

# 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

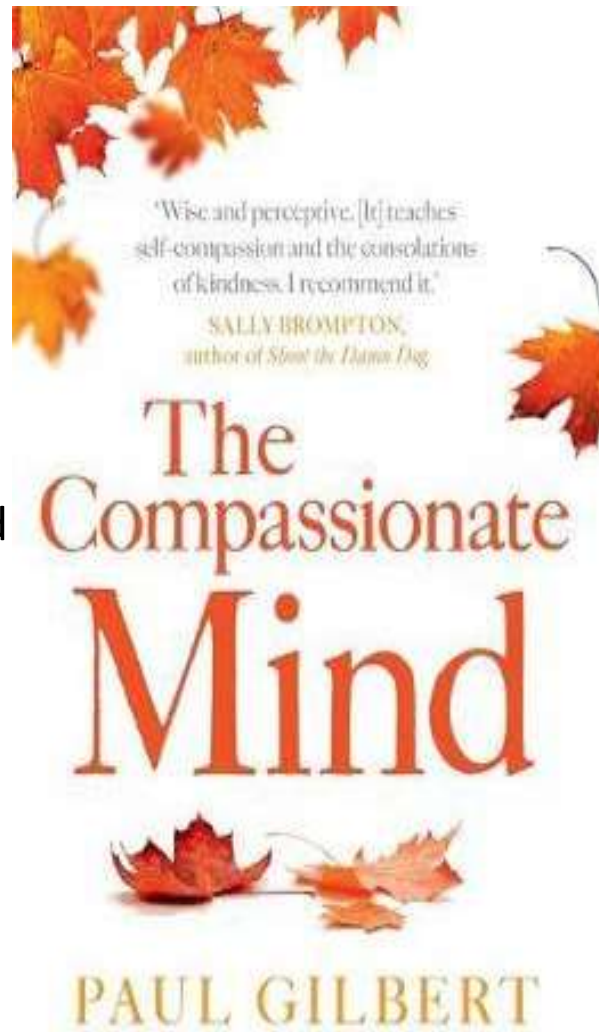
## **Practitioner Ordination**

- 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

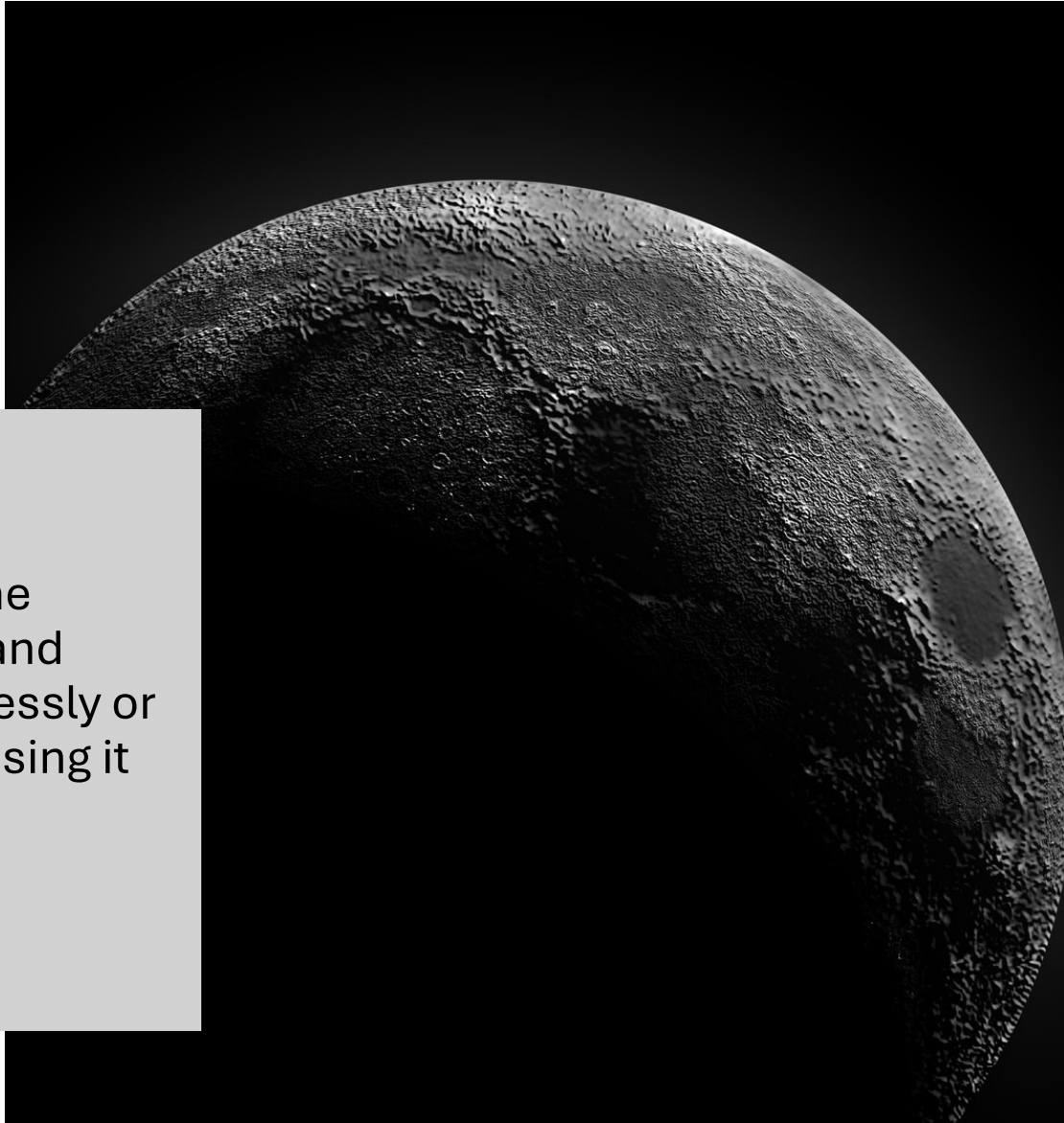
- Explicitly understands and addresses human harmfulness
- Builds pro-social behaviour motives and competencies for care and cooperation (compassion)
- Addresses shame (the critic) and adversity
- Develops the capacity for grief, guilt, remorse, and reparative action
- Improves emotional regulation
-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

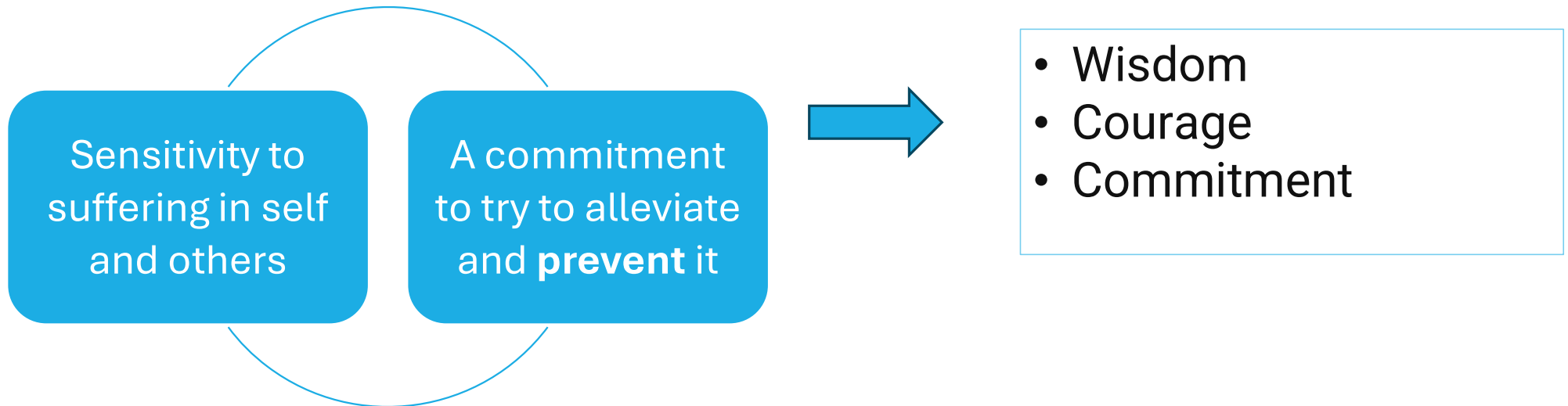


## Callousness



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

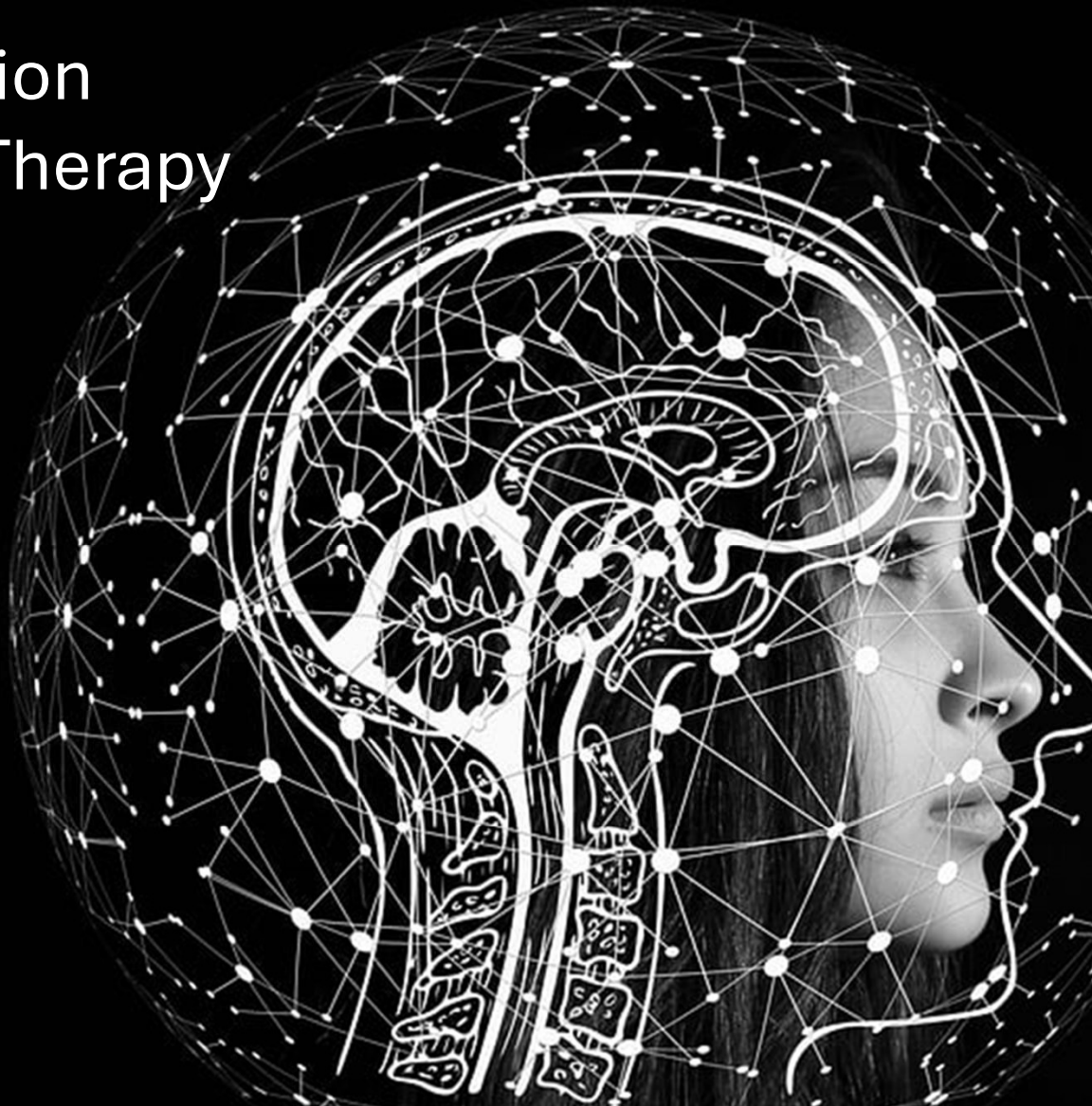
# Compassion: an antidote to human harmfulness



Compassion is a motivation and not an emotion

# Compassion Focused Therapy (CFT)

Offers a  
Model of  
Mind



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

Motivation to avoid harm, injury  
and loss

Fight, Flight, Freeze.

**Emotions:** anger, anxiety, fear,  
disgust, shame

### Soothe

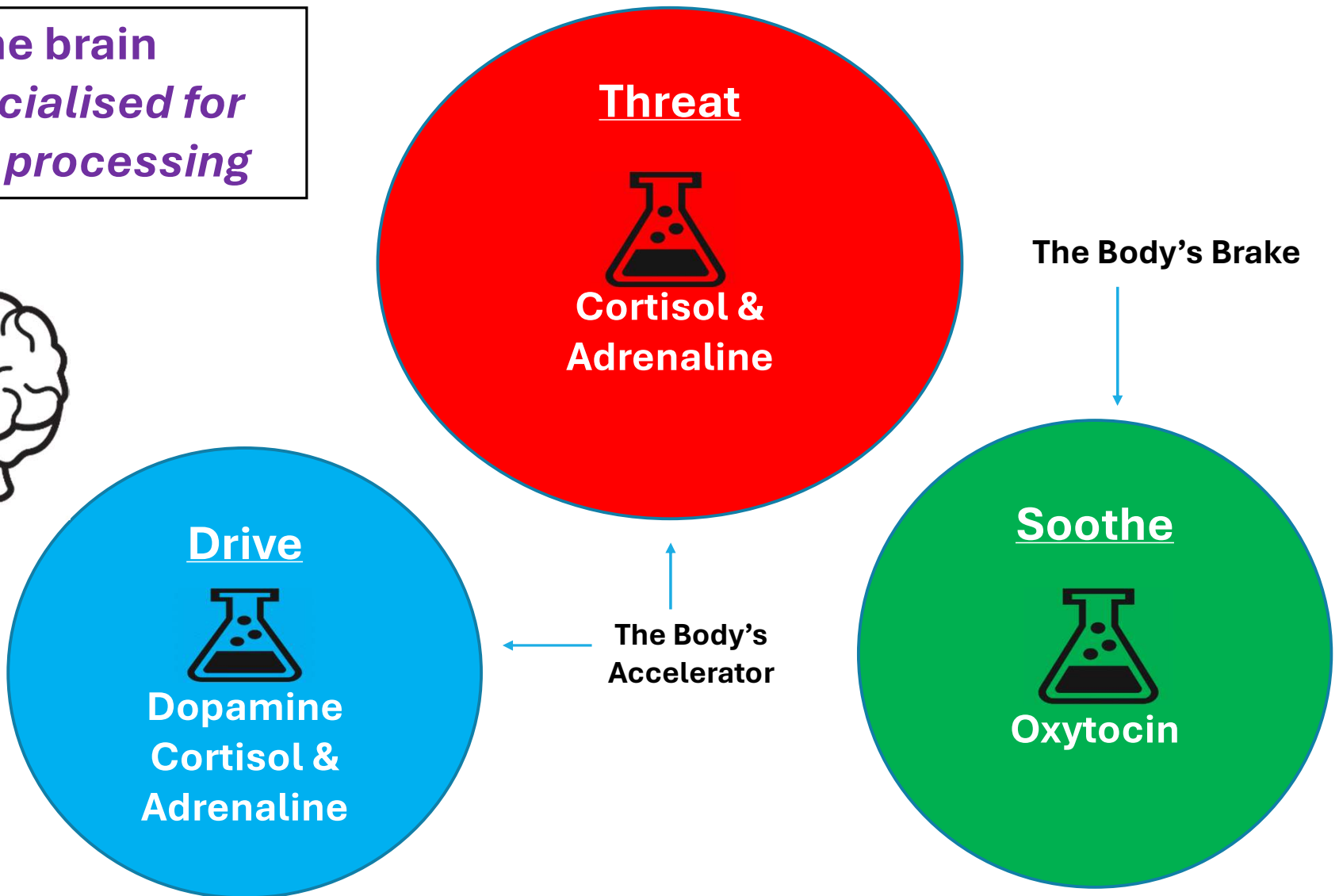
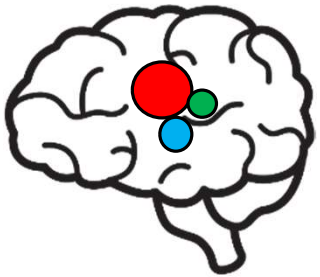
Motivation to tone down  
threat and drive and to raise  
young

Affiliative, bonding,  
nurturing

**Affiliate and recuperate**

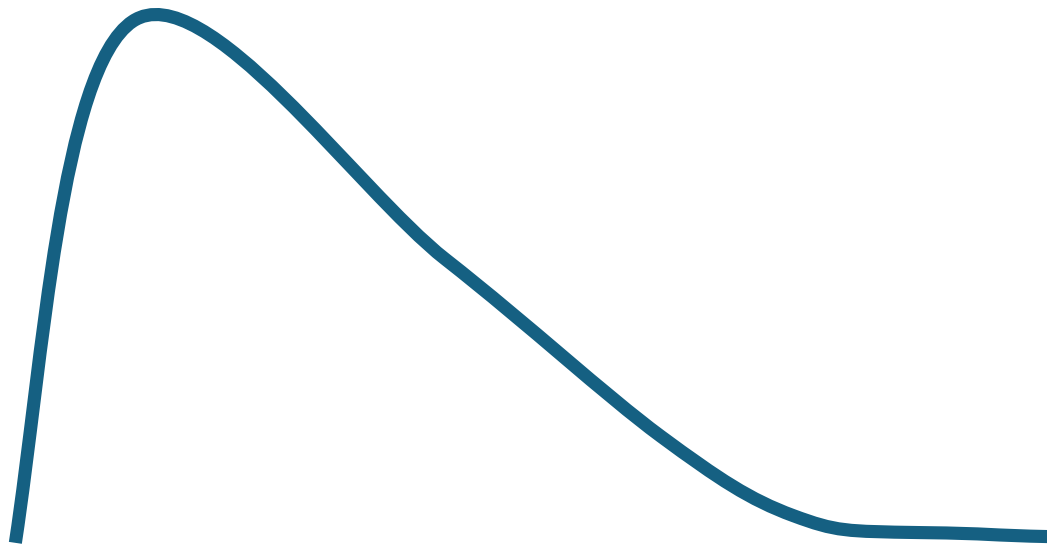
**Emotions:** calmness,  
peace, contentment

**The brain  
is specialised for  
threat processing**





Emotion  
level

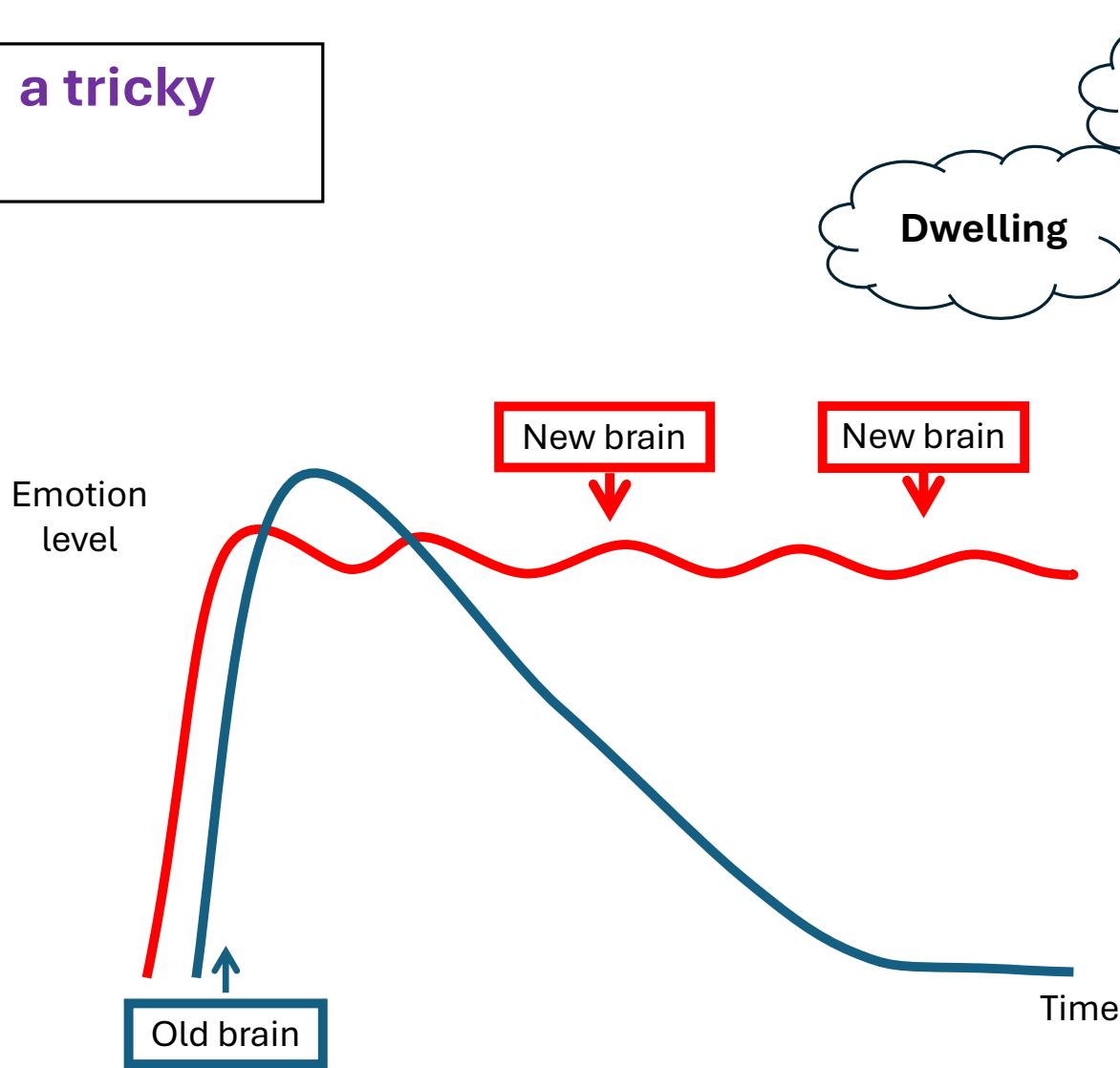


Time





**We have a tricky brain**



# 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

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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

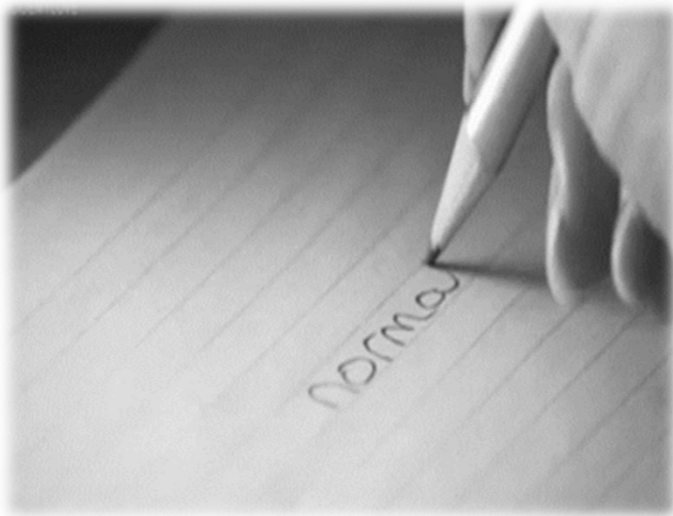
# Compassionate risk assessments

- *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

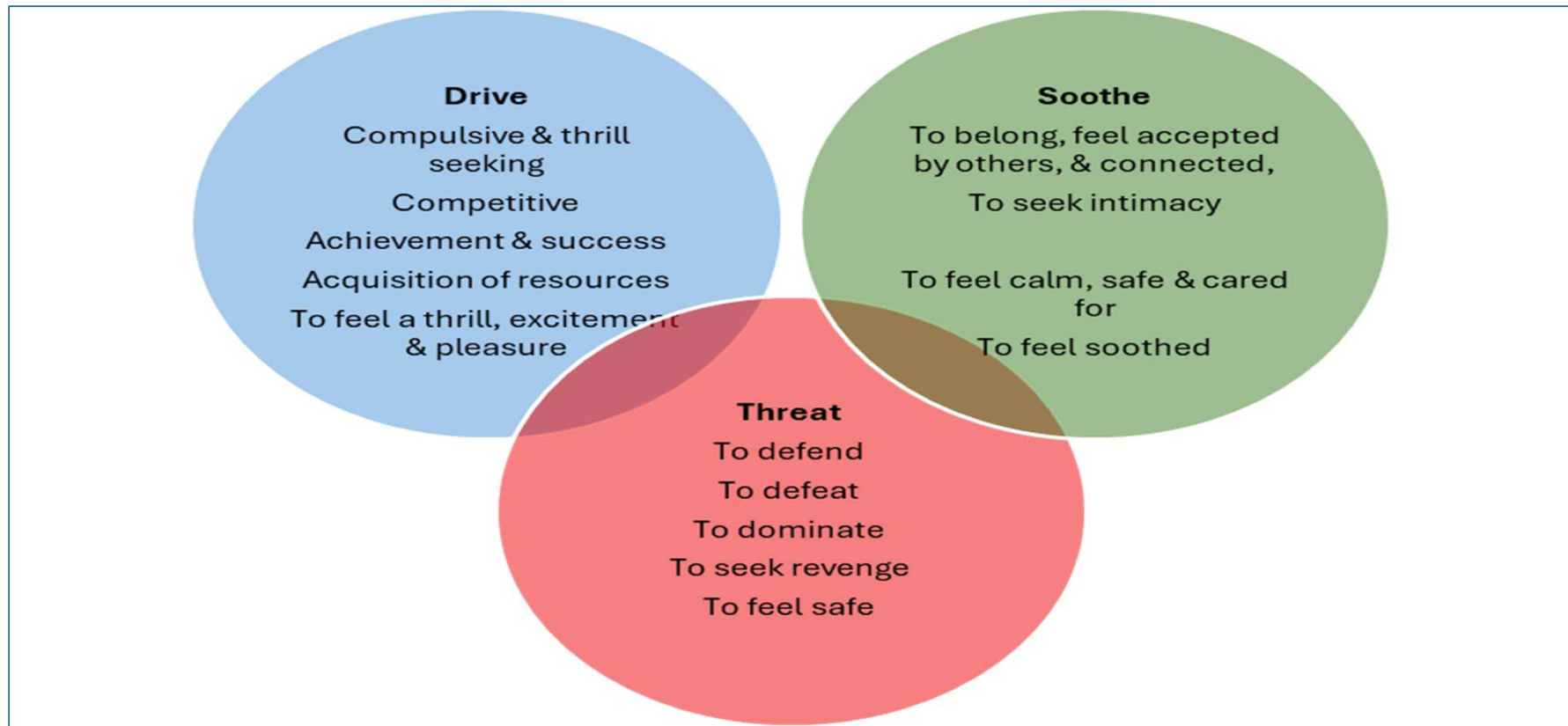
Complex and Inaccessible

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><b>External Shame</b>            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><b>Problems with:</b>            Relationships            Treatment/supervision            Emotional management</p>
<p><b>Internal Shame</b>            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><b>Problems with:</b>            Relationships            Stability            Mental illness            Personality Disorder            Substance Misuse            Employment</p>

SCE	What motivates it	Relationship with RF
<p><b>Humiliation</b>            “They treated me like dirt.”            “That was unfair; they had no right.”            “I won’t let anyone disrespect me like that.”</p>	<p>Maintain status,            attack,            seek revenge,            down rank</p>	<p><b>Problems with:</b>            Relationships,            Employment            Treatment/supervision            Professional Relationships            Lack of insight            Anti-social ideation</p>
<p><b>Hubristic Pride</b>            “I’m better than them.”            “No one tells me what to do.”            “I need to stay in control.”</p>	<p>Maintain status,            control &amp; hold</p>	<p><b>Problems with:</b>            Treatment/supervision            Problems with relationships            Personality Disorder</p>

# What about Protective factors?

SCE	What motives it?	Relationship to PF
<p><b>Authentic Pride</b>            “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><b>Guilt</b>            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
<p data-bbox="128 565 573 651"><b>Critical parents focused on achievement</b></p> 	<p data-bbox="600 565 1045 776"><b>Internal</b> I'm not good enough  I need to work hard for other people to like me</p>	<p data-bbox="1073 565 1518 849"><b>Internal</b> Work really hard and make sure I get everything perfect  Pay attention to when I make mistakes so I can correct them</p>	<p data-bbox="1545 565 1990 898"><b>Internal</b> Become preoccupied with being perfect at the expense of getting other things done  Strong self critic makes me anxious and low</p>
	<p data-bbox="600 1052 1045 1206"><b>External</b> My value as a human is dependent on my achievements</p>	<p data-bbox="1073 1052 1518 1304"><b>External</b> Show people the good things I have done  Do what I think will make other people happy</p>	<p data-bbox="1545 1052 1990 1304"><b>External</b> People think I'm big headed and out to impress  Never meeting my needs  Exploited by others</p>

# Functional Beginnings Of Criminogenic Needs

Event/experience	Key fear	Safety strategy	Unintended consequence
<b>Being bullied -teachers didn't stop it</b>  	<b>Internal</b> There's something wrong with me  People don't like me	<b>Internal</b> Avoid feelings, block them out ( <b>callousness</b> ) Self-criticism. They must be right about me, I need to correct it ( <b>Inadequacy</b> ) Hurt self ( <b>suicidal ideation</b> ) Take drugs ( <b>substances</b> )	<b>Internal</b> Feeling frightened (anxious) and sad (depressed) ( <b>mental health</b> )  Can't tolerate strong feelings ( <b>poor emotional control</b> )
	<b>External</b> Can't trust peers  Authority can't be trusted, they won't help  Others will hurt /reject me	<b>External</b> Vigilant to attack ( <b>paranoid</b> )  Try to fit in by copying 'successful children' ( <b>submissiveness</b> )  Copied another boy who exposed his penis in class ( <b>paraphilic interest</b> )	<b>External</b> Unable to make friends or get close to people ( <b>problems with relationships</b> )  Indecent exposure drew positive attention of peers ( <b>paraphilic interest, sexual obsession</b> )

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)

**Harm minimisation, rationalisation**

**Emotional dysregulation**

**Hostile attributions**

**Empathy inhibitors/callousness**

**Intervention attendance**

**Intervention engagement**

**Addictions**

**Sexual preferences/sexual preoccupation**

**Emotional congruence with children**

**Resistance to rules**

**Employment**

## Traumatic origins - in what circumstances would this be needed

No one was held responsible for what I went through

Mum was too high to take any notice of me

I never knew if Dad was ready to hit me or not

When I cried I got hit (or worse)

My needs don't matter

I don't trust these people

Reliance on external regulation (for containment or excitement)

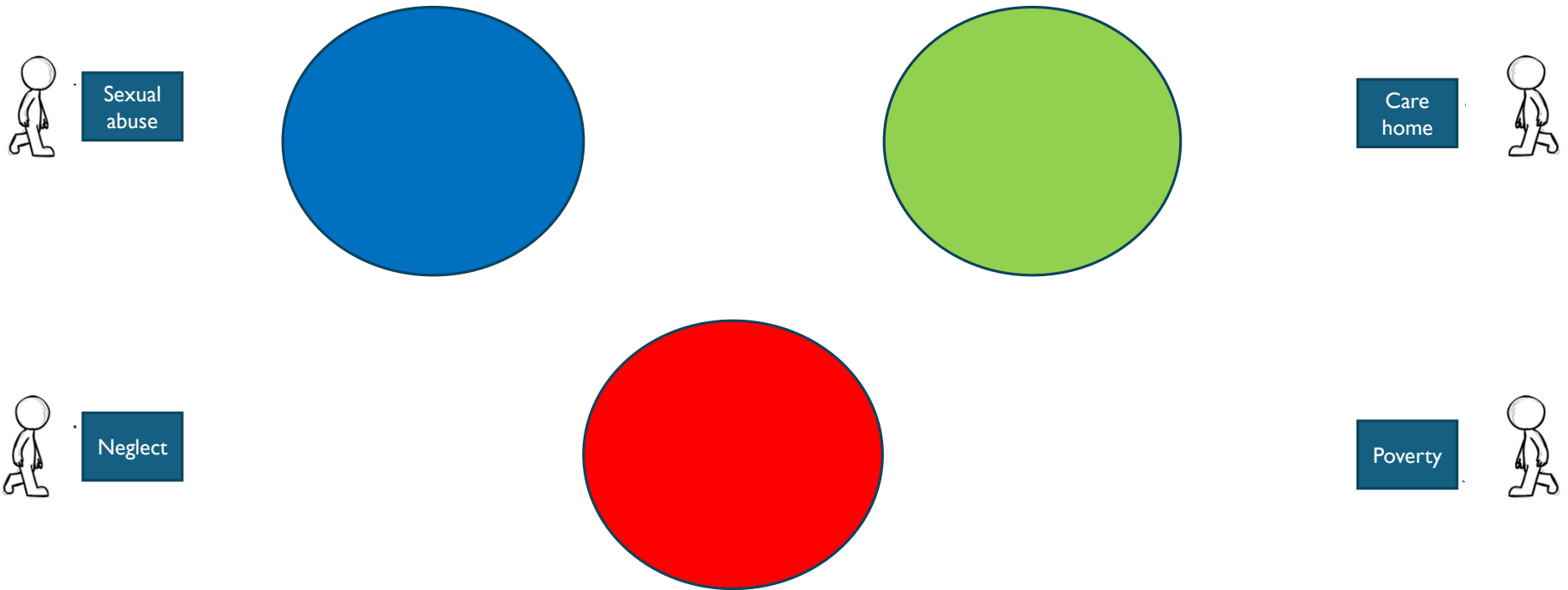
Sexually focussed developmental period

I learned that adults were a source of harm

Don't trust authority

School not safe, let down by system

# Formulating in the 3 circles



# 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

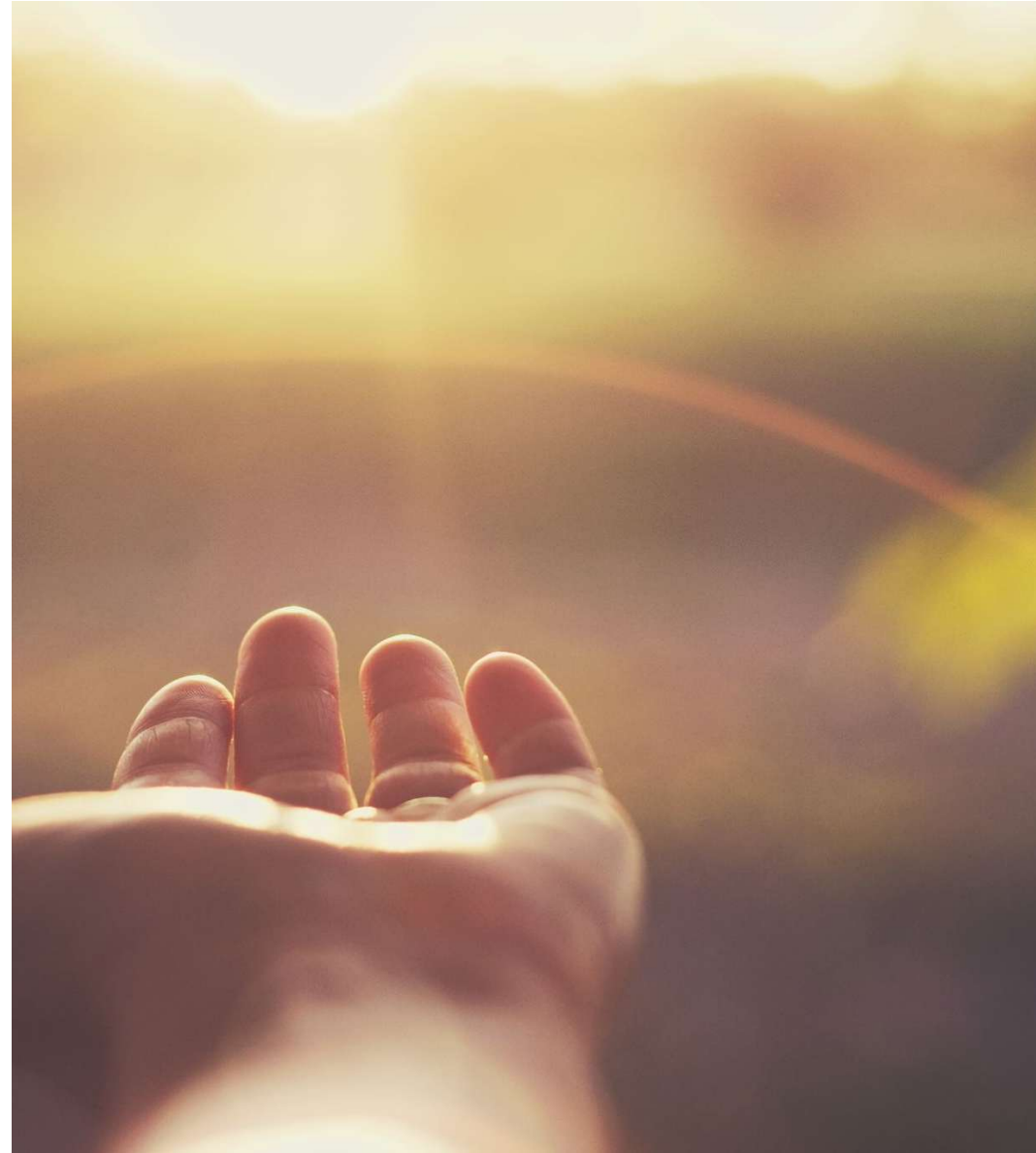
Confusion or betrayal  
when a  
recommendation for  
progression or  
release is not made

Lead to greater  
openness and new  
disclosures

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# 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

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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?

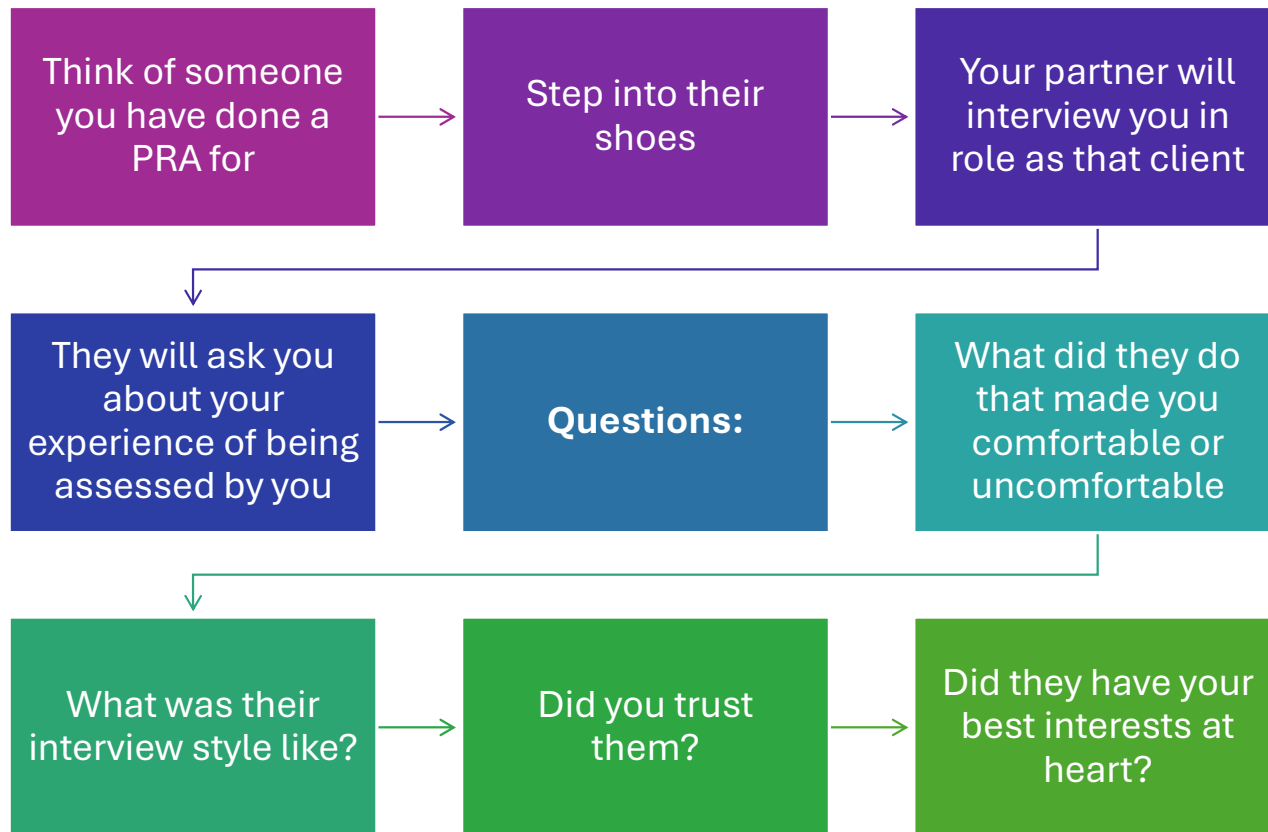
What impact does that have in the work we do?

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

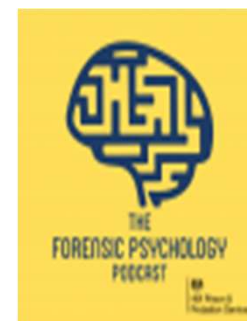
## Getting to know ourselves





**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](http://libsyn.com))



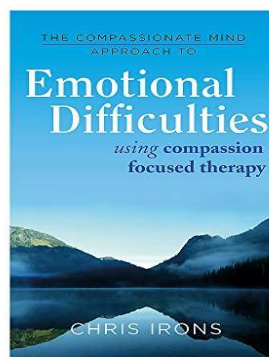
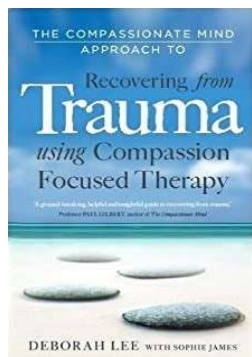
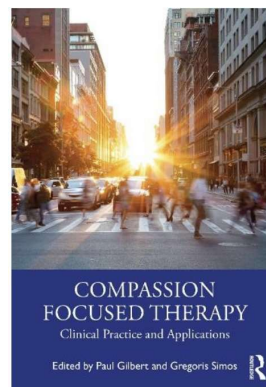
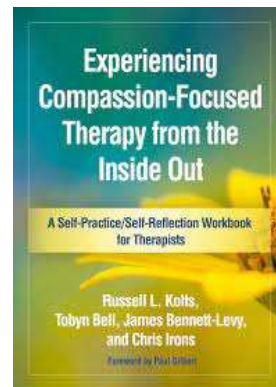
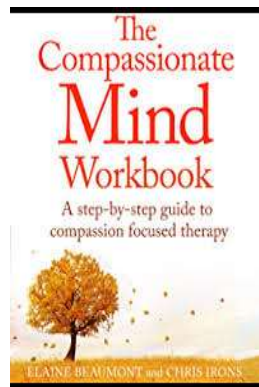
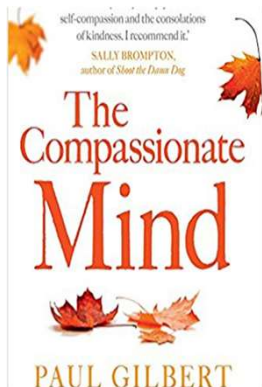
## Special Edition: Forensic applications of CFT. October 2022.

- **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.
- Hocken, K. & Taylor, J. (2021). Compassion Focused Therapy as an Intervention for Sexual Offending. In (Winder, Blagden, Hamilton & Scott (Eds) (2021) *Forensic Interventions for Therapy and Rehabilitation*.
- 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>