

# Psychodynamic forensic psychotherapy

## An account of a day-release course

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A brief description of the place of psychodynamic psychotherapy in the treatment of offenders is followed by an account of a forensic psychotherapy course run under the auspices of the British Postgraduate Medical Federation. The first year of a second year course leading to the diploma in Forensic Psychotherapy of the University of London is also described.

Forensic psychotherapy is a growing subspecialty – the offspring of forensic psychiatry and psychoanalytical psychotherapy. It may be practised in out-patient, in-patient and custodial settings, and aims to give a psychodynamic perspective to the understanding of offending behaviour, and to apply that understanding in the management and treatment of the offender-patient. By understanding his behaviour, the offender should be better able to take responsibility for his actions, thus reducing his likelihood of re-offending.

Psychodynamic assessment and treatment of offender-patients as out-patients – as individuals, in groups and in families – has been pioneered and practised at the Portman Clinic (an NHS facility) since its foundation in 1931 (Cordess, 1992). Its influence has spread to other out-patient and offender settings.

Within in-patient (special hospital and regional secure unit) settings forensic psychotherapy functions at a number of levels. Patients in secure institutions frequently suffer from severe psychopathology which has proved resistant to previous treatments. Categories commonly encountered include the functional psychoses, mono-delusional states, borderline personality disorders and psychopathic states. The relationship between psychopathology and offending behaviour is frequently complex, and psychodynamic understanding can:

- a) help make psychotic phenomena and experience, and offending behaviour understandable for patients and staff
- (b) assist in the organisation of the treatment plan.

In selected cases

- (c) formal psychotherapy may be considered appropriate to treat patients in individual, in groups or within the patient's family.

In this context forensic psychotherapy should be regarded as one mode of treatment among others within a comprehensive therapeutic strategy.

Since 'forensic patients' are often detained in institutions for long periods, the opportunity exists for them to receive extended psychological treatment. On the other hand, psychotherapeutic treatment in coercive settings is often seen as problematic on ethical as well as technical grounds, but the difficulties are not insurmountable (Berman & Segal, 1982).

The lack of training opportunities in the psychotherapies, and in particular in dynamic psychotherapy, within forensic psychiatry is generally recognised (Adshead, 1991). Eastman (1993) has commented that: "In a specialty where there is an extraordinary level of psychopathology (regardless of psychosis) as well as of childhood deprivation and abuse, it seems extraordinary that the 'forensic establishment' has paid so little attention to psychological understanding and psychotherapy". With a few notable exceptions, a psychodynamic therapeutic culture is absent from the special hospitals (Pilgrim, 1987), and from most regional secure units.

At a fundamental level, greater understanding must benefit our patients and their treatment. However, this is difficult to prove empirically: methodology and measures of outcome are problematic. In the new market place for health care, with its purchaser/provider split, psychotherapy in general, and forensic psychotherapy in particular, will need to justify its existence. The Henderson Hospital was recently a near fatal victim of the new purchasing arrangements and Peper Harow, a therapeutic residential home for delinquent adolescents, has recently closed. Similar institutions must consider themselves to be under threat. Yet there is a body of opinion which recognises the need for

Table 1. Range of core disciplines over the first four years of the course

Occupation	Years '90-'91 to '93-'94
Psychiatrists and medically qualified psychotherapists	18
Psychotherapists (not medically qualified)	3
Nurses	9
Social workers	7
Probation officers	6
Psychologists	10
Prison staff	3
Art, drama and occupational therapists	4
Total	60

skilled psychotherapeutic help in a wide range of establishments, including community homes, day hospitals, and secure institutions such as those for young offenders. Arguments need to be focused. Research into outcome needs to be undertaken, for all its inherent difficulty. Single case and descriptive studies have a unique value, while necessary and better methodologies are developed.

With regard to the prison population in particular there is evidence of considerable unmet needs for groups of offenders for whom psychological treatments should be more available. For example, Gunn *et al* (1991) state:

"The need for new facilities for the treatment of offenders with sexual deviation or personality disorder is urgent but the provision of services is rudimentary. Despite enormous public concern and the increasing numbers of violent and sex offenders accumulating in prisons, psychiatry has failed to provide for these groups. (We) suggest that expansion of treatment facilities in both prisons and the health service should be a priority".

The psychological therapies (psychodynamic, systemic and behavioural-cognitive) would necessarily be the main components of treatment for these offender-patients.

### The course

Forensic psychotherapy overlaps with other sub-specialties within psychiatry and with other disciplines. Our course seeks to encourage and promote these links. It started in 1990 and is now in its fourth academic year. It is officially organised by the British Postgraduate Medical Federation (University of London) in association with the Portman Clinic. A national steering group of psychiatrists and psychotherapists oversees the course and its progress is monitored

by an advisory group of national figures from the criminal justice system, the Home Office and other relevant fields.

The course aims to increase participants' understanding of the psychodynamic principles underlying offending behaviour, in both criminal and civil contexts, and consequently to improve their ability to:

- assess offender-patients in the context of their life experience
- assist judges and magistrates by their professional reports to the civil and criminal courts
- make assessments of dangerousness
- improve the functioning – using psychodynamic understanding – of the range of agencies offering services to offenders and, where appropriate, their victims and their families
- implement cost-effective treatment programmes.

The course format is one of weekly day-release for one academic year. During the course participants are expected to:

- offer once-weekly psychotherapy to an offender-patient/client in the course participant's own place of work
- be in individual psychotherapy themselves, in order more fully to understand the emotional experience of intensive contact with individual patients, and the effects upon them of this experience.

Each week participants take part in a work discussion group, in small group supervision of the individual psychotherapy that they are offering, and attend a clinical and theoretical lecture given by faculty staff.

### Course participants

Table 1 shows the range of core disciplines of the participants over the first four years of the

course: the fourth year is the present one of 1993–94.

Although doctors consistently make up the largest single group, other disciplines have outnumbered them overall in each single year. We hope to continue to achieve this 'mix', which reflects the inter-disciplinary nature of our work and of our course.

Participants have come predominantly from London and the home counties: five, however, have attended from Northern England and one from Northern Ireland. The enthusiasm of those who travel hundreds of miles – necessitating an extremely long and exhausting day – has been impressive. We believe that it demonstrates the demand for this sort of training, which is regrettably not yet available elsewhere.

We recognise that employers are increasingly reluctant to allow staff to have time away from their posts for the purpose of study. There are frequently also difficulties in getting a course of study funded. A day-release course like this, lasting for three ten-week terms, does impose considerable demands on time and finances. However, some have made arrangements to make up some of the time in their place of work, and some have paid all or part of the costs themselves. By contrast some employers have been very keen to encourage their staff to participate and to fund them fully.

### Future of the course

The one year course will continue annually in its present format. There are sufficient faculty staff for 19 participants annually. The course is now to be known as the 'introductory course', since a second year diploma course began in October 1993.

The diploma course is an approved course of the University of London. It is open only to those

who have completed the introductory year and will run over one year for one half day weekly in three ten-week terms. There were 23 applicants for this diploma course for the year 1993–94 and not all could be accommodated: nine participants began the diploma course in October 1993, and others wait until 1994.

We are particularly keen to encourage participants for both courses from outside London, where training and experience in forensic psychotherapy is especially limited. The possibilities for providing such training in centres away from London is under consideration.

### References

- ADSHHEAD, G. (1991) The forensic psychotherapist: dying breed or evolving species? *Psychiatric Bulletin*, **15**, 410–412.
- BERMAN, E. & SEGAL, R. (1982) The captive client: dilemmas of psychotherapy in the psychiatric hospital. *Psychotherapy, Research and Practice*, **19**, 31–36.
- CORDESS, C. (1992) Pioneers in forensic psychiatry. Edward Glover (1888–1972): psychoanalysis and crime – a fragile legacy. *Journal of Forensic Psychiatry*, **3**, 509–530.
- EASTMAN, N. (1993) Forensic psychiatry going Dutch. *British Journal of Psychiatry, Review of Books*, **5**, 26–28.
- GUNN, J., MADEN, A. & SWINTON, M. (1991) Treatment needs of prisoners with psychiatric disorders. *British Medical Journal*, **303**, 338–341.
- PILGRIM, D. (1987) Psychotherapy in British Special Hospitals – a case of failure to thrive. *Free Associations*, **11**, 58–72.
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