



IAFP

International Association
for Forensic Psychotherapy

31st Annual IAFP Conference 18 - 20 May 2023 Turin, Italy

**From Pain to Violence:
Prevention and Intervention**



ENVIRONMENT
PARK



L'osteria nel parco

KEYNOTE SPEAKERS

Dr Wayne Bodkin (France)

Dr Felicity De Zulueta (UK)

Professor Franco Freilone (Italy)

Dr Alfred Garwood (UK)

Mr Martin Griffiths CBE (UK)

Mr Will Linden (UK)

Dr Franco Scarpa (Italy)

Dr Rosa Spagnolo (Italy)

VENUE DIRECTIONS

PARCO SCIENTIFICO TECNOLOGICO PER L'AMBIENTE - ENVIRONMENT PARK VIA LIVORNO, 60, 10144 TORINO TO

HOW TO REACH THE ENVIRONMENT PARK CONFERENCE CENTRE:

The Conference Centre is accessible either from Via Livorno 60 (main pedestrian entrance and reception), from Via Livorno 58 (underground car park) and from Via Costaguta (secondary pedestrian entrance, near the photovoltaic totem).

Environment Park can be reached with the following **GTT bus lines**:

- Bus lines: 52, 60, 72 and 72/ for access from Via Livorno.
- Bus lines 49, 46 for access from Corso Principe Oddone, through the secondary entrance of Via Costaguta 21(near the photovoltaic totem).

By bus and metro calculate your route:

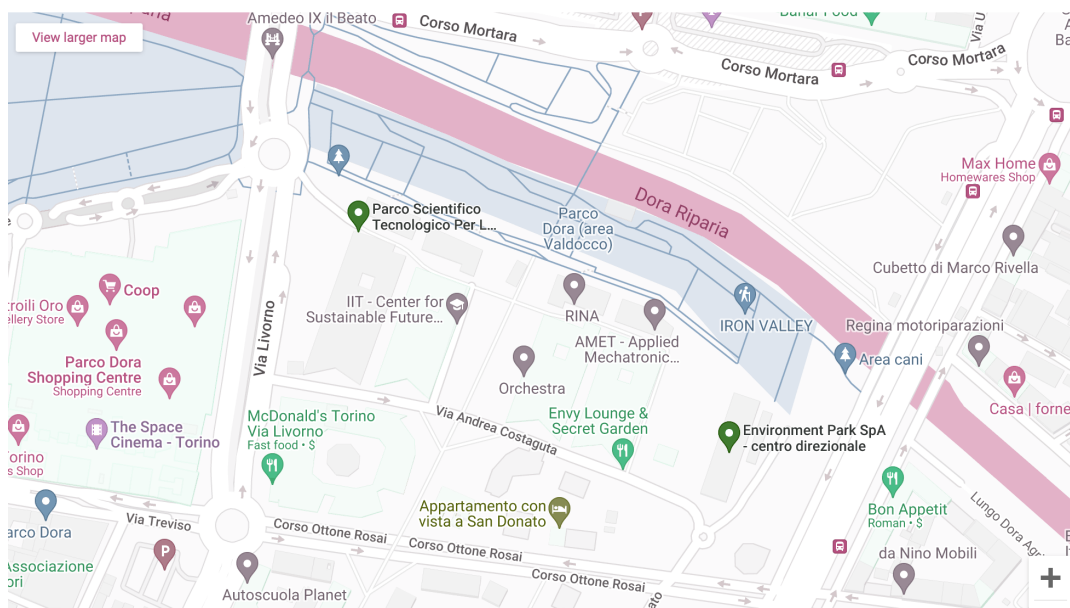
<https://www.gtt.to.it/cms/en/ricerca-percorsi>

The nearest **ToBike stations** are: 117-Livorno, 119-Livorno2, 173-Oddone, 174-Baldissero.

It is also possible to reach Envipark **on foot** from Turin Porta Susa station (Piazza Diciotto Dicembre) in 30 minutes.

It can be reached **by car** from the Milan/Aosta motorway and from the Asti/Piacenza motorway.

Environment Park is **connected to Turin Caselle airport by rail and motorway** and to Milan Malpensa airport by bus, rail and motorway.



TURIN INFORMATION

General info on the metropolitan city of Turin (Piedmont)

Turin, the main city in the Piedmont region, is located in the centre of the Alpine peaks: Monviso, Rocciamelone, Gran Paradiso, Matterhorn and Monte Rosa massifs. Turin counts about 1.7 million citizens and is Italian point of reference for universities as well as artistic and historical heritage. It is home to two UNESCO-protected properties: the Savoy residences area and the natural reserve on the Po river. The city has a two-thousand-year history, it was an important Roman colony under the name Iulia Augusta Taurinorum in the 1st century BC. Then, over the centuries, Turin became the capital of the House of Savoy, which completed the plan to unify Italy in the 19th century and made this prestigious city the first capital of the Kingdom. Turin was the 'Expo' stage for the World Fair in 1911 and in 2006 home to the 20th Winter Olympics. It is the birthplace of some of the world's greatest industrial symbols of 'Made in Italy', like: Automotive Fiat, Vermouth, Martini, Vergnano' Coffee, city of excellence for the Chocolate industry, with Gianduiotto as the main trade mark.

Explore the city

You can start the tour from **Piazza Castello**, in the beating heart of the city, for a visit to the **Savoy Royal Palace** with galleries of paintings and prestigious collections and the Royal Garden. **Palazzo Madama** follows, to have an idea of Italian Barocco's style with Filippo Juvarra as well. Continue to **San Lorenzo Church** by another Barocco's architect Guarino Guarini, who designed the Duomo's dome where is preserved the Sacra Sindone on which, according to tradition, there is imprinted the body of Christ after the crucifixion. **Palazzo Carignano**, the unique Barocco's red brick extraordinary palace, where the **Museo del Risorgimento** is located. The following day: **Via Po**, with its characteristic arcades built to allow the King to reach the river Po without getting wet in rainy weather, and take a break at the **National Museo del Cinema** in the iconic **Mole Antonelliana**, the undisputed symbol of the city, from which you can look out by taking the panoramic lift inside. In Piazza Vittorio Veneto enjoy a very turinese coffee and cake! Let's across the bridge to go towards the **Gran Madre di Dio Church** and pop up to the **Monte dei Cappuccini** to admire the city from above.

For a relaxing walking in the nature you can go to the biggest Park in Europe, **Parco del Valentino** with a full immersion in **Borgo Medievale**, a little medieval city completely re-built in 1800. If you want an immersive experience with a car and motor theme, we recommend the **Museo Nazionale dell'Automobile**. If you are passionate about modern and contemporary art, we recommend: **GAM (Gallery of Modern Art)**, **Fondazione Sandretto Re Rebaudengo**, **Fondazione Merz**, the temporary exhibitions at the **Officine Grandi Riparazioni** and, out of the city but available with underground, **Castello di Rivoli - Museum of Contemporary Art**. By car/bus you can go to **Reggia di Venaria** one of most beautiful Savoy residence or **Palazzina di Caccia in Stupinigi**.

CONFERENCE COMMITTEES

Scientific Committee:

Daniel Riordan

Cleo Van Velsen

Organising Committee:

Colin Campbell

Mariana Caserio

Massimo De Mari

Barbara Jacobs

Caterina Marchetti

Elena Mundici

Large Group Convenor:

Anne Aiygebusi

THURSDAY 18 MAY

MORNING

COMPLEMENTARY ACTIVITIES

PLEASE CONTACT MARIANA CASERIO & CATERINA
MARCHETTI IF YOU WOULD LIKE TO ATTEND

10 - 10.30 AM
10.30 - 11 AM

TOUR OF THE CESARE LOMBROSO
MUSEUM OF CRIMINAL
ANTHROPOLOGY, UNIVERSITY OF
TURIN



THURSDAY 18 MAY

AFTERNOON

VENUE

ENVIRONMENT PARK

*Parco Scientifico Tecnologico per
l'Ambiente
Via Livorno, 60 10144
Turin, Italy*

2.30 PM

REGISTRATION & COFFEE

3.00 PM

WELCOME & PRESENTATION OF THE NEW ITALIAN FORENSIC PSYCHOTHERAPY SERIES WITH KEMET EDITORE TORINO & KARNAC

DR ESTELA WELLDON, DR
BRETT KAHR, DR CATERINA
MARCHETTI, MARIANNA
CASERIO

PRESENTATION OF THE BOOKS BY

- **Estela Welldon:** "Playing with dynamite"
- **Brett Kahr:** "New Horizons in Forensic Psychotherapy"

(translated in Italian)

- **Caterina Marchetti, Emanuela Cometti and Alessandra Morandini:**

"Lo psicologo in carcere"

(translated in English)

5 PM

IAFP BOARD MEETING

THURSDAY 18 MAY

EVENING

VENUE

**HOTEL NH PIAZZA CARLINA,
PIAZZA CARLO EMANUELE II,
15, 10123 TORINO**

8 PM - 10 PM

**WELCOME RECEPTION
*IN PERSON ONLY***

CANAPÉS AND DRINKS

FRIDAY 19 MAY

MORNING

VENUE

ENVIRONMENT PARK

*Parco Scientifico Tecnologico per
l'Ambiente, Via Livorno, 60 10144
Turin*

8.45 AM

WELCOME INTRODUCTION

9 - 11 AM

PLENARY 1

CHAIR: CARINE MINNE

DR FELICITY DE ZULUETA

*The importance of the 'traumatic attachment' in Forensic
Psychotherapy*

DR ALFRED GARWOOD (REMOTE)

'From pain to violence to healing'

11 - 11.30 AM

COFFEE BREAK

11.30 - 1 PM

PLENARY 2

CHAIR: COLIN CAMPBELL

MR MARTIN GRIFFITHS

Violence Reduction in London

MR WILL LINDEN

*Violence Prevention: Lessons from Glasgow and
a look to the future*

1 - 1.45 PM

LUNCH

FRIDAY 19 MAY

AFTERNOON

2 - 3.30 PM

PARALLEL SESSIONS

PARALLEL 1

1A: THE GENTLE ABUSE (MARCHETTI & DE ROSA)
1B: THE ART OF HEALING (DAVID MILLAR)
CHAIR: JESSICA COLLIER

PARALLEL 2

2A: VIOLENCE PREVENTION AND THE LOMBROSIAN LEGACY (LAURA BUI)
2B: AN INTEGRATED INTERVENTION APPROACH TO ACQUIRED BRAIN INJURY (BRAITHWAITE & MARSH)
CHAIR: TBC

PARALLEL 3

3A: PARENTAL ALIENATION AND THE PERVERSION OF MOTHERHOOD (HESSEL WILLEMSSEN)
3B: ECSTASY IN AGONY; THE PERVERSION OF MOTHER TERESA OF KOLKATA (JIM RYMER)
CHAIR: TBC

PARALLEL 4

4A: GIVE SORROW WORDS, GIVE SORROW ART, GIVE SORROW A PENALTY SHOOT OUT (JOHN LAKE)
4B: RIGHT BRAIN LISTENING (LESLIE LOTHSTEIN) REMOTE
CHAIR: ANGELA FOSTER

PARALLEL 5

5A: FROM PAIN TO VIOLENCE: A CASE STUDY (HENRY ADEANE)
5B: THE FEARS AND TYRANNY CYCLE (GERARD DRENNAN) REMOTE
CHAIR: ANNIE PESSKIN

3.30 - 4 PM

COFFEE BREAK

4 - 5 PM

LARGE GROUP DR ANNE AIYEGBUSI

FRIDAY 19 MAY EVENING



VENUE

ASYLUM BEES-TRÒ

*Via Torino 9/6 Presso Villa 5,
10093 Collegno
Italy*

8 - 12 PM

CONFERENCE GALA DINNER



SATURDAY 20 MAY

MORNING

9 AM - 10 AM

PLENARY 4

CHAIR: CLEO VAN VELSEN

DR WAYNE BODKIN / DR MATHIEU LA CAMBRE

'A developmental perspective on sexual offending'

10 AM - 11 AM

PLENARY 5

CHAIR: MASSIMO DE MARI

DR ROSA SPAGNOLO

'Memory systems and early childhood trauma'

11 - 11.30 AM

COFFEE BREAK

11.30 AM -
1 PM

PLENARY 6

CHAIR: ELENA MUNDICI

DR FRANCO SCARPA

'Treatment of violent psychiatric patients inside prison and REMS'

PROFESSOR FRANCO FREILONE

'Imputability, dangerousness and assessing the risk of violence'

1 PM - 2 PM

LUNCH

1.30 - 2.30 PM

ANNUAL GENERAL MEETING IAFP BOARD ELECTION

ALL MEMBERS WELCOME

CHAIR: COLIN CAMPBELL

SATURDAY 20 MAY

AFTERNOON

2.30 - 4 PM

PARALLEL SESSIONS

PARALLEL 1

1A: TOUCH AND GO (JESSICA COLLIER)
1B: RADIO BEGIJNENSTRAAT (NELLE VAN DAMME)
CHAIR: JIM RYMER

PARALLEL 2

2A: REPAIRING ATTACHMENT TRAUMA (LISA FIRESTONE)
2B: POWER, INEQUITY AND RACISM IN FORENSIC SETTINGS (ADLAM, AMOAKO-ATTA, BOSE & NDEGWA) REMOTE
CHAIR: TBC

PARALLEL 3

3A: A PLEA FOR STRUCTURAL RELATIONAL SCHEMA THERAPY (CHRISTIAN EIGNER) REMOTE
3B: MUSIC IS THE ENEMY (SARAH BRAND)
CHAIR: TBC

PARALLEL 4

4A: WHAT'S HOLDING THE TRAUMA? (NATALIE PARRETT)
4B: FROM PAIN TO VIOLENCE IN A PERSONALITY DISORDER SERVICE (TAYLOR & BLAKE) REMOTE
CHAIR: TBC

4 - 4.30 PM

COFFEE BREAK

4.30 - 5.30 PM

LARGE GROUP
DR ANNE AIYEBUSI

PLENARY 1

DR FELICITY DE ZULUETA

The importance of the 'traumatic attachment' in Forensic Psychotherapy

Dr Felicity de Zulueta is an Emeritus Consultant Psychiatrist in Psychotherapy at the South London and Maudsley NHS Trust and Honorary Senior Lecturer in Traumatic Studies at Kings College London. She developed and headed both the Department of Psychotherapy at Charing Cross Hospital in 1984 and the Traumatic Stress Service in the Maudsley Hospital in 1996 which specialises in the treatment of people suffering from Complex Post Traumatic Stress disorder including borderline personality and dissociative disorders. She has published papers and chapters on the subject of Bilingualism and PTSD, BPD from an attachment perspective and is author of "From Pain to Violence; the traumatic roots of destructiveness", Wiley & Sons, 2006, translated into Italian. Dr de Zulueta now works as a free-lance consultant psychotherapist with a training in psychoanalytic psychotherapy, systemic family therapy, group analysis, EMDR and Lifespan Integration. Having developed a new therapeutic procedure called the Traumatic Attachment Induction Procedure (TAIP) she is currently carrying out clinical research on the traumatic attachment, its different manifestations and its theoretical and therapeutic implications. She has received the Sándor Ferenczi Award 2020 "for the best published work in the realm of psychoanalysis related to trauma and dissociation in adults and/or children".

I will be presenting theoretical and clinical therapeutic work involving the traumatic attachment as part of the disorganised attachment. It is a very important developmental phenomenon because of how it impacts the future development of infants and children who suffer from parental abuse or neglect.

So far, our knowledge of the traumatic attachment has been largely theoretical, described as it is in detail by Alan Schore. However, we now have access to animal research which explains its evolutionary importance which I will be sharing with you.

This will be followed by clinical therapeutic work carried out with adults who suffer from the effects of the 'traumatic attachment'. Our results confirm Alan Schore's theoretical model and provide us with many new ways of understanding and working therapeutically with these individuals.

PLENARY 1

DR ALFRED GARWOOD (UK)

'From pain to violence and from violence to healing'

Alfred Garwood is the youngest member of an entire nuclear family of Holocaust survivors. He is a Group Analyst, a retired Honorary Consultant Adult Psychotherapist and a psychiatrist. He is the recipient of the British Journal of Psychotherapy Prize and has worked in General practice for more than forty years. He is the founder of the Child Survivor Association of Great Britain and the cofounder the of the Survivor Centre in London.

This presentation will describe the authors childhood Holocaust and post Holocaust years. Then his refugee formative and deformative experience and the course of his adolescence and adulthood producing the susceptibility to further traumatisation as well as their effects on his life events. It will include insights and theorisation from thirty years of therapeutic work with Holocaust survivors and survivors of recent social and personal traumatisation as well as forty years of work as a General practitioner. This has produced novel theories of psychic organisation and function including the concept of the Psychic Guardian as well as the deformative, pathogenic effects of trauma. This process of learning to understand together with the healing of those wounded individuals has generated unexpected healing in this wounded healer.

PLENARY 2

MR MARTIN GRIFFITHS

Violence Reduction in London

Martin P Griffiths CBE DL FRCA FRCS is a consultant Trauma and Vascular Surgeon at Barts Health NHS Trust where he developed the nation's first ward-based intervention programme for the victims of interpersonal injury. He is also National Clinical Director for Violence Reduction (NHS England) & Clinical Director for Violence Reduction Network (NHS London) and has led the expansion of the public-health approach to violence reduction in the capital. He has an interest in integrating peer groups in the co-design of community and healthcare-based prevention and education programmes.

Martin will talk about the evolution of Violence Reduction over the past 5 years within the NHS.

PLENARY 2

WILL LINDEN (UK)

Violence Prevention: Lessons from Glasgow and a look to the future

Will has worked in the police for the last 15 years in Scotland, primarily in intelligence analysis. In 2005 he joined the Violence Reduction Unit, the first public health policing unit in the World. Will was responsible for developing the research capabilities of the unit moving from traditional policing analysis to a more epidemiological/criminological research approach. Over the last ten years, Will has been responsible for the development of many of the successful approaches and programmes adopted by the VRU, including the development of Homicide/Deaths Database and CIRV (the gang intervention programme Community Initiative to Reduce Violence), Injury Surveillance, Mentors in Violence Prevention, Employability/Desistence programmes, sobriety monitoring. Will is currently responsible for the innovation, business and strategic planning of the unit, ensuring that the unit and its outputs remain forward looking and relevant to the delivery of violence reduction in Scotland and acts as an advisor to the Scottish Governments' community safety department. Working with a number of universities in Scotland and beyond he has helped improve the knowledge base to enhance evidence led practice in the areas of violence prevention, public health and policing, with published works on gangs, alcohol and homicide.

Scotland is a changed country, the violence and gangs synonymous with Glasgow may not be gone, but they are certainly not as common as they once were. The connection between knife crime and razor gangs is long and troubling, and far too many people and communities have been affected by the horror. Addressing the problem was never solely a justice issue, and if the only tool you have in addressing the issue is policing, then everything looks like a crime, and everyone looks like a criminal. Life is more complicated and complex than the simple dichotomy of victim and offender, and is there such a thing as baddies and goodies?

Preventing violence requires diverse thinking; you cannot hope to solve complex issues by living in echo chambers with a myopic vision caused by the lens you choose to view the world. We must think differently, challenge the status quo and remove ourselves from our comfort zones. There is no one service or person that has all the answers, but by working with specialists from different disciplines, as well as those working on the frontline and with lived experience, we can make a difference.

PLENARY 4

DR WAYNE BODKIN & DR MATHIEU LA CAMBRE (FRANCE)

A developmental perspective on sexual offending

Dr. Wayne Bodkin is a consultant forensic psychotherapist at the University Hospital of Montpellier, France. He is an associate member of the CRIAVS unit in the hospital's emergency psychiatric unit that treats victims and sex offenders. He is also researching women sex offenders. He is the author of articles on book chapters on treating sex offenders and their families. He was called as an expert in a public health hearing on sex offenders at the French Ministry of Health. He is a recognized teacher in couple and family therapy in Universities in France and abroad as well as training professionals in health services.

Dr. Mathieu Lacambre has been a hospital psychiatrist at the University Hospital of Montpellier since 2004; he practices forensic psychiatry in complex spaces at the health-justice interfaces (prison, specialized reception and evaluation units, etc.). Initially involved with victims (consultation of asylum seekers who were victims of torture), he turned to the perpetrators in order to treat violence from its origins. Responsible for the university diploma in forensic psychopathology, lecturer in several university faculties (Paris, Montpellier, Toulouse, Lyon, Strasbourg...), he is the author of numerous articles on violence and dangerousness and has coordinated several books: 'Psychotherapy and Education' (Ed. Dunod, 2016), 'Sexualities and Transgressions' (Ed. Dunod, 2019), 'Sexual Violence: New Expressions, New Interventions' (Lavoisier Médecine Sciences, 2019). And because effective prevention is possible, he and his team are behind the creation of a Toolbox for the Prevention of Sexual and Gender-Based Violence (BOAT®), intended for all those working with minors aged between 5 and 18.

PLENARY 4

DR WAYNE BODKIN & DR MATHIEU LA CAMBRE (FRANCE)

A developmental perspective on sexual offending

If we consider violence in a continuum from the acute overflow of defense mechanisms to the attempt to regain control by violent actions directed against oneself or others, we can consider sexual assault as the most destructive of all violence. In particular when it is committed against a child by a parent or a relative. It is then a psychic assassination destroying the self-esteem (Gilligan, 1999). This is probably why incest victims call each other “survivors”. The repetition of the sexual offense (as a victim or a perpetrator or with the displacement of the function) can then be considered as a desperate attempt to feel the pain that one no longer feels (Bion, 1963) for oneself or for the other, by a return to the (primitive?) scene of the crime. Our clinical practice displays, in the genesis of sexual offending, the high frequency of insecure attachment (Bowlby, 1988) or attachment disorganization (Liotti, 2004), but also the existence of childhood traumas, in particular sexual traumas, the fixation on childhood sexuality, dysfunctional learning of sexuality, and even a serious relationship disorder with systematic reduction of subject to the state of object for genitalized enjoyment. There is no longer a sexual relationship but genital violence.

As sexual violence is a dynamic process that is reinforced over time (shame, humiliation and guilt for the victims, impunity, domination and compulsion for the perpetrators), we can identify it, stop it and prevent it. Early on, by strengthening self-esteem, holding (Winnicott, 1960), managing emotions and regulating impulses, developing interactions, protecting against exposure to violent sexual content (screen, social networks, pornography), and early detection of problematic sexual behavior. This is primary prevention.

When the fantasies that cause suffering involve children or non-consenting persons, care is possible before the sexual offense. The aim is to restore the patient's failing narcissism, to accompany him in the oedipal settlement of castration anxiety and to support him in the encounter with the desire of the other. This is secondary prevention.

Viewing child pornography, sexual exhibition, sexual harassment, and sexual trading with minors are sexual offenses. Just like rape. Care consists in reducing the psychological consequences of offense and stopping the process of repetition (over-victimization or recidivism) according to the structure of the subject and his or her functioning. This is tertiary prevention.

And because sexual aggression affects the most intimate foundations of the subject (primary narcissism, self-esteem, construction of identity) we must do everything possible to interrupt this deadly process on an individual and collective scale. By promoting early interventions, because where the cure is uncertain, prevention is safer!

PLENARY 4

DR ROSA SPAGNOLO (ITALY)

'Memory systems and early childhood trauma'

Rosa Spagnolo, MD, Neuropsychiatrist for Children. Child and Adolescent Psychotherapist. Psychoanalyst, Full Member of Italian Psychoanalytic Society (SPI). International Psychoanalytic Association Member. Co-chair of Italian Psychoanalytic Dialogues Association. Neuropsychanalysis Association (NPSA) Member and she leads the NPSA Italian Group. Professor Level II - Master - Diagnosis and Treatment of Eating and Weight Disorders - Tor Vergata University, Rome. Course: Psychology of Nutrition and Treatment of DCA. Professor of Psychoanalysis and Culture - School of Psychoanalytic and Group Analytical Orientation - Reggio Calabria. Chair of IPAweb page - Psychoanalysis in the age of Neuroscience. Chair of Spiweb page - Neuroscience. She is the coordinator of the annual IPD/NPSA Rome Conference. She is the author of several publications, as well as a conference speaker and lecturer, on neuropsychiatric developmental disorders and psychoanalytical topics.

Memory is the dynamic product of several interactive processes of encoding, consolidation, and maintenance of long-term memory, through 'updating' for the integration of data arriving from the environment. This interaction of them, can be cooperative, competitive or alternative, dependent on the intervention of the hippocampus (declarative or hippocampus-dependent memory) or non-hippocampus-dependent (non-declarative memories, implicit memories). The whole memory system can be traced to two distinct modes of data collection and processing related to the intervention or nonintervention of the hippocampus. These memory systems mature at different times contributing, with different weights, to the organization of memory in the first three years of life. Alongside this physiological condition of division of memory into declarative and nondeclarative systems one must also consider the distinction between neutral memories (neutral stimuli) and traumatic memories, since traumatic events are encoded and stored differently than neutral events.

How do intense emotions cause the brain to form intense memories?

The Adverse Childhood Experience (ACE) study highlights how exposure to chronic toxic stress during childhood predisposes to a constellation of chronic conditions in adulthood. The stress we face in childhood reaches into adulthood altering the body, cells and DNA. So, the experience of stress, chronic illness, early trauma alters later development through multiple mechanisms. For a child under chronic stress, or trauma, the link between physical suffering and mental suffering is therefore very strong and induces permanent changes in both brain and body. Therefore, in registering traumatic events (in the implicit memory system) the infant brain reacts, through the physiological mechanism of neuroplasticity, by activating or inhibiting functions that may be mental or body-controlling, and the outcome of chronic stress may reveal itself as both psychological and bodily damage.

PLENARY 5

DR FRANCO SCARPA (ITALY)

Treatment of violent psychiatric patients inside prisons and REMS

Dr Franco Scarpa is a psychiatrist and forensic expert, 68 years old, he is currently the Chief of a Psychiatric network of Local Health Authority "Toscana Centro" managing mental health services inside the prisons or the residences for psychiatric patients sentenced to a security measures. Director of a REMS, the residence for treatment of not guilty by reason of insanity and socially dangerous. Member and regional secretary of Italian Society of Psychosocial Rehabilitation and member of Scientific Board of Italian Society of Criminology. Author of paper and publications in forensic psychiatry and psychosocial rehabilitation.

The treatment of psychiatric patients declared not guilty by reason of insanity include a ethical dilemma between the guarantee of a psychiatric care within a psychiatric environment and the need of control the dangerousness connected to the criminal meaning of the sentence. In Italy the treatment of psychiatric patients who have committed crimes and are evaluated as not capable and socially dangerous had a deep reform from 2014, by the Law n. 81 that provided the closure of Judicial Psychiatric Hospital (OPG), in a few word a mix of prison and hospital. After this Reform new psychiatric facilities called residence for execution of a security measure (REMS) were provided and currently they host the not guilty by reason of insanity sentenced to a security measure and not to prison. The REMS are new facilities of the network of psychiatric facilities of Mental Health Department but, after 8 years, many questions about their functions and cooperation with the other services still need an answer. The reform had furthermore a strong impact on the treatment of the prisoners who suffer psychiatric illnesses after the sentence because many of them were previously sent to the OPG and actually sometimes they stay in special mental health ward of the prison. The main goal of the Reform, in the field of prisons, is the involvement of the Mental health services in prison, previously managed by personnel of Justice Ministry, and provide, when it is possible according their legal position, alternative measures to the prison and psychiatric treatment.

PLENARY 5

PROFESSOR FRANCO FREILONE (ITALY)

Imputability, dangerousness and assessing the risk of violence

Franco Freilone is a Psychiatrist and Psychoanalytic Psychotherapist. He has a PhD and has been Professor for Psychodiagnostics since 1997. He is Associate Professor of Clinical Psychology at the Faculty of Psychology of Università degli Studi of Turin. He is a lecturer in Psychological Sciences and Techniques and in Clinical and Community Psychology at the Psychology Department of the of Università degli Studi of Turin. He also teaches at the Scuola di Specializzazione in Clinical Psychology of the Università degli Studi of Turin, at the Scuola di Specializzazione in Health Psychology, and is often invited to lead seminars at several Scuole di Specializzazione recognized by the Department of Health (MUIR). He published numerous books and journal articles, particularly on Rorschach and psychopathology, and is an expert of psychodynamic assessments and forensic psychodiagnostics.



FRIDAY PARALLEL SESSIONS

Parallel 1A

The gentle abuse

Patrizia De Rosa: *Psychiatric and Psychotherapeutic doctor for developing ages. Consultant and expert for judges in the penal and civil environment (from 1998 to today). Honoured judge for minors in Piemonte and Valle d'Aosta courts. Contract lecturer at Turin University - Forensic Psychology department.*

Caterina Marchetti: *Forensic Psychotherapist, psychoanalytic psychologist at Vercelli, Ivrea and Biella prisons (1994- 2016). Lecturer at the Prison Police School for the Ministry of Justice. Consultant for the civil and penal court judge (from 2003 to today). Private practice from 2000, Contract lecturer at Turin University - Forensic Psychology department.*

The child/adolescent in parental conflict is in a stalemate position that leads to building emotional defences, which are based on oppositionality and rejection of the parent. There is a pathological relational dynamic that leads to the amplification of experiences of harm, psychological mistreatment and sexual abuse.

In many conflictual situations the pathological functioning leads to psychosocial interventions with further investigations that make the conflict persist, creating in the child or adolescent the necessity to give substance to the refusal, misrepresenting, misunderstanding, interpreting some attitudes without awareness. The authors report some examples based on their experience.

OBJECTIVE: Highlight the complexity of observing abuse in parental conflict.

METHODOLOGY: Theoretical, psychodynamic reflections and case studies.

RESULTS (AND CONCLUSIONS): In this examination, it is necessary to evaluate the need to outline the borders between care, hyper-care and gentle abuse on the part of the mother: the eroticization of the abusing ties is not always visible between the mother and child and can be confused with the care of the minor. The underlying core is possession without negotiation, which is functional to not having to mourn separation, preventing contact with experiences of depression and failure.

CONCLUSION: The authors underline the necessity to integrate the pedagogical/psychological intervention with the juridical intervention through the shared Guidelines.

Parallel 1B

The Art of Hating (3): The Sadness of Pain, The Hatefulness of Violence

David Millar

David is a recently retired Consultant Child and Adolescent Psychotherapist having worked in the NHS for over 35 years. He is an Honorary Senior Lecturer in Psychoanalytic Studies at the University of Essex and a visiting lecturer at The Tavistock Clinic.

I have been developing a combined theory around the dual themes of hate and sadness and I will attempt to incorporate these theories into the conference themes of pain and violence.

It is my contention that hate and sadness function, mostly, in a one-sided way i.e., via the need for subjects (us) to project these stark emotional responses onto a range of objects (them). The projection, re-projection and re-re-projection of these uniquely painful feelings all but defines the human condition. We and they, therefore, are caught up in a continuous circular discourse of our trying to understand but then to unload these toxic emotions onto others. Few, if any, want to own the hate and sadness that is constantly being projected between individuals, groups and nations, without having the overwhelming need to pass the consequent emotional turmoil, on to others.

In this paper, I will attempt to link this theory into the psycho-socio-political nature of the 'swapping' of pain and violence, endemic in most, if not all, human exchanges.

Parallel 2A

Violence Prevention and the Lombrosian Legacy: A Structural Approach to Biosocial Understandings of Violence and Crime

Laura Bui

Laura Bui is Lecturer in Criminology at the University of Manchester, in the UK. Her current research is on abstract and invisible forms of violence on which the present presentation is based.

What is the relationship between psychic pain and structural violence? The latter term was first introduced by the sociologist and pioneer of peace and conflict studies Johan Galtung (1969) and is the product of social forces -- racism, gender inequality, and war, for example - - that are entrenched in political and economic institutions and systems that generate and sustain social inequalities. In preventing crime and violence, psychic pain is scarcely considered in criminology, though there is growing interest in it and psychosocial studies generally.

The present presentation considers how psychic pain should not be seen as only limited to an individual and their background, but how such pain is perpetuated and transmitted from one generation to the next through structural violence. It does so by connecting the concept of structural violence to an area of criminology called Biosocial Criminology. A biosocial perspective is thought to enhance understanding on how one's biology interacts with the social environment to increase the likelihood of violence and to inform better preventative strategies.

Because of biology's historical links with Cesare Lombroso, scientific racism, and eugenics, however, its study still generates hostility in criminology, especially from those who believe that only social explanations are significant. The biosocial perspective itself is, more often than not, limited to individual-level social factors in understanding the social environment such as child maltreatment, family, and peers. Also, results are communicated in a way that does not adequately consider the larger social context, so that findings give the impression that only the individual-level matters. By 'stretching' the social environment in biosocial criminology to examine how and why structural forces generate and sustain violence, can violence prevention strategies be able to more accurately identify the most effective points in which to intervene to prevent violence – hence, a bio-psychosocial approach.

Parallel 2B

‘An integrated intervention approach for Acquired Brain Injury: A patient’s journey from pain and violence to functioning recovery’.

Elizabeth Braithwaite (Lead Counselling Psychologist)

Kate Marsh (Senior Forensic Psychologist)

MSc, CPsychol) is a Senior Forensic Psychologist with over 12 years' experience working in a custodial setting. She now works at HMP Thameside, a privately managed Serco prison in the UK. She has delivered and treatment managed a range of accredited offending behaviour programmes and has experience of working in a Therapeutic Community. Kate has been involved in the development and implementation of Social Responsibility Units at three Serco sites since 2016. She has a special interest in trauma informed and compassion focused therapy and using innovative means to engage individuals with more complex and challenging needs. Her research interest relates to staff wellbeing and prison culture and includes: 'Is it me or the job? The impact of individual and job characteristics on prison staff burnout'; 'The impact of working in different prison areas on prison staff burnout'; 'The impact of perceived dangerousness on prison staff burnout' and 'An Exploration of the Impact of Prisoner's Individual Characteristics on Perceptions of Prison Social Climate'.

There continues to be a concerning upward trend, averaging one admission to hospital for Acquired Brain Injury (ABI) every 90 seconds in the UK. Along with the physical pain resulting from brain injury, ABI survivors often face considerable psychic pain, including increased anxiety and depression, symptoms of post-traumatic stress disorder, emotional dysregulation and organic personality changes, albeit this is not an exhaustive list. For some individuals with forensic histories, they note an escalation of their violence and or sexual harm to others post brain injury. Whilst others, having no prior offending history, suddenly find themselves involved with the criminal justice system as a result of the complex consequences of their injuries.

Despite the prevalence of ABI, there is limited acknowledgement and subsequent specialist services for brain injury survivors with forensic histories; many of whom have had a higher likelihood of head injury due to adverse childhood experiences, substance misuse and exposure to violence.

As one of only three secure hospitals within the UK, specialising in ABI and other progressive neurological conditions, Elysium Healthcare provides a specialist service for individuals suffering with brain injury, many of whom have criminal convictions. Through our adapted approaches to therapy and intervention, including Sandplay, ‘Talking Mats’ and Compassion Focused Therapy, individuals are supported to explore and address often painful and fearful experiences in creative ways. From the incorporation of sensory and visual stimuli, individuals are able to enhance their psychological coping capacities and develop insight and skills to aid them in managing their future violence. This presentation showcases an ABI survivor’s journey within our forensic service, demonstrating the impacts of integrated intervention on their recovery and risk management.

Parallel 3A

Parental alienation and the perversion of motherhood

Hessel Willemsen

DClinPsych, (UK) is a Training and Supervising Jungian Analyst of the Society of Analytical Psychology and an Associate Fellow of the British Psychological Society. He recently edited 'Temporality, Shame and Social Change' (Routledge, 2021) with Ladson Hinton and won the 2022 International Society of Jungian Studies best edited book reward. Hessel won, with James Rymer, the 2021 Gill McGauley Award. He practices in London and Winchester as a Jungian analyst and a clinical psychologist.

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Disputes between parents about their children's residence after a divorce or separation are not new phenomena but clearly there is an increase in cases loosely called 'parental alienation'. Defined as the child's identification with the hatred one parent has for the other, the child lives in a split world of one idealised and one denigrated parent. The hatred for the denigrated, often non-residential parent, leads to the erosion of the child's attachment to that parent and eventually even a rejection.

The process of alienation may involve extreme actions, such as abduction, but also false allegations of sexual abuse, physical harm, or domestic violence (sometimes against a background of actual domestic violence), allegedly perpetrated by the non-residential parent. The immediacy of safeguarding processes and consequent statutory interventions cause the severing of contact between the child and the non-residential parent which may then take years to rebuild.

Although not just mothers seek to remove their children from the other parent and fathers too manage to have their children alongside side with them to reject the mother, most cases are characterised by mothers using their close and intimate relationship with their children often destructively.

In this paper I aim to describe this last group, the dangerous minds of those parents who pervert motherhood to use the child in their narcissistically and sometimes psychopathically motivated decisions and actions to keep the child away from the other parent. Using Estela Welldon's writings on female perversion, consideration will be given to the mother's focus on the body and thereby the infant she carries, gives birth to and nurtures often leading to the child's early developmental processes being thwarted, oedipal complexes remaining unresolved, and a faltering sense of reality.

Parallel 3B

Ecstasy in agony; the perversion of Mother Teresa of Kolkata

Jim Rymer MSc,BSc, BA. (MBPsS, MBACP)

Jim is an Irish Psychologist and Psychotherapist living in Norfolk UK.

He is the Director Verbatim Therapy & Consultancy LTD. Jim@verbatimtherapy.co.uk

Jim was the joint recipient of the 2021 Gill McGauley Award of the IAFP.

He has presented the following papers for the IAFP;

2021; Gendercide - Gender Divide and the body; The art of Francis Bacon as a point of reference to Gendercide. 2022; Freud, Grason, Rupaul and a whole lot of naked attraction!

Recent damning revelations have been made public about the life and times of the Catholic Saint Mother Tereasa of Kolkata. These revelations allegedly expose both financial impropriety relating to hundreds of millions of pounds and equally concerning reports of inappropriate behaviour towards the poor and fellow order members that lead us to question her personal motivation. In examining in particular her behaviour as witnessed through the many documentaries and personal testimony from members of her religious order, this presentation will highlight female perversion as a means of understanding her actions. In doing so the wish is to reveal the possible hidden motivation and drives which underpinned her actions. The paper also explores the environment and culture which permitted such perversion not only to go unnoticed, but eventually to be herald as worthy of Sainthood.

It is important in examining these issues to seek to separate the facts from the myth that has built up around the person once given the title as 'the most powerful women on earth.' This paper relies heavily on Psychoanalysis to aid an understanding of the psychopathology of Mother Teresa, it is not an attack on her personhood or her beliefs for which I have the greatest respect. The use of the word perversion has within the world of psychotherapy a chequered history. In the Freudian canon the word perversion is used in relation to sexuality but it can also mean, indeed perhaps its truest meaning is, a turning away from instinct, and in this sense carries no moral connotations. This is particularly important in the case of Teresa, as we explore the possible mechanisms that enabled her ecstasy in the agony of others.

Parallel 4A

Give sorrow words, give sorrow art, give sorrow a penalty shoot out

John Lake

Young Person's Counsellor/Mentor with Charlton Athletic Community Trust

John Lake is a Person-Centred Counsellor who works with those aged under 24 deemed psychologically vulnerable or at risk of falling victim to the County Lines drug gangs which operate in East Kent. He is employed by Charlton Athletic Community Trust. His previous work was with adult clients with no forensic history, so he has worked with his supervisor, Angela Foster, to learn how best to engage with this field. Ha studiato Italiano all'universita' e vuole cercare di rispondere a domande in Italiano!

In this paper I will describe the work of CACT (Charlton Athletic Community Trust) which provides appropriate and necessary emotional support to vulnerable young people enabling them to move through the pain and violence they've already experienced in their lives and avoid the risk of being recruited into gangs and county lines drugs trafficking. As counsellor and mentor I will 'sit with' these young people such that I can connect with their pain. However, in recognising their pain I also recognise that such a face-to-face counselling arrangement may be too difficult for them to bear. What begins as talking therapy may well move into other forms of therapeutic communication which may be easier for the young people to use; at times we may move out of the room altogether. 'Give sorrow words', yes, but also give sorrow a pen and paper to draw pictures, give sorrow music or even a penalty shootout. It is through this responsive and adaptable form of therapeutic relationship that CACT workers aim to enable their young clients to move through their pain.

I will illustrate my paper with some case examples highlighting and analysing some of the different approaches I have used.

Parallel 4B

Because your question searches for deep meaning, I shall explain in simple words” – Dante Alighieri, *Inferno*. A technique on how to listen to, understand and reflect upon your violent outpatient’s internal life and allow for a safe and productive therapy to take place. Right Brain Listening (Schore, 2019)

Leslie M Lothstein PhD

In this presentation I will focus on case material of violent outpatients with primitive defenses and severe emotional pathology in which it is only when their memories of violence emerge in the transference/ countertransference and stir up intense anxiety in the therapist that the real work of therapy begins. Outpatient therapists working with violent patients do not have the backup of unit staff. It takes great courage to sit with violent patients in outpatient settings where there is little protection for either party. What they have to keep in mind is being compassionate, a good listener, being non-judgmental and reflective.

In my work with violent patients, I use an eclectic modified approach to listening grounded in the scholarly works of Rosen’s Direct Psychoanalysis (1968), Davenloo’s (1980) intensive short term dynamic psychotherapy, and Giovacchini’s (1978) direct interpretative work with borderline and violent and silent adolescents who have primitive mental states placing them at risk for self-harm and violence towards others. Being present and alone with violent patients and listening to their stories is not enough. Therapists must listen to their internal anxieties, fears, and unconscious messages of transference/ counter transference connection in the therapists’ space and allow for the presence of a third space for both parties. This third space allows for identification, mirroring, understanding and compassion for all parties in the here and now. The use of painting, drawings, doodling, poetry et.al. is often a bridge to allow very difficult material to surface and become part of the therapeutic narrative. Schore (2019) calls this “Right Brain Psychotherapy.” A therapist’s ability to use their body experiences and sensations as a prologue to dialogue allows access to the unconscious relational material between patient and therapist to surface so that what is usually disguised, hidden, and distorted in treatment can safely surface as a joint product of the therapeutic couple. Violent patients are fearful that they won’t be heard and understood must resort to violent acts. Therapists working with violent patients must be aware of their own capacity for violence and regression listening to very morbid stories of violence as an inherent bio-evolutionary process within all of us.

I will present short vignettes from my clinical practice- including a nun, a female college dean, a carpenter, a group of sex offenders,, a psychologist) to elucidate the way access to one’s internal stream of therapeutic consciousness allows for direct non-judgmental interpretation of unconscious relational violence (Ast & Volkan ,1997), on linking, twinning and murderous rage) and Kohut’s (1972) work on self psychology and stages of narcissistic development regarding mirroring and Idealization with patients is discussed. Therapists working with violent patients must make use of unconscious pathways of communication in the presence of violence, humiliation, and shame (Gilligan,1996). engage in silent twinning transferences and co-identifications for therapy to work.

Therapists need to be creative listeners and also share their internal experiences while listening to their violent patients to do the work of integration and growth. Nonverbal approaches are used to amplify discourse (e.g., art, drama) and self-reflection. One aim of treatment is to develop a working alliance with these patients to explore their relational unconscious and discover their ambitions and strivings that have been redirected from the pursuit of healthy connections and the development of healthy narcissism ambitions to being infamous murderers or failures.

Parallel 5A

**A case of genuine remorse, kindness and reform or a gullible psychotherapist?
Are we blinded by our desire to see change? Or do we miss it when it is present?
A discussion on the conflicts that arise when working with a likeable psychopath**

Henry Adeane

Henry Adeane is a Psychotherapist, Clinical Supervisor and Visiting Lecturer. He works for a few International companies – Sporting Chance in Liphook, UK; www.sportingchanceclinic.com/; Matrix College of Counselling and Psychotherapy in Norfolk, UK; www.matrix.ac.uk/; Moka Care in Paris www.moka.care/; Compsych in Chicago www.compsych.com/; The Shrink Space in the US www.theshrinkspace.com/ and he has a busy, private therapy and supervision practice www.henrycounsellor.co.uk. He specialises in dual diagnosis, complex cases, forensic psychotherapy and the ethical treatment of addiction and personality disorder. He has worked in UK prisons for 30 years.

This paper describes a man who beat another to death in a kebab shop for tapping him on the shoulder and asking him to stop insulting the proprietor. In his head, he corrected a boundary violation, earned back lost respect, and delivered justice with one, accidentally fatal, punch. He imagined he then exited the shop to conduct his business elsewhere. CCTV showed that he had lost control and beaten the man repeatedly until he was dead and spoiled.

In court, he recognised the parents of his victim and that the man he had killed was a sparring partner and friend from his childhood boxing days. In prison, he helped others to give up violence and drugs, sobbed with remorse in his assessment session with me, but corrected infringements of his students on the prison landings with beatings.

In forensic psychotherapy over the course of a year, he began to question his idealisation of his father who had taken him as a young child to witness dad deliver punishment beatings to others who had 'stepped out of line'. He made use of a link between what he saw and what he revisited upon his own children who he took to punishment beatings that he subjected others to.

This paper describes the depth of relationship that developed between the two of us through his feeling confirmed and met at the contact edge of the intersubjective space between us that allowed transformative experience of the humanity and kindness in him to be jointly experienced with that in me. A reformulating of an idealised childhood as filled with psychic pain was realistically healing, while evidence of change came from a reduction in exploitation, vengeance, hatred and contempt on the landings.

Or did it?

The Fears and Tyranny Cycle: The movement between pain and tyranny in the forensic patient

Dr. Gerard Drennan

British Psychotherapy Foundation & Restorative Justice Council

Dr Gerard Drennan Ph.D. is a Consultant Clinical Psychologist and Psychoanalytic Psychotherapist, who holds the post of Head of Psychology & Psychotherapy in the Behavioural & Developmental Psychiatric Operational Directorate of the South London & Maudsley Mental Health Foundation Trust. He is also an Honorary Lecturer at the Institute of Psychiatry, Psychology & Neuroscience at Kings College London. Gerard qualified as a clinical psychologist in Cape Town. His doctoral research examined the practical and political role of language and interpreters in mental health practice in post-colonial, institutional settings. This research ran concurrently with the work of South African Truth and Reconciliation and was touched, as all South Africans were, by the restorative aspirations of that nation-building endeavour. Gerard has held clinical and leadership roles in forensic and offender mental health settings in London and Sussex for the past 20 years. This included a leadership role in developing the Millfield Unit, part of the Personality Disorder and DSPD project. He has published on the implementation of recovery-oriented practice and, since training in restorative justice conferencing in 2012, has worked and written on the place of restorative justice practices in mental health settings.

This paper will revisit the Fears and Tyranny Cycle, as described Barcai & Rosenthal (1974) in their analysis of the clinical relationship between fearfulness and tyrannical behaviour in children. This formulation of the dynamic interaction between fear and tyranny offers an additional analytical tool when applied to understanding the forensic patient and understanding the pressure on the interdisciplinary network seeking to contain the risk of violent enactments (Davies, 1996, Gordon & Kirtchuk, 2008). The cycle will be described in terms of how it can deepen an understanding of the movement from the pain of dependency and abandonment, but also engulfment and the claustrophobia, to the tyrannical use of violence and threats of violence to control the object. Case material from forensic settings will be presented to illustrate the dynamic in patterns of interaction and enactment. The potential value of the Fears & Tyranny Cycle as a formulation in reflective practice with clinical teams in forensic mental health settings will be considered.



SATURDAY PARALLEL SESSIONS

Parallel 1A

Touch and Go: Considering intersections of pain, shame, violence and identity with an LGBTQ+ prisoner.

Jessica Collier

*Jessica Collier is an art psychotherapist and clinical supervisor working in prison with female offenders. She has taught as a visiting lecturer at Hertfordshire University and a senior lecturer at Roehampton University and is co-convenor of the Forensic Arts Therapies Advisory Group. Jessica was the inaugural co-editor of the International Journal of Forensic Psychotherapy and has lectured and published widely, including co-editing *The End of the Sentence: Psychotherapy with Female Offenders* with Pamela Stewart, and *Intersectionality in the Arts Psychotherapies*. Jessica is currently undertaking doctoral research on art psychotherapy and the gendered experience of women in prison at Warwickshire University.*

Historically, individuals who identified as lesbian, gay, bisexual, transgender or queer, have been pathologized as unnatural, or tolerated as developmentally arrested, leaving them shamed as deviant members of society. In addition, women who transgress their assumed position as empathic care givers by committing violence are regarded as depraved, perverse or even monstrous. Using images from art history, current criminological concepts regarding the gendered pains of prison, and psychodynamic theories within a clinical case study, this art psychotherapy presentation will explore the intersections of shame and systemic prejudice that compounded the psychic distress experienced by a female prisoner, who identified as lesbian and was also questioning her gender identity. It will explore the therapeutic challenge of containing and understanding the function of her violent self-harm as both a manifestation of her internalised misogyny and homophobia, and an enactment of the physical and psychological violence she had suffered and perpetrated throughout her life.

Parallel 1B

Radio Begijnenstraat, not live but alive.

Nelle Van Damme

Nelle Van Damme has worked since 2009 as a clinical psychologist and a psychoanalytical therapist in the psychiatric ward of the prison of Antwerp (ministry of Justice, Belgium). She is co-founder of hell-er ngo, that produces Radio Begijnenstraat. She has a clinical practice in Ghent (Belgium) since 2011. She worked as a freelance supervisor for the psychoanalytic education program at Ghent University, gives lectures at different psychological training programs and has published on topics such as forensic psychotherapy and psychosis, culture and prison.

Radio Begijnenstraat is an ongoing audio project on the psychiatric ward of the Antwerp prison in Belgium. For 10 years already hell-er ngo organizes creation and recording sessions every week. Under the guidance of an artist, the residents work, individually or in groups, on a radio episode. The result is a podcast of about 45 minutes filled with the most diverse contributions. A cut-and-paste montage representing two months of prison time ranging from life stories to poetry, own texts and music to performance, drama and improvisation. Every year Radio Begijnenstraat produces 6 episodes and every month it broadcasts on local fm radio and digital radio online.

In our presentation we will address two functionalities of our radio project. First, our project as a medium introduces an empty non-existent space with no real boundaries (the ether) that may be freely filled. In this vacuum, a human being speaks. And speaking an-sich is also a call to something or someone and an attempt to relate to others. It is the invocative function of the voice that calls to the other, and its echo that mutatis mutandis represents the mirror. In our radio work we find that clients are naturally and actively confronted with different kinds of representations and derivations of the clinical transference. The project contains possibilities in transference clinical therapeutic work. Secondly, there is the act of recording, preserving, juggling and fixing. It is a reference to a fragment of a post-dramatic radiophonic narrative that is realized with editing and later listened to by and with others. Not only do we make radio for an invisible audience, we also listen to ourselves and that is the mirror, even during the creation of the episodes.

We will also let you hear some fragments of our prison radio podcast Radio Begijnenstraat.

Parallel 2A

Repairing Attachment Trauma

Dr Lisa Firestone

Lisa Firestone is a contemporary psychologist who specializes in suicide and violence prevention and psychological defenses. Firestone has maintained a private practice in Santa Barbara, California, for more than 20 years. She is also the Director of Research and Education at the Glendon Association, where she focuses on parenting, couples therapy, violence and suicide prevention. She also teaches Voice Therapy® with her colleague Joyce Catlett, offers lectures for the public and professionals, and is the author of several books.

This workshop will focus on methods for helping violent individuals create coherent narratives of early attachment trauma. This allows them to develop a sense of inner security and containment through the process of resolving unresolved trauma. These unresolved traumas color their perceptions of themselves and the world, and contribute to their violent behavior. The presenter will integrate findings from attachment research, interpersonal neurobiology and neuroscience, and separation theory to provide support for the importance of attachment trauma in creating violence and the importance of addressing it in the treatment of violent offenders. The stress of abuse and neglect may result in the dissociative, fragmented, incoherent nature of traumatic memories, as well as intrusive, anxiety producing trauma related thoughts. Unresolved trauma provides an array of triggers that can lead an individual to experience strong emotions that can result in violent behavior.

The workshop will provide methods for identifying unresolved traumas so they can be resolved and thus allowing the person to be free from strong, emotional overreactions based on their childhood. Being more mindful of ones triggers and understanding their origin in childhood can allow an individual to become less impulsive and reactive. The workshop will provide steps for accessing unresolved trauma, partly by surprising the unconscious with questions regarding early attachment history. The questions are adapted from The Adult Attachment Interview developed by attachment researcher Mary Main. The various exercises that will be provided in this workshop can be used by therapists to deepen and enhance the process of psychotherapy, helping clients resolve unresolved issues and repair their attachment trauma. Clients can develop earned secure attachment, a sense of inner security and containment so they no longer need walls to keep themselves and others safe.

Parallel 2B

The violence of inequity and power in forensic mental health services: prevention and intervention in the work of the River House Equality Working Group (EWG)

John Adlam, Nana Amoako-Atta, Sarita Bose, Dr David Ndegwa,
South London and Maudsley NHS Foundation Trust, UK

John Adlam is a group psychotherapist and independent researcher; he is a founder member of the Association for Psychosocial Studies and a former Vice-President of the IAFP. He lives in Brixton in South London and works for the most part in the UK National Health Service: he is Consultant Adult Forensic Psychotherapist at Bethlem Royal Hospital and Principal Adult Psychotherapist at Springfield Hospital. Previously he worked for the Henderson Hospital Democratic Therapeutic Community, for the last seven years of that community's existence, before it was cynically closed in 2008; he is a founder member of the Henderson Heritage Group. His recent book co-written with Christopher Scanlon – *Psycho-social Explorations of Trauma, Exclusion and Violence: Un-housed minds and inhospitable environments* – was published last year by Routledge. He is also co-editor of *Violent States and Creative States: From the Global to the Individual* (2018); *Forensic Music Therapy* (2012); and *The Therapeutic Milieu Under Fire: Security and Insecurity in Forensic Mental Health* (2012) - all published by Jessica Kingsley Publishers.

Sarita Bose is a Senior Clinical Nurse Specialist, Psychotherapist and Reflective Practice Group Conductor working in River House, Medium Secure Unit, for 5 years to date. She is currently nearing completion of training to become a Multi-Professional Approved Clinician. Prior to this she worked in Broadmoor High Secure Service for 22 years as a ward-based nurse, then group therapist, and finally a clinical nurse specialist. Her areas of expertise, experience and interest include homicide offender treatment, relational security enhancement in forensic mental health nursing, group and individual reflective practices for staff, psychotherapy groupwork with inpatients, anthropology and social and individual identity formation in diverse ethnic populations. Sarita has presented at international conferences for several years and has nine publications to date. She is the co-founder and co-chair of the equality working group (EWG) across the South London Partnership (SLP).

Nana Amoako-Atta is a Community Psychiatric Nurse with a Community Forensic Team in Southwark, part of the South London and Maudsley Forensic and Offender Health Pathway.

Dr David Ndegwa is a Consultant Forensic Psychiatrist in the South London and Maudsley Forensic and Offender Health Pathway and is the co-founder and co-chair of the equality working group (EWG) across the South London Partnership (SLP)

Parallel 2B

The violence of inequity and power in forensic mental health services: prevention and intervention in the work of the River House Equality Working Group (EWG)

John Adlam, Nana Amoako-Atta, Sarita Bose, Dr David Ndegwa,
South London and Maudsley NHS Foundation Trust, UK

***Not everything that is faced can be changed, but
nothing can be changed until it is faced – James Baldwin***

Inequalities and inequities are profoundly embedded within the societal contexts of our lives across myriad intersections of 'race', gender, class, and other signifiers of socially constructed identity. The forensic setting represents an intensifying and magnifying microcosm of these psychosocial processes.

As specialist forensic mental health workers, we may well gather under the banner of violence prevention and violence reduction; but we are then enlisted as agents of State in the ranks of hierarchical, coercive, and structurally racist organs of State power.

When contemplating any kind of activism or creative disruption to strive for equity and justice – positioned, as we are, within the structurally violent system of care – the sheer scale and complexity and intense contradictions of the task can feel daunting and overwhelming.

The Equality Working Group (EWG) is a multi-disciplinary group of practitioners working across the three National Health Service Mental Health Trusts of the South London Partnership (SLP). We have met weekly since August 2019 to address inequalities and structural violence in service provision with an emphasis on clinician interventions.

This presentation describes the work of the EWG in embodying and promoting equity and justice in clinical practice and in the workplace. We describe some of the interventions we have worked to develop across our various forensic settings. We explore our process and our learning from membership of this group and how this has impacted our clinical practice and ways of being in these settings. We conclude with some observations on the challenges of taking up explicit practices of equality within a hierarchical system.

Parallel 3A

A plea for structural-relational Schema Therapy

Mag. Christian Eigner

Mag. Christian Eigner trained as a psychoanalyst in the "Working Group for Psychoanalysis Linz/Graz", member of ISST (International Society for Schematherapy), works primarily as a forensic psychotherapist in Austrian high security and special forensic prisons. His theoretical-methodological interest is the integration of Peirce's semiotics into therapeutic work, as sign processes help to understand thinking and behaviour in a post-psychological way.

Forensic psychotherapy regularly has to contend with similar problems. All too quickly clients feel as if they are before a judge and so morally judged when questions are asked about the offence and the offence dynamics. Or a "psycho-talk" is adopted which is all too familiar to many prison inmates, but which disguises the psychic experience rather than represents it. And finally, the psychotherapeutic process in general is problematic because it appears to stop making people aware of, and discussing, unconscious activities and motivations - simply because that is how it has become customary in the "craft of therapy".

These problems can be successfully solved with a Schema Therapy that - with Klein and Bion in the bag - is reformulated structurally-semiotically - schemata become imagos and signs in the end, and in with the help of this reformulation psychodynamics can be described and conceptualised in a "mathematical-scientific" way and is "de-psychologised".

That step

- takes away from the clients the "pressure of judgement"
- breaks through the psycho-discourse that has coagulated into a cliché, which, with its colouring of sensitivities, can be imitated easily, but also without substance; and
- establishes a way of speaking that is more than just making people aware of inner, emotionally driven motivators: schemata are reinterpreted as signs, whose specific (semiological) reference dynamics can be shown, and which can be processed, symbolically,

Structural-relational Schema Therapy thus offers an effective way to overcome the difficulties of forensic therapy: By establishing a way of speaking that, as will be shown in the lecture, integrates emotions and their "offshoots" in a narrative or, even better, as "phonetic poetics", in which grammar, a wide-ranging relation of what is felt and what has happened and "rhythm" dominate. This therefore "produces," Bachelardian "Rhythmanalysis" with real duration and stability aiding mental health.

Parallel 3B

'Music is the Enemy'

Dr Sarah Brand

Kent and Medway NHS and Social Care and Partnership Trust, UK.

Born in London in 1971, Sarah started the trombone in 1979 and qualified as a music therapist in 2001. She has worked as a music therapist in special needs education, adult and older adult psychiatric and learning disability services in the NHS and is currently in post in Low Secure Forensic and Specialist (Learning Disabilities) Services for Kent and Medway NHS and Social Care Partnership Trust in the UK. Sarah has been a professor of Improvisation at the Guildhall School of Music and Drama, London, since 2003 on the MA Music Therapy programme and teaches in the Dept. of Jazz Studies. As a trombonist Sarah has performed on the international Jazz and Improvised Music scene for 30 years, has recorded with many artists and has released five records under her own name. As well as collaborating with musicians, Sarah has worked in comedy with writer and comedian Stewart Lee. Sarah completed her doctoral research at Canterbury Christ Church University on the impact of ensemble interrelationships in performances of Improvised Music using a music therapy informed framework in 2019

This paper focuses on my work as a Music Therapist in a Low Secure Forensic Unit for male offender patients with learning disabilities and concomitant complex needs.

This is a case study which focuses on long term ongoing individual music therapy with a 'treatment-resistant' patient, fostered at eight days old, with learning disabilities, Autistic Spectrum Disorder, Klinefelter Syndrome, paedophilia, and anti-social personality disorder traits. With the inclusion of recorded musical examples, I will explore how an authentic therapeutic relationship has gradually been established despite his intense ambivalence towards genuine creative engagement with an Other.

The paper charts the slow development of this authentic reparative relationship in the context of a psychodynamically-informed approach to working with challenged and challenging patients whose lives are rooted in conflict and difference, on the margins of society.

Underpinning theories to this work include Attachment Theory and aspects of Developmental Psychology.

Parallel 4A

Who's holding the trauma: Increasing Prison Officer insights and Reducing Violence in prisons

Natalie Parrett (MSc, CPsychol, AFBPsS) is a Principal Forensic Psychologist with over 20 years' experience working in prisons and secure hospitals in the UK. She is now the Director of Psychological Services for the privately managed Serco prisons in the UK, providing the strategic leadership for Psychological Services in Serco prisons and has a particular interest in innovating and developing psychologically-informed prison practice. Natalie is a peer reviewer for academic journals and her research includes: *Assessing female sexual offenders' motivations and cognitions: An exploratory study*; *An evaluation of an Autistic Spectrum Disorder screening assessment constructed for use in a prison setting*; *An interpretative phenomenological analysis of prison officer experiences when working with personality dis-ordered offenders with intellectual disabilities* and *Characteristics predicting completion of a psychologically informed custodial unit underpinning by the Good Lives Model: Reflections on the role of Sentence Type, Age and Ethnicity*.

Who is sentenced to prison? Well-adjusted people who have committed crime and can understand and manage psychic pain? Or is it more likely that people in prison have experienced adverse childhood experiences and unresolved trauma? Violence in prisons increased rapidly between the years 2014 and 2019. According to the Safety and Order Prisons Data, the average number of prisoner-on-prisoner assaults increased from 150 to 300 per 1,000 prisoners. Prisoner-on-staff assaults increased from 46 to 124 per 1,000 prisoners. This is, of course, just the reported violence in prisons. In an effort to manage and support prisoners with a history of trauma, who may act out with violently in prison, Serco is building on the trauma-informed approaches we are developing in our prisons with a focus on prison staff interactions in heated, critical moments. Every interaction between humans can be therapeutic, can be destructive, can be empowering, can feel hopeless. By increasing conscious understanding of prisoner behaviour and what Prison Officers bring of themselves to incidents, we have developed workshops to increase mindful thinking and decision making in critical moments.

This presentation will illustrate these psychologically underpinned, trauma informed reflective workshops, which are co-delivered by Psychologists and the Head of Security. The workshops were rolled out in a Serco prison during 2022 and we be delivered in all Serco prisons in England during 2023. The experiences of those on the workshops will be discussed and reflected on in this presentation, along with qualitative research from interviews with Prison Officers, exploring decision making during critical incidents. In relation to exposure to critical incidents which are likely to be perceived by officers as dangerous or threatening, it is important to consider the impact that this can have on such individuals. This trauma exposure can influence how an individual will respond to future critical incident. Training in responding to incidents not only increase officers awareness of the impact of trauma, but also highlight support available following trauma exposure/responding to a critical incident.

Robertson and Cooper (2017) stated that it is important for leaders of organisations to understand how employees are feeling at work, potentially indicating the increased need to provide a place for reflection and supervision for officers. Moreover, Burnout is positively related to attitudes towards the use of violence and the use of violence during the officers' duty (Kop, Euwema, Schaufeli 1999), indicating the link between officer's individual well-being and the way they may respond to incidents. Such studies discussed, emphasise that whilst individual factors are important to consider, it is also important that other factors are considered, and that not all of the weight is placed upon individual factors such as personality to avoid either people feeling they can 'blame' these or in some way feel they are pre-dispositioned to act and respond in a certain way.

Parallel 4B

From pain to violence in a personality disorder service

Celia Taylor and Jack Blake

Dr Jack Christopher Blake completed his medical training in Keele University where he trained in the west midlands. Within his studies, Dr Blake has presented on various topics including neuropsychiatry, medical humanities and medical education in psychiatry. He was awarded the best oral presentation by the royal college of psychiatrists' faculty of neuropsychiatry in 2019 and the RCPsych Student/Foundation Year doctor researcher of the year in the education and training category in 2021. Prior to Dr Blake's medical training, he worked as a Social Therapist in the Millfields unit from 2014 to 2016 which is an adapted therapeutic community in a medium secure forensic setting set up for the treatment of dangerous and severe personality disorder. This role also saw him facilitating small psychodynamic groups as part of the treatment model and being an active part of the community grounding him in psychotherapeutic practice. Currently, Dr Blake is completing his foundation training within the north west midlands training deanery and has secured a training contract in greater Manchester for core psychiatric training beginning August 2023."

Millfields unit was one of three medium secure hospital services on the Offender Personality Disorder (OPD) pathway, for the assessment and treatment of high-risk offenders with this diagnosis. The clinical model was that of an adapted therapeutic community (TC), grounded in psychodynamic theory and relational practice. The patients found their therapy stretching. It was important to them to elude the prison environment, which forced them into "hyper-masculine" defensive stances, functioning to hide all vulnerability, and with it the certainty of being shamed or exploited as weak. Some portrayed a sense of being under threat through extremely difficult behaviour, including intimidation, offensive abuse, disturbing sexual innuendo, and occasionally actual violence. By working collaboratively, the service tried to explore these manifestations of severe personality disorder therapeutically rather than punitively. The research evidence is that this approach was effective in reducing risk (Wilson, Freestone, Hardman, Blazey & Taylor; 2014).

The study to be presented in this workshop examined influences on and barriers to patient engagement, via semi-structured interviews were held with each patient, exploring their experiences of therapy, relationships with staff, understanding of and engagement with the treatment model, attitudes towards peers and aspirations for the future. Group observations, reviews of the medical records, and unstructured discussions with staff were also conducted. Six main themes were identified as being important influencers of engagement: the ward atmosphere, authenticity of engagement, experiences of staff investment in the treatment, perceived preferential treatment of senior residents, responses to boundary crosses and violations, and how well a patient understood his treatment. Following this, the study also generated recommendations to the community to maximise the therapeutic potential for the patients. The themes and recommendations will be discussed in more detail to illustrate how to maximise the enormous potential for change this treatment model can offer these individuals.

GILL MCGAULEY AWARD OF THE INTERNATIONAL ASSOCIATION FOR FORENSIC PSYCHOTHERAPY FOR YOUNG PROFESSIONALS IN FORENSIC PSYCHOTHERAPY



This award granted by the International Association for Forensic Psychotherapy should encourage newcomers and trainees from all forensic professional disciplines to present at IAFP conferences and recognize outstanding scholarly contributions to the field of forensic psychotherapy.

The award is granted by the IAFP in memory of our friend and colleague, Professor Gill

McGauley, former secretary and past president of the International Association for Forensic Psychotherapy, who died unexpectedly on the 14th July 2016. Gill's contribution to forensic psychotherapy and to our association is unique. She was the first Professor of Forensic Psychotherapy and Medical Education and Head of the Center for Clinical Education at St George's University of London and a Consultant in Forensic Psychotherapy in Central and North West London Foundation NHS Trust (CNWL).

She developed psychotherapy services for women in prison (HMP Holloway and YOI Bronzefield) and worked in the High Secure Hospital Broadmoor where she established the first forensic psychotherapy service in a high secure hospital. Gill has developed forensic psychotherapy through teaching, scholarship and research. In 2009 she was awarded a National Teaching Fellowship by The Higher Education Academy for excellence in teaching.

She gave an outstanding contribution to the research on the application of Attachment Theory and the development of Mentalization Based Treatment (MBT) for personality disordered offender patients.

STATUTES OF THE GILL MCGAULEY AWARD

PROCEEDINGS AND CONDITIONS:

1. The award shall be granted once per year.
2. Eligibility criteria for the award include:
 - a. First-time presenters at an IAFP conference; or
 - b. Presenters who are still in training; or
 - c. Self-described newcomers in the field of forensic psychotherapy
3. Candidates will be asked about their eligibility and interest in being considered for the award when submitting a conference abstract.
In addition, candidates can be nominated by the scientific committee on the basis of their abstracts.
4. The award will be open to candidates from every profession.
5. If a presentation is given by more than one individual, the first author of the abstract will be presented with the award. The content of the presentations may be research work, theoretical contributions, reports on innovative practice, or case reports with a relevant link to therapeutic methods and/or theory.

JURY:

1. A committee will attend the presentations and assess their quality, their scientific and/or clinical relevance and the quality and originality of the presentation.
2. The award committee will be three persons – a member from the local scientific committee, a member from the board of IAFP, and (given that this will develop) the editor of the Journal for Forensic Psychotherapy or the board member responsible for the one-day seminars.
3. The committee decides unanimously or by a majority on the award winner.
The decision of the committee is final and not subject to legal recourse.

THE AWARD MAY INCLUDE EITHER FOR SINGLE AUTHORS:

1. A one year free membership to IAFP
2. Participation at the next IAFP conference (IAFP will cover the conference fee only).
3. Support for the publication of a paper based on the presentation by a prominent tutorship through IAFP members. The family of Professor Gill Mc Gauley, Tim, Sarah and Jessica Hucker will be informed each year by the president of IAFP who has been given the award.

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26th Annual Conference - CATANIA 2017

Penny Stopforth

"Under-age, under-rage:an exploration of South African children who commit sexual violence"

27th Annual Conference - BELFAST 2018

Andrew Shepherd

"Prison Walls as both internal and external structures"

28th Annual Conference - KONSTANZ 2019

Ravi Lingam, Simon Mason

"Self-cannibalism of a patient in absence of psychosis and suffering depression."

29th Annual Conference -BILBAO 2021

Joint winners

James Rymer

"Gendercide - Gender Divide and the body; The art of Francis Bacon as a point of reference to Gendercide"

Dr Hessel Willemsen

"Trans, truth and the reinterpreted past: a child's experience of living in two families".

30th Annual Conference - LONDON 2022

Dr Emily Turton

"Out of sight, out of mind".



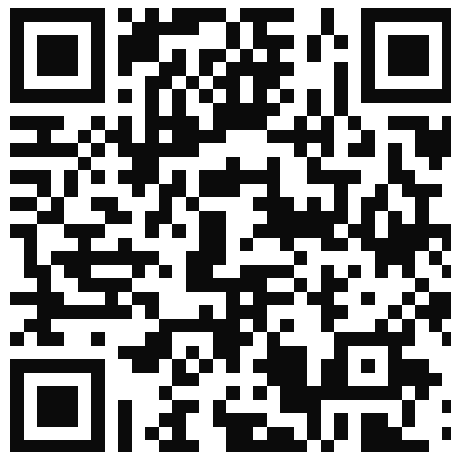
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