under high stress (Kraemer, 1985; Mitchell, Osborne & O’Boyle, 1985)
Fixation and EI & VI

- Tie to the past fixates the individual to compulsive bx
- Fixation to stages of psychosexual development, modes/types of psychosexual experience, primary identifications
- Extent of fixations are one indication of extent of “EI” and mental illness

Stages of Psychosexual Development

- Oral
- Anal
- Phallic
- Latency
- Genital

Oral Phase (Birth-1 year)

- New ego directs baby’s suckling activities toward breast or bottle.
- If oral needs not met appropriately, child may develop oral habits such as thumb sucking, fingernail biting, pencil chewing, overeating, etc.
- Later manifested in addiction, smoking, obesity, etc.
<table>
<thead>
<tr>
<th>Anal Phase (1-3 years)</th>
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<tbody>
<tr>
<td>• Transition from instant to delayed gratification</td>
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<tr>
<td>• Toddler enjoys holding and releasing urine and feces.</td>
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<td>• Toilet training is major issue between parent and child</td>
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<td>• Excessive conflicts can lead to the anal triad of orderliness/cleanliness, parsimony/meanness, and obstinancy (think OCPD or “anally retentive”)</td>
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<tr>
<td>• Or its converse of messiness and disorder (“anally expressive”)</td>
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<tr>
<th>Phallic Phase (3-6 years)</th>
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<tbody>
<tr>
<td>• It’s about genital stimulation</td>
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<tr>
<td>• Oedipus/Electra Conflict</td>
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<tr>
<td>– Feel sexual desire for opposite sex parent vs. hostility for same sex parent</td>
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<tr>
<td>– To avoid punishment/loss of parental love, child represses impulses and instead identifies with same-sex parent’s characteristics. Superego is formed, and guilt is experienced when standards are violated.</td>
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<th>Latency (6-11 years)</th>
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<tr>
<td>• Sexual instincts die down some and superego develops further.</td>
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<tr>
<td>• Child acquires new social values from adults and same-sex peers</td>
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Genital (Adolescent)

• Sexual impulses of phallic stage reappear.
• If successful development during earlier stages, it leads to mature sexuality, marriage, and child rearing.

Fixation in Pedophiles

• Arrested psychological development and emotional immaturity (Freud, 1927; Groth, 1979; Toobert, Barteline & Jones, 1959; Panton, 1978)
• Fixates on pre-pubescent objects b/c are at his emotional level (Groth & Birnbaum, 1978; Groth, 1979; Hammer & Glueck, 1957)
• Sexual perversions are fixations at early level of psychosexual development (Freud 1920, Allen, 1959, 1962)

Fixation in Pedophiles

• Pedophilia theorized to involve fixation at oedipal but more typically pre-oedipal (birth to 3) conflicts (oral, anal and genital stages) (Gillespie, 1967; Secardes, 2004)
• Psych Testing: Pedophile is orally fixated, extremely dependent with no clear sense of self (Kurland, 1966)
Empirical Support for Fixation Thesis

- **Pedophiles**: Low SE, feelings of inadequacy, insecurity, fear of heterosexual failure, and motivated to satisfy sexual needs at an immature level of sexual development

Empirical Support for Fixation Thesis

- **Projective Studies** (e.g., Rorschach, TAT, Bender) show Pedophiles: psychologically immature, regressed, lacking in SE, exhibiting stronger dependency needs, greater feelings of phallic inadequacy) (e.g., Hammer & Glueck, 1957; Peters, 1976; Stricker, 1967)

Fixation in Antisocial/Psychopathic Individuals

- **Psychopathy** considered type of “Moral Insanity” (Pritchard, 1835, Whalack, 1882)
- **Psychopathy** (Clackley, 1941)
  - Problem experiencing genuine emotions = EI
  - “grave form of psychopathology that rivals schizophrenia in depth of impairment… and gives ready expression to virtually any response inclination” = VI
- Degree of EI can be causally related to degree of VI
Numerous Fixations in Antisocial/Psychopathic Individuals

- Fixation to pre-oedipal: Not wanting to grow up and take responsibility in the world
- Fixation to oedipal: Being above the rules as a relic of being “on top” of rival father
- Fixation to Identification with a psychopathic object from the past
- Greater degree of psychosexual fixation, and greater degree of antisocial drive, the greater degree of EI & VI

Fixation in Substance Abusers

- Oral Fixation (some degree of EI)
- Degree of addiction as an indicator of degree of VI (e.g., “I need it and just can’t stop”)

Fixation in manic and psychotic individuals

- Mania is a fixation to an internal object
  - Degree of mania is related to degree of EI and VI
- Psychotic sex offenders (e.g., due to erotomanic delusions, command hallucinations) (God of sex; devil shooting out of penis and only saved by angelic female victims)
  - Degree of impairment from reality is one measure of degree of VI and/or EI
Some Behavioral Proxies of Fixation and Compulsion (VI) (Simon, 2015)

- Rapidity of offending
- Total # of victims in offender’s lifetime
- Years offending behavior and fantasies have transpired
- Offending when high likelihood of detection (e.g., broad daylight, correctional settings, victims who will willingly report them etc.)
- Disregard for personal consequences
- Incapacity for delay
- Lack of capacity for meaningful choice
- Chronicity

Transference

- Childhood feelings, dynamics, relational positions, etc. that get transferred onto and re-experienced with current day people, distorting contact with reality
- Example: Individuals who re-enact and re-experience their past victimization and trauma by offending onto a victim of their choice
- Example: Transference (to overly strict parent) is so strong that individual cannot rationally cooperate with court

Repetition Compulsion

- Repeat past trauma to keep it repressed (Freud, 1914, 1922)
- The victim who did not integrate the experienced trauma was “obliged to repeat the repressed material as a contemporary experience, instead of, as the physician would prefer to see, remembering it as something belonging to the past.” (Freud, 1920)
- Repression is central to the theory
Support of Repression

While verbal memory of early childhood trauma is often not present, the traumatic memories exist as implicit memories and can get acted out later in life without the individual’s actual, verbal memory of the trauma.

Repression Study (Terr, 1988)

• 20 children with documented hx of early childhood trauma (prior to age 2.5 years)
• None could give verbal descriptions of the trauma
• 18/20 (90%) demonstrated in bx and play evidence of traumatic memory
• They re-enacted traumatic events with great accuracy and expressed fears specifically related to the traumatic events
• e.g.: Child molested by babysitter in first two years of life. At age 5, no memory of name of babysitter, and denied knowledge or memory of having been molested
• Yet enacted in his play scenes that exactly duplicated a pornographic movie made by the perpetrating babysitter

More Repression Studies

• Normal play is easy, high spirited, bubbly vs. traumatized children’s play is obsessively repeated, involving “forbidden games,” and often so literal that it’s easy for an observer to guess the trauma with few other clues (Terr, 1990)
• Study of 100 child molesters: 30% admitted sexual trauma in early development; they duplicated in age of victim and type of sex act the form of their own victimization (Groth, 1979)
Control Mastery Theory of Repression
(Weiss & Sampson, 1986)

- Individual repeats in UCS attempt to work through past trauma—gain control and master helplessness and terror
- Hoping for a more successful resolution, yet typically repeating the trauma

Repetition Compulsion

- Bx re-enactments: Can play role of victim or victimizer.
- Abused males tend to IWA and go on to victimize others
- Adult women sexually abused as children: higher risk of becoming prostitutes, and few make the conscious connection between past abuse and their later prostitution, drug abuse and suicide attempts (Finkelhor & Browne, 1984; Russell, 1986; Silbert & Pines, 1981)

Repetition Compulsion (of repeating the victimization experience)

- Women with h/o childhood incest 2X likely to report later incidents of rape or attempted rape after age 14
- Father-daughter incest victims 4X more likely to be asked to pose for pornography
- Domestically abused women are 2X more likely to report unwanted sexual advances by unrelated authority figure (Russell, 1986)
Repetition Compulsion (of repeating the victimization experience)

- Masochistically turning the aggression inward
- Abused males tend to go on to victimize others, but females higher tendency to date or marry abusive men, thereby allowing offspring to be abused, which re-enacts their own past trauma (Carmen, Reiker & Mills, 1984; Jaffe et al., 1986)

Meta-theory (Simon, IJLP, 2015)

- Theories of RC, memory encoding, and control mastery are not mutually exclusive
- Traumatic experiences may be encoded into memory in a regressive form, and some individuals may go on to compulsively repeat past trauma due to some combination of neuropsych mechanisms and wish to repress, master and control helplessness associated with past trauma

Repetition Compulsion to Traumatize

- Only small percentage of SO recidivate
- What may distinguish the typical sex offender who may offend only once from repeated recidivists is, in part, strength of repetition compulsion
- Greater degree of repetition compulsion, greater degree of volitional impairment
Identification with the Aggressor

(IWA: Anna Freud, 1946)

- Identification: The psychological process of assimilating an aspect, attribute or property of the other.
- IWA: Ego defends itself by allowing replacement of fear and helplessness with sense of omnipotence
- Stockholm/Helsinki Syndrome (Fabrique et al., 2007; Dutton and Painter, 1981; and Mackenzie, 2004)
- One specific variant of Repetition Compulsion (a mechanical, operational conception of RC at the level of the introject)

Empirical Studies Supporting IWA

- 12/14 juveniles sentenced to death for murder had been physically abused brutally, and 5/14 had experienced familial sodomy (Lewis et al., 1988)
- ≥ 50% of incarcerated pedophiles (and ¼ of rapists) admit childhood sexual abuse (Bard et al., 1987; Earls et al., 1984)
- 60% of pedophiles (vs. 4% of controls) reported adult sexual advances during childhood, and 75% of pedophiles (vs. 22% of controls) reported a first sexual encounter prior to age 14 (Cohen et al., 2002)

More Studies Supporting IWA

- Those sexually abused prior to age 16 (vs. not) offended against sign, younger victims and had more indicators of pedophilic interest (Nunes et al., 2013)
- Meta-analysis #1: Adolescent sex offenders are 4.8 times more likely to have had childhood sexual abuse (and 1.6 X more likely to have hx of physical abuse) than adolescent controls (Seto and Lalumiere, 2010)
More Studies Supporting IWA

- **Meta-Analysis #2**: Adult Sex Offenders are 3.4 X more likely to have h/o having been sexually (but not physically) during childhood (Jespersen et al., 2009)
- These studies show indirect support for IWA and RC among some sex offenders

Reconciling the Conundrum (Simon, IJLP, 2015)

- Sex Abuse Hx strongly related to onset of sex offending
- Sex Abuse Hx per se is not a risk factor for SO recidivism
- What may distinguish the repeat from non-repeat offender is not the h/o sex abuse per se, but the degree of trauma experienced, the lack of external coping resources, and extent individual resorted to extreme psych defenses in coping with the trauma
- Degree of this fixation and strength of IWA can be indicator of EI and VI

Fixation and IWA in Sexual Sadists and Paraphilic Rapists

- Both have need to dominate and control victim, and lack of empathy for victim, suggesting Ident with some past aggressor and fixation to that Ident and type of psychosexual experience
- Mobilizing into powerful position of aggressor, repeatedly enacting past trauma in UCS attempt to repress and/or master past traumatic feelings
Childhood Physical Abuse and Later Rape

- Meta-Analysis: SO against adult victims less likely to have been sex abused than SO against children, but more likely to have been physically abused (Jesperson et al., 2009).
- Suggests some severely antisocial, sexual sadists, and coercive paraphiliacs engaged in IWA (a sadistic aggressor), and re-enact trauma sadistically in sexual realm.
- Crime Scene Analysis showed evidence of fixation and sexualized aggression (but not regression or criminality) to predict sexual recidivism over and above Static 99 score (Lehmann et al., 2014).

IWA in APD/psychopaths

- Individuals with no paraphilia but strong antisocial drive resulting in compulsive sex and non-sex crimes.
- Due to strong identifications with aggressors of the past (see Meloy, 1988 for developmental origins of APD/psychopathy).
- Whether APD or Paraphiliac, degree of fixation and strength of IWA can be indicator of EI/VI.

Loss of Possession of Self (LOPS):

Some terms

- Intrapsychic: Internal cognitive/emotional/identity representations of self and others.
- Introject: Psychological structure of the parent/other.
- Compulsion: Bx driven by something Ego-Alien (entity, identification, or introject experienced as distinct from self).
- Extent of LOPS to internal object, a RC necessarily involves some degree of EI and VI.
- Determination relies heavily on clinical judgment.
LOPS in Mania and Psychosis

- Flight from depressive state, unable to mourn loss of other as separate, and experiencing merger/union with the object. Can involve psychosis.
- Extent of insufficient individuation from internal objects (whether paraphilic, psychopathic, or manifested in affective/psychotic realms) will indicate LOPS, thus rendering EI and VI
- Example: Individual who merged with physically abusive father to repeatedly batter women, carrying forth “as his father”

Kohut (1971)

- Selfobject: Coined to capture lack of boundaries between introjected other and self
- Selfobject: Objects, persons or activities that complete self and are necessary for normal functioning
- Repeated or systemic empathic parental failures lead to selfobject deficits (core of most psychopathology)

Idealization is at the core

- Using the victim to replace inadequate archaic selfobjects and avert disintegration of self—sexual aspect of pedophilic bx is means to keep self from falling apart (Juda, 2004; Kohut, 1978)
- The “psychopathological organization that dominates the pedophile’s inner world originates from a delusional nucleus in which a child is idealized and worshipped in place of the parents. This object promises all manner of pleasure and happiness.” (deMasi, 2007)
- Finding “God” in the idealized/idealizing child in the face of intra-psychic disintegration
Lack of Empathy

- If victim is not experienced as separate but as “God” or entity to fulfill one’s needs, this impairs ability to empathize with victim = one form of EI

Defense Mechanisms

- Reduces anxiety arising from unacceptable or potentially harmful impulses or bad feelings.
- Manipulate, deny or distort reality
- Unconscious and are not to be confused with conscious coping strategies

Defense Mechanisms

- Healthy individuals use defense mechanisms throughout lifespan
- Becomes pathological only when
  - Too rigidified
  - Persistent use leads to maladaptive behavior such that the physical or mental health of the individual is adversely affected
**Defense Mechanisms**

- **Repression**: feeling/memory hidden and forced from the consciousness to the unconscious (because seen as socially unacceptable).
- **Regression**: falling back into an early state of mental/physical development seen as “less demanding and safer”
- **Projection**: seeing unacceptable feelings/urges in other people
- **Projective Identification**: Inducing the other to experience that which is projected

- **Reaction Formation**: acting the opposite way that the unconscious instructs a person to behave
- **Sublimation**: seen as the most acceptable of the mechanisms, an expression of anxiety in socially acceptable ways
- **Delusional Projection**: typically persecutory
- **Denial**: Refusing to accept external reality
- **Splitting**: Harmful and helpful impulses are split off and unintegrated, frequently projected onto someone else. Segregating into all-good and all-bad categories, with no room for ambiguity and ambivalence.
Defense Mechanisms

- **Acting Out**: Direct expression of unconscious wish or impulse in action, without CS awareness of the emotion that drives that expressive behavior.
- **Idealization**: Tending to perceive someone as having more desirable qualities than they may actually have.
- **Intellectualization**: Form of isolation; concentrating on the intellectual components of a situation so as to distance oneself from the associated anxiety-provoking emotions.
- **Rationalization**: Using a truth to hide an unacceptable alternative motivation.

Neurosis vs. Psychosis

- **Ego Boundaries**
- **Reality Testing**
- **Maturity of Psychological Defenses**
  - **Healthy**: humor, sublimation, altruism
  - **Neurotic**: intellectualization, rationalization, reaction formation, displacement, isolation of affect
  - **Psychotic**: psychotic denial, psychotic distortion, delusional projection
  - **Borderline**: projection, denial, dissociation, splitting idealization/devaluation, projective identification

Opportunity for Application
Questions? Comments?