

Using Compassion-Focused Approaches to Improve Risk Assessment Practices

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Challenges & dilemmas as practitioners: Our duty

- Assessment of harmfulness and the risk of further harmfulness is a central role of forensic practitioners' work
- Principle of beneficence (acting on behalf of the client)
- Non-maleficence (doing no harm to the client)
- Accountability to the organisation
- Duty of care to wider society – protect the public

Dual relationship dilemma or dual role problem





We are working
with people

- Who have been harmed
- Who harm others
- Who harm themselves

What can compassion bring to risk assessment

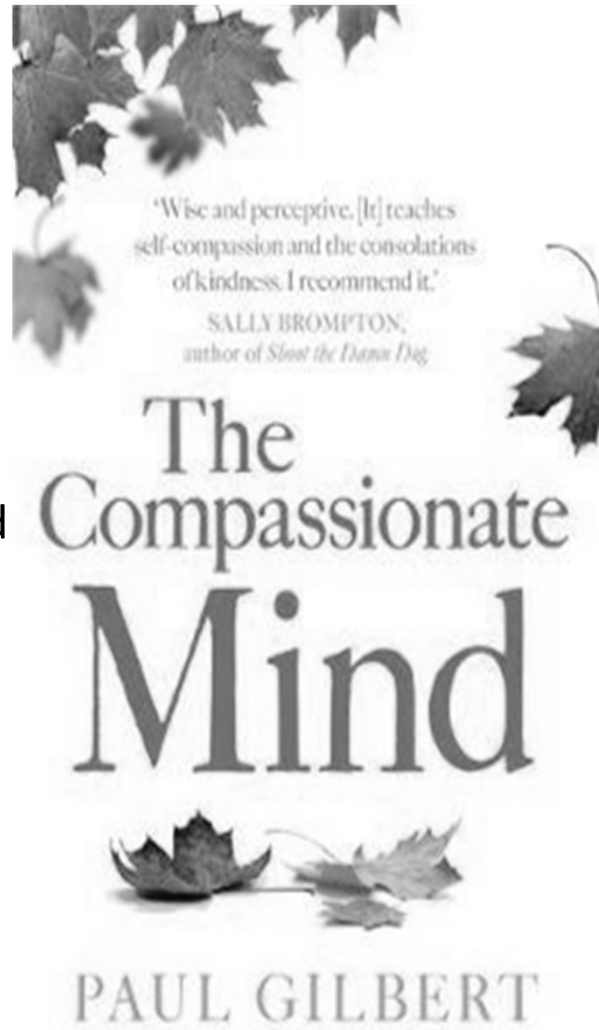
Practitioner Ordination

- Recognise and attend to our own struggles
- Aware of our own ability for harm in course of our work
- Minimise our harmless actions
- Compassion for the client in the most challenging cases

Understanding Risk

- Guides us to recognise harmfulness
- Understands the basic motives that sit underneath criminogenic need
- Add understanding of the origins and maintenance of risk

- Explicitly understands and addresses human harmfulness
- Builds pro-social behaviour motives and competencies for care and cooperation (compassion)
- Addresses shame (the critic) and adversity
- Develops the capacity for grief, guilt, remorse, and reparative action
- Improves emotional regulation
- Promotes affiliative motives and behaviours



Understands
the nature of
humanity and
that humans are
inherently
harmful

The Dark Side

Insensitivity to the
suffering of self and
others and carelessly or
purposefully causing it



Cruelty



People hurt people, animals, the planet...

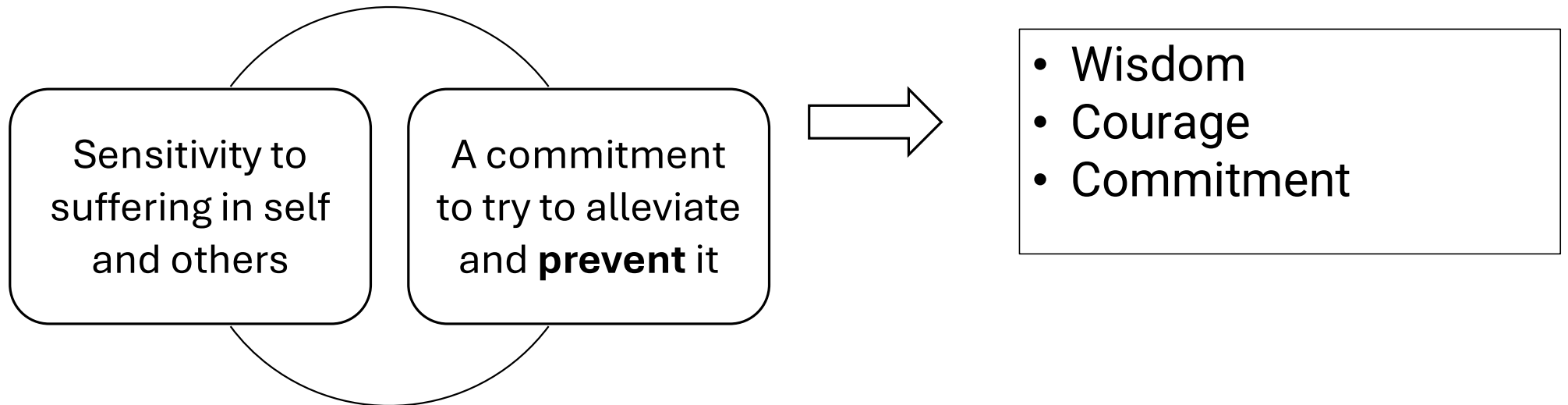


Callousness



we are capable of **compassion**:
we can notice suffering
and we can try to alleviate or prevent

Compassion: an antidote to human harmfulness



Compassion is a motivation and not an emotion



Conceptualising risk and understanding harm

A risk reducing psychotherapy

Culture and orientation

Staff support

Practitioner self-care

A brain and body built for survival tasks

Drive

Motivation to secure
resources (for survival and
reproduction)

consume, attain, want,
win

Incentive system

Emotions: lust,
excitement, buzz/high

Threat

Threat

Motivation to avoid harm, injury
and loss

Fight, Flight, Freeze.

Emotions: anger, anxiety, fear,
disgust, shame

Soothe

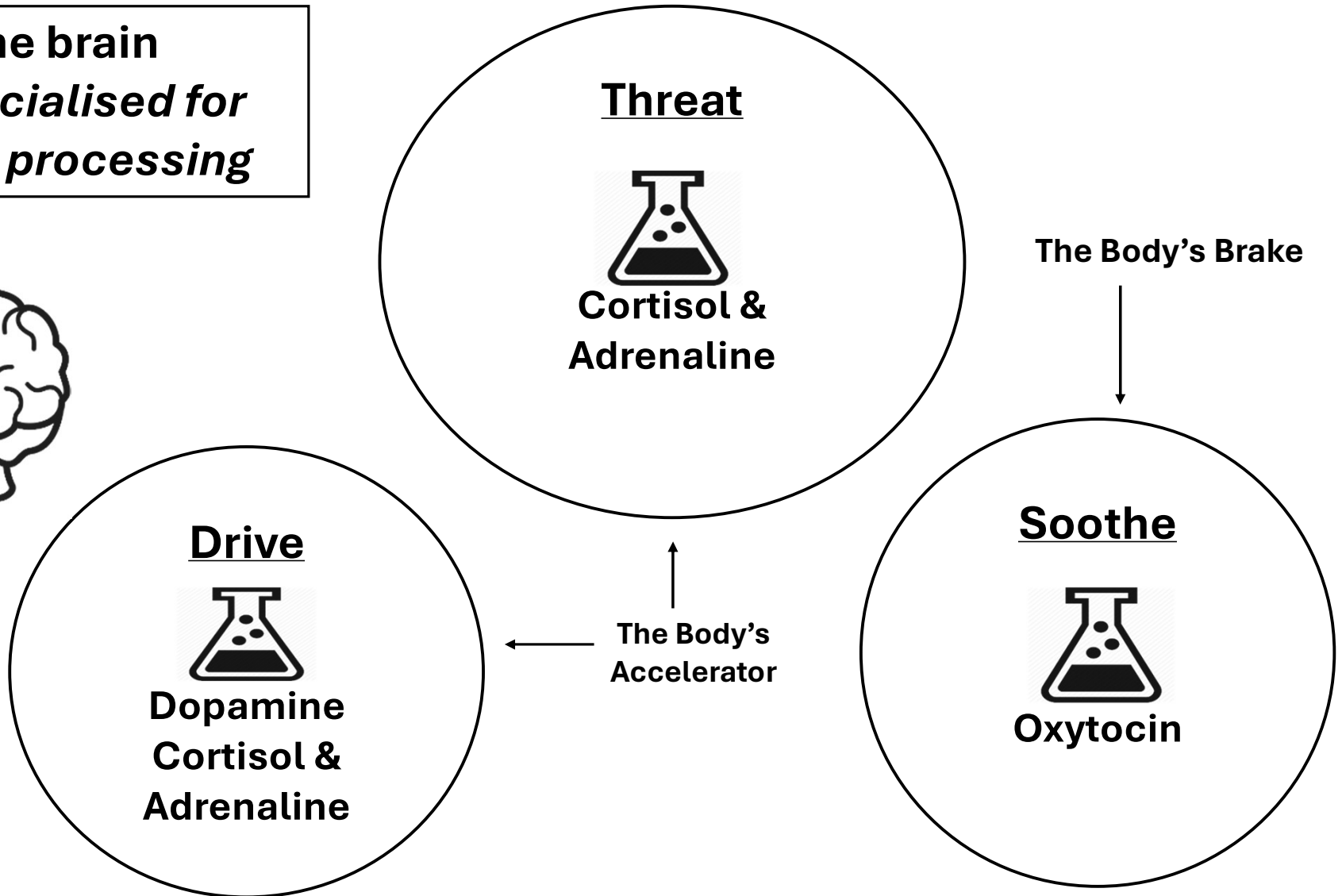
Motivation to tone down
threat and drive and to raise
young

Affiliative, bonding,
nurturing

Affiliate and recuperate

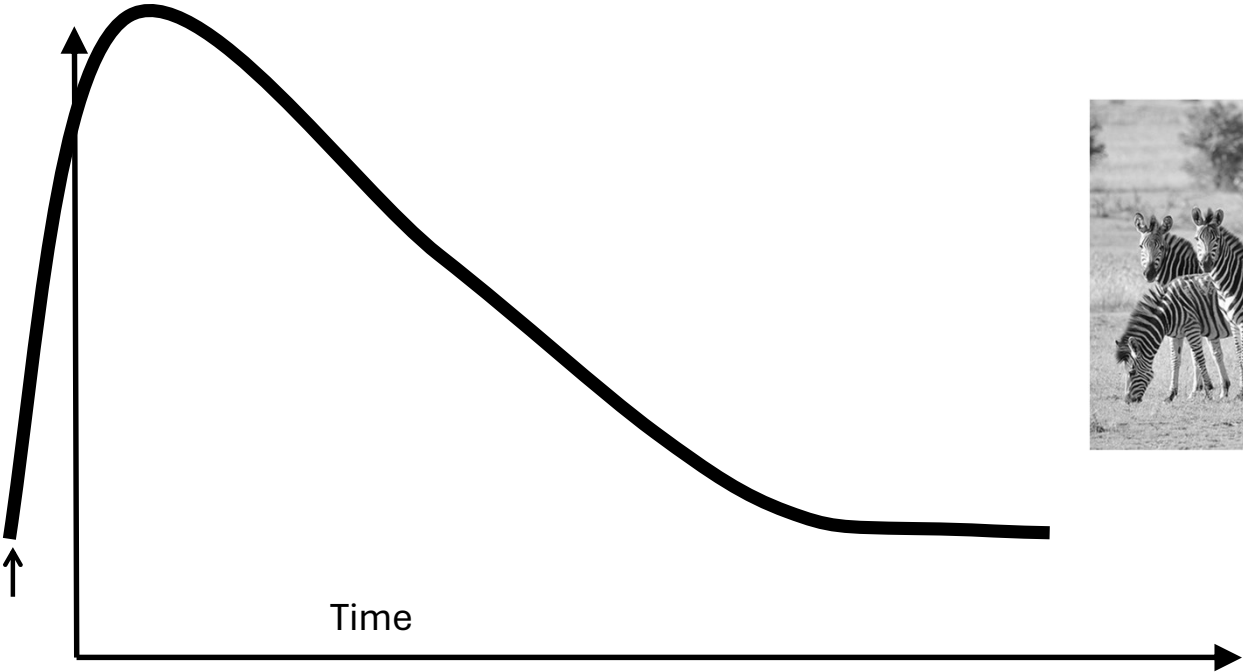
Emotions: calmness,
peace, contentment

**The brain
is specialised for
threat processing**





Emotion
level

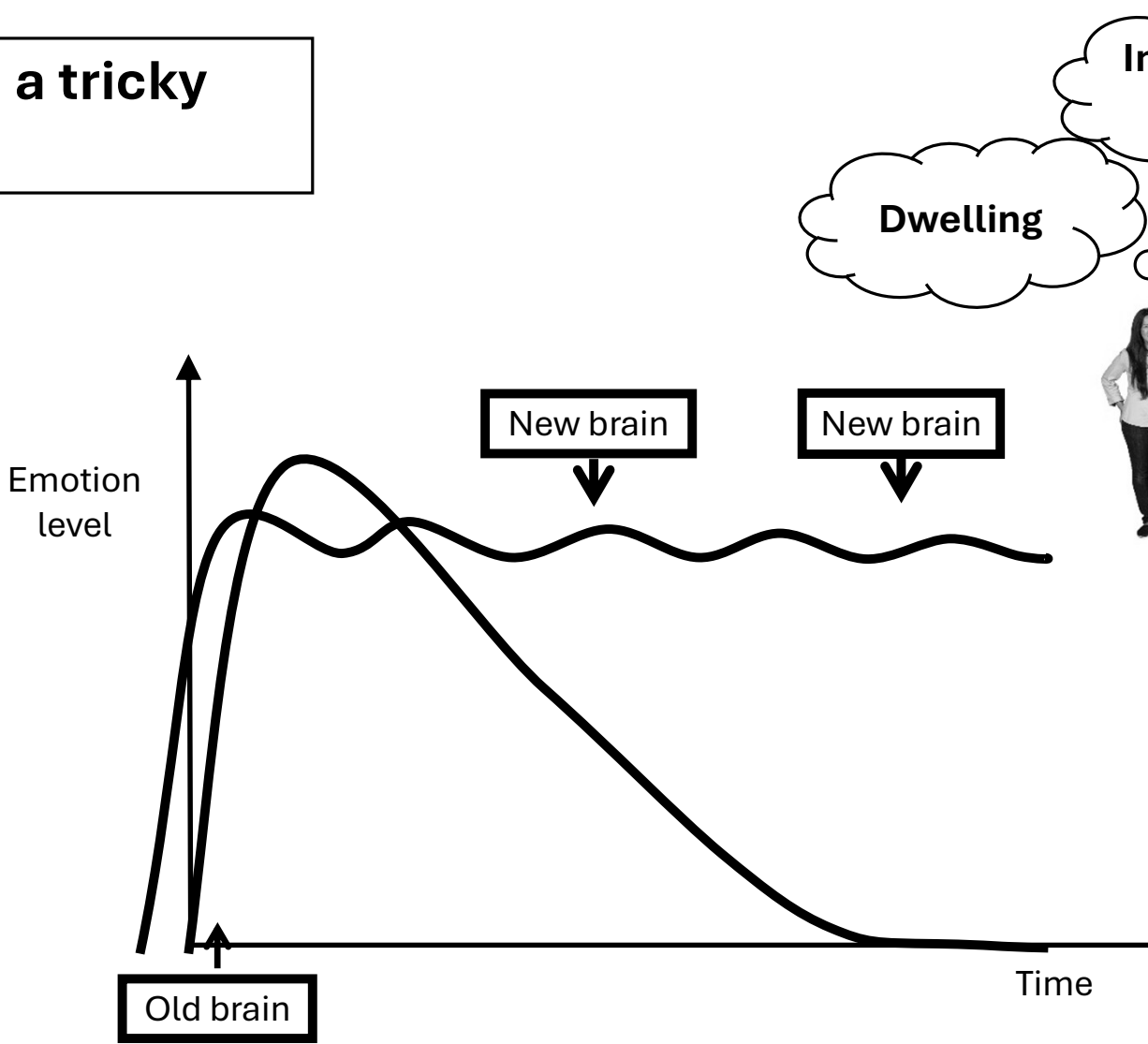


Time





We have a tricky brain



Thought bubbles containing the text: **Dwelling**, **Imagining worst**, and **Self-criticising**.



Understanding Self-Conscious Emotions (SCEs)

- Emotions which are **secondary** to the primary emotions
- **Concerned with the self** and what we, or others think about the self.
- **Strong evolutionary drive** because their function is to ensure group belonging, an imperative for survival.
- **Group living** extends the lifespan
- Humans are particularly **dependent on group living**.
- **Therefore, SCEs are central to survival, and survival behaviours readily lead to harmfulness.**



Self conscious emotions

	<u>External shame</u>	<u>Internal shame</u>	<u>Humiliation</u>	<u>Authentic pride</u>	<u>Hubristic pride</u>	<u>Guilt</u>
<u>How we think about the group</u>	Rank	Rank	Rank	Caring	Rank	Caring
<u>What we pay attention to</u>	Mind of the other	Own mind/self	Mind of the other	Mind of the other	Mind of the other	Mind of the other
<u>The content of our thoughts</u>	They think badly of me	I think badly of me	How dare they think badly of me	I am helping others. Others value what I do.	I am better than What I am doing helps the group	I have hurt someone
<u>Emotions</u>	Anxious	Depressed	Anger	Eudaimonic joy, contentment, excitement	Hedonistic joy Anxiety (to sustain rank)	Sorrow/remorse
<u>Behaviours</u>	Defensive	Defensive	Defensive	Resource gathering/ preserving	Dominance – subjugation	Reparative



We didn't choose our brains

We didn't choose our biology

We didn't choose our life circumstances

We didn't choose our early responses
to our environment

It's not our fault....

But it is our responsibility

Reality check

The three
forms of
harm:

Facing the
dark side is
difficult



Practitioner
response to
harm:

Turn away

Risk averse

Underestimate risk

- We may like or relate to the client
- Feel sad for their lives and experiences which were not their fault
- Fear we may disappoint the client or represent 'the system' which has caused them harm
- Make unpopular recommendations (deny liberty)

Overestimate Risk

- We cannot comprehend the harm caused (e.g. sexual offences or child neglect/serious harm caused by women)
- We dislike the person
- We unconsciously fall into competitive mindset ('better than')
- Punitive/'just' approach

Our self-conscious
emotions –
reflective
questions

A client is critical towards your professional competency. What feelings does that trigger? What would they need to say or do to leave you feeling shamed or humiliated? What are you motivated to do when you feel like this?

A client is critical towards you personally. What feelings does that trigger? What would they need to say or do to leave you feeling shamed or humiliated? What are you motivated to when you feel like this?

What are the features of a client that will be more likely to prompt a shamed or humiliated response in you? (e.g. age, gender, appearance, ethnic group etc.)



Callousness in
risk assessment

How are we held in mind?

(Shingler & Needs, 2018; Shingler et al., 2020; Stickney & Lowenstein, 2023)

What Are Prisoner's Experiences Of Us?

- **Passive To The Process,**
- **Judged Heavily For Actions,**
- **Not Enough Attention Given To Efforts To Change,**
- **Unable To Raise Concerns Or Discuss Fears,**
- **Stuck,**
- **Powerless,**
- **Psychologists Are Powerful**

What Is The Impact?

- **Disengagement,**
- **Hostility,**
- **Mistrust,**
- **Defensiveness,**
- **Denial,**
- **Impression Management**

These Are Necessary In Avoiding Threat And Maintain Safety – We Need To Promote Feelings Of Safety

How We Hold Ourselves In Mind?

- **Psychologists Reported Feeling The Weight Of Responsibility**
- **Expectation From Colleagues**
- **Risk Assessment Interviewing Is A Difficult Balancing Act, A Dynamic Process With A Continually Shifting Point Of Balance.**

The compassionate practitioner



Compassion **motivates us** to develop courage to do difficult work



It also reminds us that **we are capable of harm**, and therefore any assessment experience itself could be harmful - we hold significant responsibility to ensure safe and ethical practice.



individual human **harmfulness is shaped** by unchosen biopsychosocial circumstances - had we had the misfortune to have the client's circumstances and life experiences, **we may well be sat in the seat they are now in.**

Compassion as a motive in risk assessment

It is possible to feel sympathy (sorry) for someone and still hold them accountable for their actions.

When we don't like them or are distressed by their offence it requires sustained practice to hold compassion for those we don't like.

Compassion can help us to notice our specific blocks. This in turn helps us to notice our bias in assessment.



We are human too...

- Monitoring our physiological responses to knowing the harm someone has caused
- Noticing our emotional responses (disgust, which, fear, embarrassment)
- Noticing co-regulation/dysregulation
- How can we hold & contain physiological and cognitive expressions and reactions
- What are we motivated to do?

The Boundary See-Saw: Creating a Safe and Therapeutic Space



Balancing relational dynamics – the See-Saw

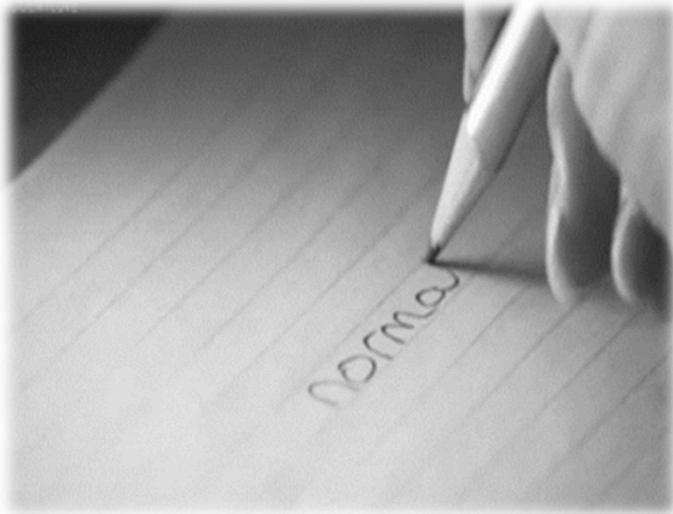
Compassionate risk assessments

- *Notice harmfulness and recommend how to alleviate it and prevent it*
- *Notice the distress that gave rise to harmfulness and seek to address it*
- *Notice the distress associated with their current circumstances, including the experience of the RA, and seek to alleviate it*
- *Notice your distress and seek to alleviate it*

Remember...

- Distress is not just sadness, it can be anger/rage, anxiety and/or detachment.
- Compassion = Trauma informed working

Life Story Work- Formulation



We Learn What We Live....We live what we learn....



Life story work to understand behaviour has a survival function via learning history and need for safety.



Supporting the client to build a compassionate way of seeing their own history and experiences.



Identification of the role of self-conscious emotions (such as the critic/shame memories) and begin to work on these



De-shaming - *It's not your fault **but it is your responsibility.***



Survival strategies can be thought of as strengths

Forensic formulations: some common traps

Risk focused – ‘what have you done?’

Reductionist – checklist of symptoms/risks

Identity forming and diagnostic

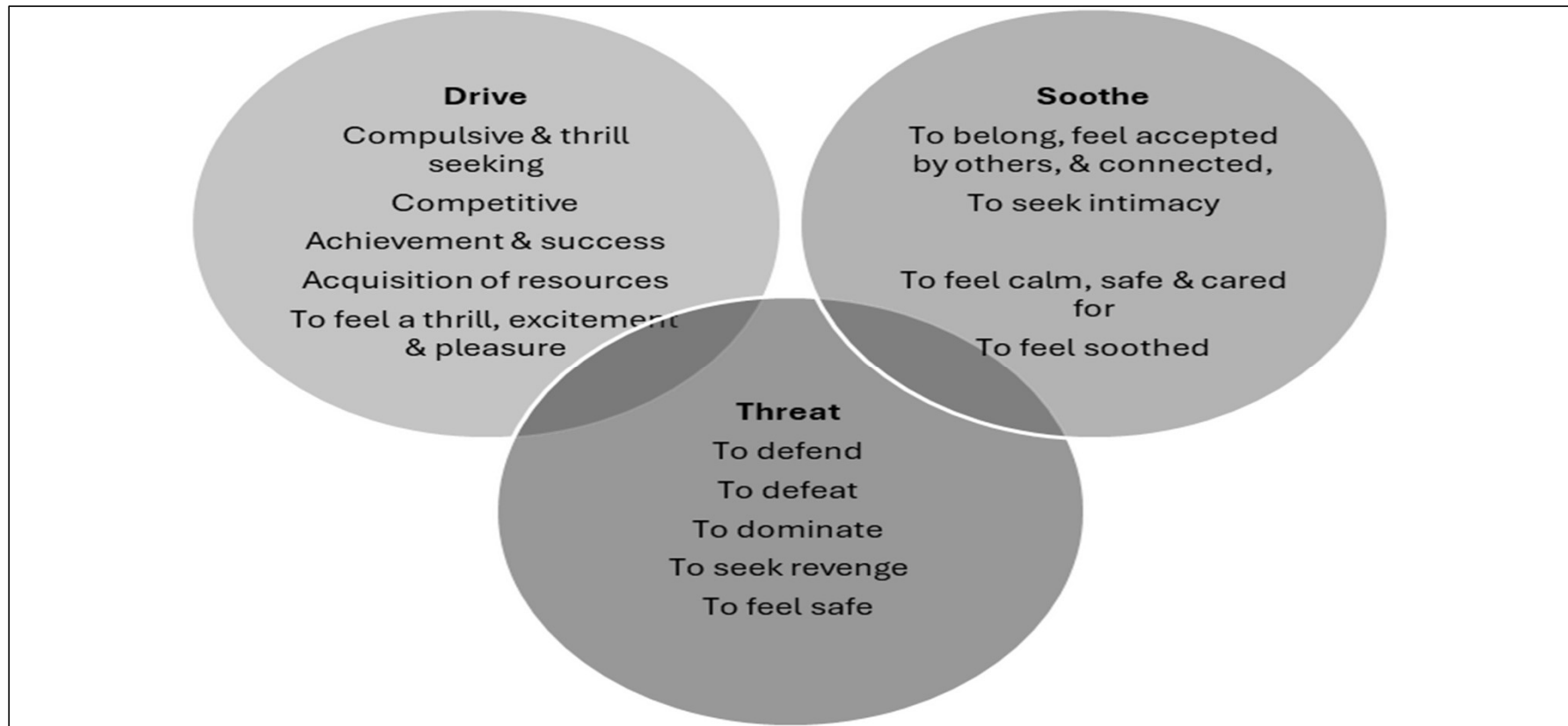
Complex and Inaccessible

Clinician owned

Dehumanising – origins ignored



Varied motives for offending



SCE's can *functionally* underpin dynamic RF's

SCE	What it motivates	Relationship to RF
<p>External Shame They think I'm worthless." "Everyone can see I'm a failure." "People judge me as weak/bad."</p>	<p>Concealment, denial, minimisation, avoidance, blame, appeasement</p>	<p>Problems with: Relationships Treatment/supervision Emotional management</p>
<p>Internal Shame I am fundamentally bad." "There's something wrong with me." "It's all my fault</p>	<p>Self punishment/blame denial. Minimisation, avoidance, appeasement</p>	<p>Problems with: Relationships Stability Mental illness Personality Disorder Substance Misuse Employment</p>

SCE

Humiliation

“They treated me like dirt.”
“That was unfair; they had no right.”
“I won’t let anyone disrespect me like that.”

Hubristic Pride

“I’m better than them.”
“No one tells me what to do.”
“I need to stay in control.”

What motivates it

Maintain status,
attack,
seek revenge,
down rank

Maintain status,
control & hold

Relationship with RF


Problems with:
Relationships,
Employment
Treatment/supervision
Professional Relationships
Lack of insight
Anti-social ideation

Problems with:
Treatment/supervision
Problems with relationships
Personality Disorder


What about Protective factors?

SCE	What motives it?	Relationship to PF
<p>Authentic Pride “I worked really hard on that, and I’m proud of myself for sticking with it.” “I handled that situation better than I used to.”</p>	<p>Prosocial behaviour, helping, socially valued behaviour</p>	<p>Constructive occupation Employment Social networks</p>
<p>Guilt I shouldn’t have done that and I want to put it right.” “I can see how my actions affected you, and I’m sorry.” “I regret what I did, and I want to learn from it.</p>	<p>Restore damage, seeking to repair</p>	<p>Response to treatment/supervision Insight</p>

Event/experience	Key fear/worry/meaning	Survival/Safety strategy	Unintended consequence
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<p data-bbox="128 565 564 651">Critical parents focused on achievement</p> 	<p data-bbox="596 565 743 602">Internal</p> <p data-bbox="596 610 909 651">I'm not good enough</p> <p data-bbox="596 695 1024 773">I need to work hard for other people to like me</p>	<p data-bbox="1071 565 1203 597">Internal</p> <p data-bbox="1071 605 1493 683">Work really hard and make sure I get everything perfect</p> <p data-bbox="1071 727 1507 846">Pay attention to when I make mistakes so I can correct them</p>	<p data-bbox="1543 565 1675 597">Internal</p> <p data-bbox="1543 605 1955 773">Become preoccupied with being perfect at the expense of getting other things done</p> <p data-bbox="1543 816 1976 894">Strong self critic makes me anxious and low</p>
	<p data-bbox="596 1052 737 1084">External</p> <p data-bbox="596 1092 953 1203">My value as a human is dependent on my achievements</p>	<p data-bbox="1071 1052 1211 1084">External</p> <p data-bbox="1071 1092 1514 1170">Show people the good things I have done</p> <p data-bbox="1071 1214 1451 1292">Do what I think will make other people happy</p>	<p data-bbox="1543 1011 1684 1044">External</p> <p data-bbox="1543 1052 1965 1130">People think I'm big headed and out to impress</p> <p data-bbox="1543 1174 1923 1206">Never meeting my needs</p> <p data-bbox="1543 1263 1839 1295">Exploited by others</p>

Functional Beginnings Of Criminogenic Needs

Event/experience	Key fear	Safety strategy	Unintended consequence
<p data-bbox="134 493 546 578">Being bullied -teachers didn't stop it</p> 	<p data-bbox="596 558 974 675">Internal There's something wrong with me</p> <p data-bbox="596 727 898 760">People don't like me</p>	<p data-bbox="1077 558 1503 889">Internal Avoid feelings, block them out (callousness) Self-criticism. They must be right about me, I need to correct it (Inadequacy) Hurt self (suicidal ideation) Take drugs (substances)</p>	<p data-bbox="1549 558 1990 721">Internal Feeling frightened (anxious) and sad (depressed) (mental health)</p> <p data-bbox="1549 773 1982 847">Can't tolerate strong feelings (poor emotional control)</p>
	<p data-bbox="602 1006 856 1088">External Can't trust peers</p> <p data-bbox="602 1140 995 1214">Authority can't be trusted, they won't help</p> <p data-bbox="602 1266 995 1299">Others will hurt /reject me</p>	<p data-bbox="1077 974 1503 1055">External Vigilant to attack (paranoid)</p> <p data-bbox="1077 1107 1402 1221">Try to fit in by copying 'successful children' (submissiveness)</p> <p data-bbox="1077 1273 1472 1386">Copied another boy who exposed his penis in class (paraphilic interest)</p>	<p data-bbox="1549 941 1940 1156">External Unable to make friends or get close to people (problems with relationships)</p> <p data-bbox="1549 1208 1976 1370">Indecent exposure drew positive attention of peers (paraphilic interest, sexual obsession)</p>

What did you learn?

What survival strategies did you use?

Compassion
focused enquiry

How has that survival strategy served you?

What survival strategies do you use now?

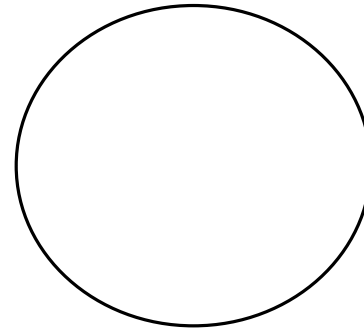
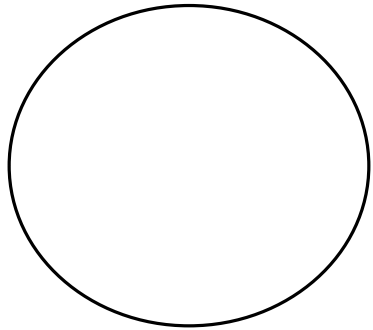
Criminogenic need underpinned by a necessary safety strategy

Criminogenic need (unintended consequence)	Traumatic origins - in what circumstances would this be needed
Harm minimisation, rationalisation	No one was held responsible for what I went through
Emotional dysregulation	Mum was too high to take any notice of me
Hostile attributions	I never knew if Dad was ready to hit me or not
Empathy inhibitors/callousness	When I cried I got hit (or worse)
Intervention attendance	My needs don't matter
Intervention engagement	I don't trust these people
Addictions	Reliance on external regulation (for containment or excitement)
Sexual preferences/sexual preoccupation	Sexually focussed developmental period
Emotional congruence with children	I learned that adults were a source of harm
Resistance to rules	Don't trust authority
Employment	School not safe, let down by system

Formulating in the 3 circles



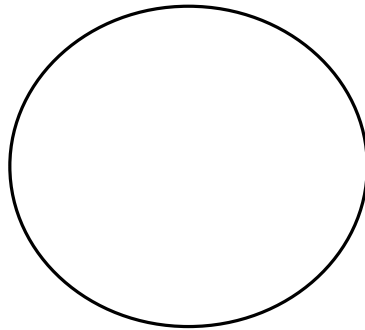
Sexual
abuse



Care
home



Neglect



Poverty



Compassionate 5 P's

Presenting problem -
OR which of your
survival strategies
have become
harmful?

Predisposing factors -
OR what have you
lived and what did you
learn from that?

Precipitating factors -
OR What makes this
feel necessary?

Perpetuating factors -
OR How vulnerable
would you feel if you
let this go?

Protective - OR What
else have you learned
that helps you (that
isn't harmful)

Integrating compassionate understanding into SPJ: An example

- Ali was born after his parents moved from Jamaica to the UK in the Windrush generation. He lived with his parents and four older siblings, his dad was distant and largely absent due to working or gambling and his mum as the main earner, was busy working. The family were poor and experienced racism from neighbours and the children were bullied at school. Ali became acutely aware of how others saw his family and himself and by age eight, he had formed the view that others saw him as insignificant, worthless and a target for harm. This laid the foundations for a lifetime pattern of **relationship problems**; he began relating to himself in critical ways, and suspiciousness of others served to protect him by keeping a distance from other children and adults.
- At age 12, Ali was a **victim of child** abuse by a male teacher. Ali felt privileged to be noticed by an adult, he was told he was special, and he got physically aroused. When the abuse stopped after six months, Ali's belief that he was worthless and unlikable was reinforced. Feeling different from others and ashamed of his skin colour, Ali struggled to make meaningful friendships and developed feelings of anger towards himself for being unlikable and dirty. At 13, he began to starve himself as a means of self-punishment and to give him a longed-for sense of control in his life. This developed into a long-standing pattern of **suicidal ideation**.

UK parole board views on CFT formulation

“It's all very positive, very compassion focused. ... But I find those sometimes not very helpful because you're thinking, yeah, it could be the nicest guy in the world and he's really helpless, really engaging and he's really compliant but does he still want to rape a child?”

“The panel thought your report was one of the best written we have seen in a while. It was clear, incisive, easy to read and understand. The panel thought the report was disciplined in both structure and clinical assessment, despite the case being clinically complex.”

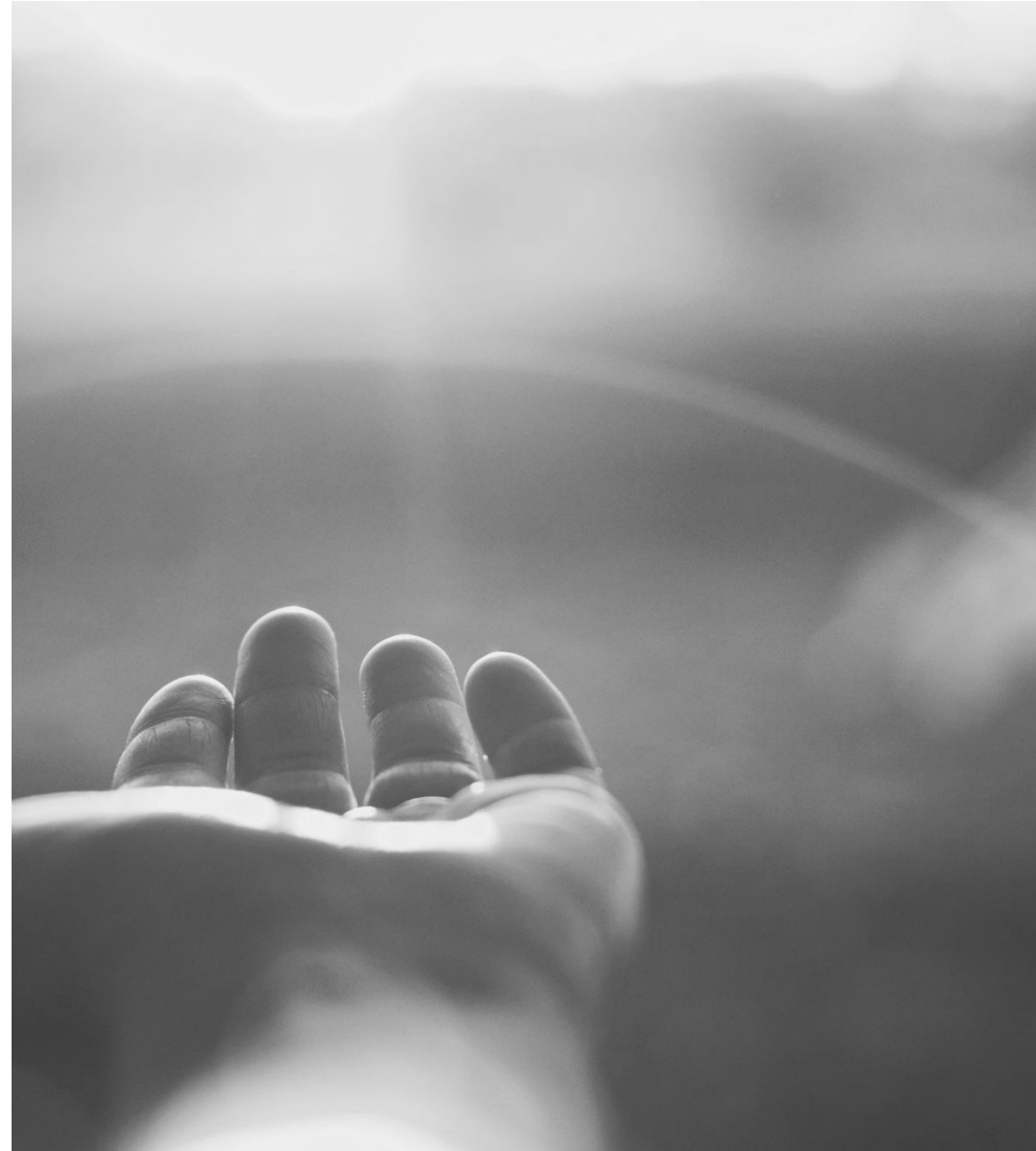
Unintended consequences of Compassionate RA

Confusion or betrayal
when a
recommendation for
progression or
release is not made

Lead to greater
openness and new
disclosures

Conclusions

- Compassion and RA are not competing
- We can't be *too* compassionate- we can be unwise and get pulled into boundary breaches
- Compassion is a motivation to notice and help, and doing this with the wisdom to understand human harmfulness and its foundations
- Minimises the harms of RA



Reflective questions to ask yourself or take to supervision



Compassionate risk assessment commitments

- What do I know about me that blocks compassionate working?
- How can I continue to build my wisdom on this?
- What steps do I need to take to work compassionately?
- What would help me to do this?



Our compassion for the client

What blocks our ability to be compassionate?

What blocks our ability to genuinely recognise suffering?

What is it about the forensic setting that means we tune out of or do not notice suffering?

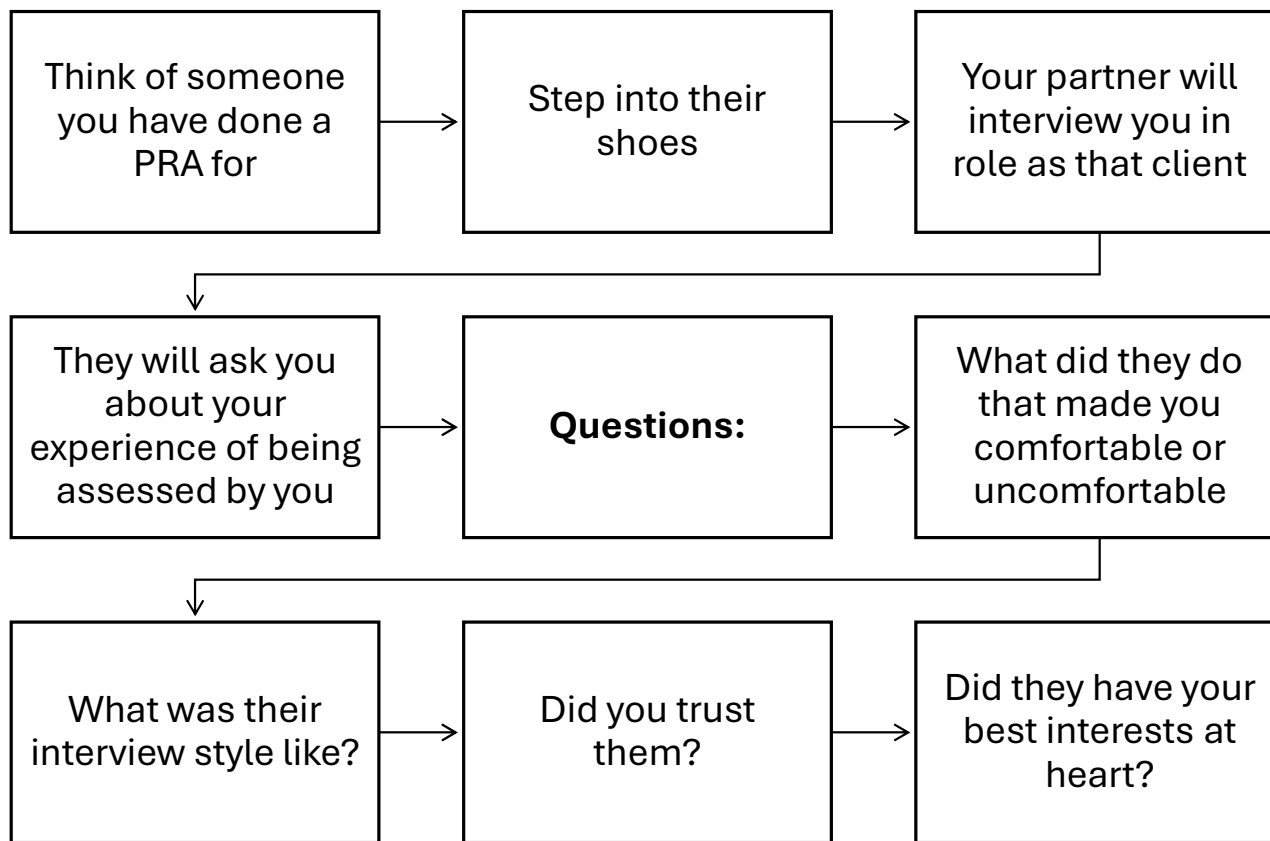
What impact does that have in the work we do?

They are currently experiencing power being used against them- how are they coping with this?

Develop a genuine understanding of current suffering.

If we don't - we can't expect them to

Getting to know ourselves





**Forensic special interest
group | compassionate
mind foundation**

Join via the compassionate
mind website-
resource/special interest
groups



The Forensic
Psychology
Podcast:
Compassion-
focused
therapy
(libsyn.com)



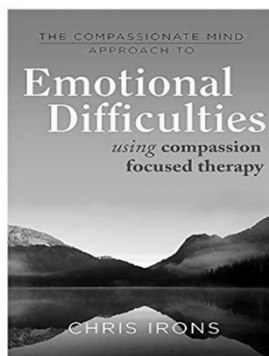
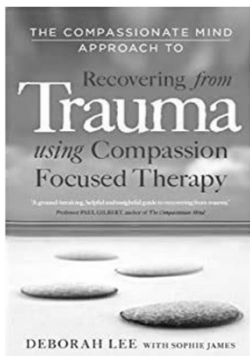
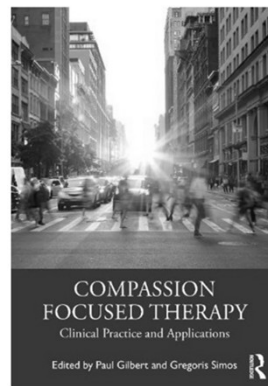
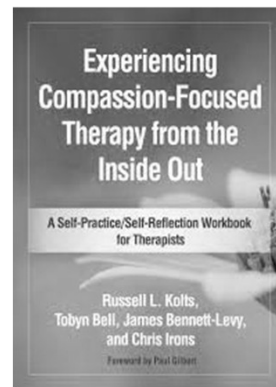
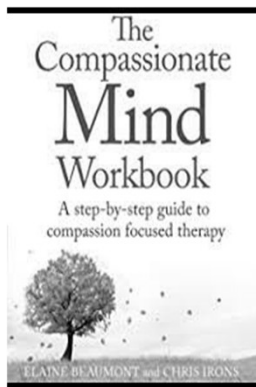
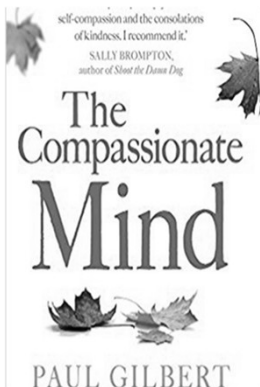
Special Edition: Forensic applications of CFT. October 2022.

- **Compassion Focused Therapy for a man in a forensic mental health service with an intellectual disability and a history of psychosis** (Daniel Lawrence).
- **Compassion Focused Cultures: Introducing compassion into a democratic therapeutic community** (Jon Taylor & Geraldine Akerman).
- **A Compassionate Intervention for Individuals with Problematic Sexual Interests: Group and Individual Outcomes in the UK** (Jordan Clayton, Kerensa Hocken & Nick Blagden).
- **Compassionate Recovery and Neurological Empowerment (CRANE): A trauma focused pilot intervention for women in prison with complex needs who engage in self-harm.** (Adam Mahoney, Gillian Sutcliffe & Bernadette Connolly).
- **Delivering trauma sensitive and compassion focused prison mental health care: A Single Case Illustration.** (Jenika Patel & Sunil Lad).
- **Developing a trauma-sensitive, compassion focused substance misuse treatment intervention for prisoners.** (Elaine Fehrman)
- **Afterword: Compassion in prison. Understanding the evolution and biopsychosocial routes for compassion focused therapy** (Paul Gilbert)

CFT reading and resources...



THE
Compassionate Mind
FOUNDATION



Russell Kolts – based in USA
<http://www.compassionatemind.net>

**Forensic special interest group
| compassionate mind
foundation**

Join via the compassionate
mind website- resource/special
interest groups

Resources for sex

- Sex and Psychology Podcast
- Hard Conversations podcast
- Curious Conversations About Sex podcast
- The Prevention Podcast
- Bering, J. (2015). *Perv. Corgi*.
- Ogas, O. & Gaddam S. (2012). *A billion Wicked thoughts*. Penguin.
- Toates, F (2014). *How Sexual Desire Works. The Enigmatic Urge*. Cambridge University Press

CFT and Sexual Offending

- Clayton, J., Hocken, K. & Blagden, N. (2022). A compassionate intervention for individuals with problematic sexual interests: Group and individual outcomes in the UK. *Abuse: An International Impact Journal*. 3. 4-23. [10.37576/abuse.2022.035](https://doi.org/10.37576/abuse.2022.035).
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- Taylor, J. Akerman, G. & Hocken, K. (2020). Cultivating Compassion Focussed Practice for Those Who Have Committed Sexual Offences. In Swaby, H., Winder, B., Lievesley, R., Hocken, K., Blagden, N. Banyard, P. (Eds). *Sexual Crime and Trauma*. Palgrave Macmillan, London
- Taylor, J. and Hocken, K. (2021), "Hurt people hurt people: using a trauma sensitive and compassion focused approach to support people to understand and manage their criminogenic needs", *The Journal of Forensic Practice*, Vol. 23 No. 3, pp. 301-315. <https://doi.org/10.1108/JFP-08-2021-0044>
- Taylor, J. and Hocken, K. (2021), "People hurt people: reconceptualising criminogenic need to promote trauma sensitive and compassion focussed practice", *The Journal of Forensic Practice*, Vol. 23 No. 3, pp. 201-212. <https://doi.org/10.1108/JFP-04-2021-0015>
- Walton, J. & Hocken, K. (2020). Acceptance and Compassion as Interventions for Paraphilia. In Perkins, D., Akerman, G., Bartols, R. (eds). *Assessing Sexual Interest and Arousal*.
- Vosper, J., Irons, C., Mackenzie-White, K., Saunders, F., Lewis, R., & Gibson, S. (2023). Introducing compassion focused psychosexual therapy. *Sexual and Relationship Therapy*, 38(3), 320–352. <https://doi.org/10.1080/14681994.2021.1902495>