This article presents the forensic genogram, an assessment/intervention tool used with the forensic offender. The forensic genogram is a generational map of physical and psychosocial problems. The visual patterns depicted may greatly assist clinicians and the courts with an understanding of individuals within the context of their families. A case illustration is presented, and patterns are identified.

Original Genogram Background
The original genogram is a tool developed for use in understanding the dynamics of family relationships among three generations. Although the genogram originated with the discipline of family therapy, it has long been found to be useful to the disciplines of nursing and medicine (Bell, Watson, & Wright, 1990; Puskar & Nerone, 1996; Rakel, 1977).

Murray Bowen, a family systems theorist and practitioner, developed the original genogram as a tool for analyzing family structure in his family systems theory (1978). The family systems theory evolved from von Bertalanffy's general systems theory, an open system consisting of interrelated subsystems that are components of the total human organism (1968).

The genogram provides a comprehensive holistic picture of the patient and his or her environment; it is an organized and visual method of information gathering and communication (Herth, 1989; Puskar & Nerone, 1996).

Significant benefits of the genogram include the assessment of the function of all patient systems, including physical health, along with
psychosocial systems (Fleck, 1994). Puskar and Nerone (1996) point out that genogram construction takes 50 or more minutes to complete, therefore, using a genogram to assess every patient translates into innumerable hours, which may be perceived as cost ineffective. However, important factors to consider include the scope and depth of information a genogram provides; the numbers of people in the genogram (three generations); enhanced accuracy of diagnosis; strengthened treatment recommendations and care provision; improved patient treatment compliance; positive patient outcomes; and resultant cost containment (Puskar & Nerone, 1996).

**Forensic Genogram**

The forensic genogram, expanded from the traditional genogram, is a three-generational graphic description of a patient's family, and provides additional information that complements the traditional forensic nursing history assessment format. According to Bowen (1978), what happens in one generation frequently repeats itself in the next generation, a phenomenon known as transmission of family patterns.

Using the forensic genogram, individual and family patterns of behaviors of criminal activity, addictions, and suicide attempts can easily be mapped. Psychosocial and physical patterns are identified as are patterns of education and employment.

The forensic family genogram is also an intervention. Nurses using this tool have found that offenders appreciate seeing the patterns in their life as a beginning to their own personal understanding of their life circumstances.

**Rationale for practice**

Because the forensic patient (offender) often presents with extremes in human behavior, the patterns portrayed on the majority of forensic genograms are profound. He believes—probably correctly—that every attempt of suicide has occurred while he was intoxicated from one substance or another.

Understanding the influence of the family on the patient ultimately helps nurses understand the events in people's lives that have resulted in their alleged offense.

Often the patient's history reveals an upbringing of physical, sexual, and mental abuse along with ineffective communication patterns and a personal or family history of substance abuse. This specific information helps nurses gain an appreciation of the complex nature of the offender's problems, and how patients came to find themselves on a forensic unit (Kent-Wilkinson, 1993). Although the average family may have one or two members with maladaptive coping strategies (i.e., history of addictions, suicide, or criminal activity), the forensic family often possesses numerous representations.

**Offender Case Study—Dan**

This case study presents Dan, an actual patient, who was remanded to the forensic unit for a pretrial assessment. This patient was well known to the criminal justice system and he had been admitted several times to a detoxification center where the author was employed.

The specifics of the case have been modified to maintain confidentiality. Following the forensic psychiatric assessment, a summary of the findings compiled from information collected from the multidisciplinary team is written in a letter to the court. This assessment provides the court with an understanding of the patient's current difficulties, and consists of an overview of the family history, psychological test results, recommendations, and the patient's DSM-IV diagnosis (from the Diagnostic and Statistical Manual, 4th Ed).

**Dan's History**

Dan is a 27-year-old, unemployed, unmarried, Caucasian male referred to the forensic psychiatric unit for a pretrial assessment after pleading guilty to charges of stealing goods valued at less than $1,000 from a department store. He was sent to the forensic unit for an assessment mainly out of concern for his extensive history of 30 or more suicide attempts.

Dan has a lengthy criminal history involving property-related offenses and robberies. He openly states that his primary reason for stealing has been to support his drug habit. He reports that he began using drugs at age 11, when he started taking Valium prescribed for his mother. He has used morphine and cocaine intravenously for a number of years as well as other oral drugs, including alcohol.

Dan has been treated in virtually every available treatment facility in this part of the country. He states that he has used drugs over the years to control his anxiety and depression, which he says is worse when he is not abusing substances. He has attempted suicide on at least 30 occasions by various means. He recently attempted to hang himself, but claims his mother found him before he was able to follow through.

As an adult, Dan spent about 6 years in various prisons and has spent more time in custodial institutions than in the general community. He believes—probably correctly—that every attempt of suicide has occurred while he was intoxicated from one substance or another.

**Family History**

Dan, the youngest of five, has three brothers and one sister. His sister died of an intravenous overdose and had a
history of hepatitis and self-mutilation. He describes his father as a problem drinker, who frequently beat his mother. Mother is also reported to make frequent suicide gestures though is still alive and seems to have improved her own personal situation over the years.

As a child, Dan was always out of the house and tended to run away and stay with friends; but he would regularly be brought back by his friends' parents. He had constant problems in school, and spent 2 months in a detention center because of his truancy at age 13.

He stopped school at grade 8, he states, because of difficulty reading. After leaving school in his mid-teens he started work as a laborer. He worked in his first job for 5 years; his drug abuse problem escalated sharply at that time because he claims a girlfriend left him.

From that time on, his life has been downhill. The end of that first job coincides with the beginning of a long criminal history. Since that time, he never maintained long-term employment.

More recently, his problems have been compounded by several deaths in members of his extended family. Two uncles on his paternal side have committed suicide. He acknowledges a problem with alcoholism throughout his extended family, which may be related to some of these deaths. He remains in contact with his mother and brothers, but his sister, as stated, died a few years previously, also of a drug-related suicide.

He is in conflict with his father and has little contact with him. He states that while growing up, his father physically abused him. He also claims to have been sexually assaulted by one of his older brothers. His parents separated when he was 13, and shortly thereafter he ended up in the detention center, as noted, for truancy.

**Patterns evident in Dan's case study**

In working with forensic patients on a forensic psychiatric assessment unit, patients commonly refer to themselves
as the "black sheep" in their family. Working with offenders in the creation of the family genogram provides a very powerful visual presentation of family patterns. Furthermore, construction and discussion of the genograms gives patients an opportunity to embark on a journey of discovery, as they are forced to look at their personal difficulties, and how these were influenced by patterns within their family. Lastly, offenders can begin to identify where changes need to be made to end the cycle of abuse, addiction, and criminality.

In constructing a forensic genogram, it is particularly important to note patterns and collect data related to the patient's past history of employment, mental illness, addiction, suicide attempts, violence, and criminal activity.

In viewing Dan's genogram (Figure), profound patterns in his family are noted in every category. Of note, Dan is the youngest of his siblings and all immediate family members still live in the city of their birth. Dan and five other family members are employed as insulators in the same factory. Although Dan states that he does not get along well with his siblings, many of them work together and drink socially. The educational level of most family members ranges from grade 8 to 10.

When other assessment categories are reviewed, a more dismal picture of Dan's family is presented: 15 family members have addiction problems; five members experience bouts of depression; three family members have completed suicide; four living members have attempted suicide in the past (including Dan who has reportedly had 30 attempts); six members have histories of criminal charges; and two members report histories of sexual abuse.

Dan started abusing substances at an early age, which may have contributed to his difficulties in school and prevented him from achieving an education beyond the eighth grade. Of particular significance, during times of stress, Dan has used drugs, suicide attempts, and criminal activities in an effort to cope.

KEY POINTS

- Working with offenders in the creation of the family genogram provides a very powerful visual presentation of family patterns.
- The forensic family genogram has accompanied the forensic psychiatric assessment report to the court, thereby providing the judge with a clearer understanding of the difficulties experienced by individuals regarding their specific charge.

Implications for Practice

The genogram, originally developed by family therapists, has been used as a valuable tool in the psychosocial field for many years. The forensic genogram, an expanded version of the traditional genogram, was developed by the author for use as an assessment and intervention tool on a forensic psychiatric assessment unit in 1994, and has been consistently used in clinical practice since that time.

In a few specific cases, the forensic family genogram has accompanied the forensic psychiatric assessment report to the court, thereby providing the judge with a clearer understanding of the difficulties experienced by individuals regarding their specific charge. Additionally, it has been used to provide a visual picture of specific forensic case studies for students in baccalaureate nursing programs in Calgary, and more recently, to international students enrolled in forensic Internet distance delivery courses.

The length of time required to complete a forensic genogram may be shortened by using a template of a structured standard forensic genogram (available on the Alliance for Psychosocial Nursing's Web site: www.psychnurse.org). The process of constructing the family map using this tool is simplified as the categories are included in the tool and serve as reminders. The benefits and shortcomings of the forensic family genogram will only be fully realized with more extensive use by the multidisciplinary forensic team of clinicians, including students, and with further evidence of its recorded usefulness when accompanying the court report.

Summary

The forensic genogram is a three-generational graphic description of a patient's family, and as an assessment tool, it is applicable to any forensic nurse whether working in assessment or treatment areas. The forensic genogram is also an intervention. Nurses using this tool have found that offenders appreciate seeing the patterns in their lives as a beginning to their understanding of their personal circumstances.

As part of the legal chart, the forensic family genogram serves as a graphic database for information and could routinely accompany the court letter, providing the judge, the prosecutor and the defense with additional knowledge at a glance.

The author recommends the forensic genogram tool for student nurses beginning to understand the complexities of the forensic offender population. The forensic genogram may provide further information that facilitates health promotion, cost containment, and a further understanding of the events and factors in the individual lives of offenders that have resulted in their current situations before the courts.

The author wishes to acknowledge the influence of Drs. Wright, Bell, and Watson, during graduate studies at the University of Calgary in the early 90's. Over the years these internationally renowned nursing specialists have introduced nurses globally to the important work of family systems nursing.