Official Launch of

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Our thanks and immense appreciation go to Heidi Jockelson for all her administrative support over the years in maintaining a standard of organisational excellence with each conference without which FATAG would not be what it is today, Lorna Downing and family, who organised the book launch venue, food, refreshments and highly informative historical FATAG displays and who provided the smooth running of the event, Rose Hall for her support in enabling us the privilege of Owen Jones as our guest. To our most esteemed speakers: Colin Teasdale, Dr Alida Gersie, Dr Marian Liebmann OBE, Dr Stella Compton-Dickinson and Dr Celia Taylor. Thanks to Clarabel Jones for all her unfaltering and eagle eyed copy editing talent, which enabled the publication to come into existence, to Dylan, Laurie and Oscar Rothwell for their support in the running of the event on the day and of their consistent support throughout the development of the publication, Ruth Goodman and Liz Brown’s persevering vision in realising the book, Free Association Publications and editor Alice Brown for the opportunity to bring the project into reality. Thanks also go to everyone who who kindly and generously agreed to endorse the book and primarily to the authors who generously provided an invaluable and rich insight to their clinical world, and most importantly to all the people who engage in Forensic Arts Therapies and who generously consented to sharing their rich material, without which this book would not have been possible. Their courage, determination and creativity is testimony to the work of Arts Therapies in enabling the voiceless to discover a voice, a platform for expression and a way out!

Lastly, thank you to everyone who joined our celebration and added to the success of the book launch. It was wonderful for us to be able share our achievement with you and to be able to thank you, your friends and families for supporting us all in this collaboration.

Thank you,
Kate Rothwell
INTRODUCTION BY KATE ROTHWELL:

It gives me great pleasure to welcome you to the launch of the Forensic arts therapies: Anthology of research and practice. And to our celebration of the enduring and inspiring work of the Forensic Arts Therapies Advisory Group, affectionately and accurately know as FATAG.

The idea of this book started as a collection of presentations from FATAG conferences but has grown to include case studies, research, new developments in theory and explorations into the practice of forensic arts therapies, namely art, drama, music and dance. This book brings together a collection of chapters from FATAG conferences and miscellaneous papers inspired by arts therapists who have attended the conferences and want to share their work and experiences as if ‘amongst friends’.

FATAG conferences provide a supportive space to share very difficult, complex and, at times, painful work not easily shared amongst a non-forensic audience. FATAG provides that thoughtful, nurturing and enquiring platform.

In these chapters there is a clear voice of authority and experience within the writing that confirms the confidence now evident in the work. There is a maturity in practice that has grown since FATAG started, and an identity formed over the years that has given shape to a group of Arts Therapists who work in the field of Forensic psychological therapies.
The importance of this book comes in the uniquely strengthening collaborations of arts therapists and their work with other professionals. This is one of the first arts therapies publications that incorporate the work of all four modalities. For me this is the greatest reason for choosing to create this book, to show how our identities as individual modalities actually combine to produce a creative force stronger together than apart. This book offers a range of experiences from pre qualifying trainees to seasoned clinicians whose chapters are their departing contribution to forensic arts therapies.

In the field of forensics we recognise each other’s work and respect its value in each separate component form, whilst acknowledging our greater strength comes when we are together. FATAG provides us with that forum and now we have joined together on the written page evident for others to see.

For me the attraction of joining with colleagues who work both differently and similarly is the most powerful force, using an extraordinary range of interventions and techniques that combine into one formidable family of therapies. Without which I believe we would be the lesser.

Now I am aware I am speaking about the work of FATAG but I guess there’s another hidden message in there about the recent events in politics.

Never the less. I want to draw attention to four essential components that ensured this book could be realised to come into being.

The first is Clarabel, a force of intellect, talent and dedication who came into our lives thanks to my son Laurie, and agreed with interest and excitement to take on her first publishing job as my copy editor. This brave young woman spent every free moment diligently editing many of the 21 the chapters despite clinching her first editorial post soon after qualifying last year with a degree in English and publishing from Oxford Brookes.

It is to her we owe our thanks, as the second essential component, is my having a head on collision with an ASDA delivery truck which ensured, despite the transient amnesia, that I had time to edit whilst convalescing.
The third component is Alice Brown, the editor from Free Association Books who saw a gap in the market and suggested this publication. Alice has a very relaxed and unshakable manner that ensured my anxiety was kept to a minimum, for which I thank her for this opportunity. And Liz Brown and Ruth Goodman who suggested we take this long overdue idea forward.

The forth and most major component is the extraordinary talent, experience and writing skills of a group of 31 authors who put their on thinking caps to come up with one of the most far reaching and in-depth insights into the world of forensic arts therapies through practice and research. What they haven’t covered in this might tome is no one’s business.

I would now like to introduce you to some of the authors who are with us this evening.....please make yourselves known.
The lost key


Thank you Kate and Ruth for your invitation to co-celebrate the launch of your book in this historic venue, and thank you Free Association Press for publishing it. I know that its publication represents an extra-ordinary amount of hard work, dogged persistence and great good will by all of you. Thank you for that.

You asked me tell a story to mark this occasion. Here goes.

On May 24, 1924 the Boston Herald (Massachusetts) reported that the previous night a police-officer had seen a drunken man on his hands and knees ‘groping about’. It was around midnight. The officer asked the man what he was up to. ‘I lost a two dollar bill down on Atlantic avenue,’ the man replied. “What’s that?” the office asked. “You lost a two dollar bill on Atlantic avenue? Then why are you hunting for it here on in Copley Square?” “Because,” said the man as he turned away and continued his hunt on his hands and knees, “the light’s better up here.” ¹

Now my second story:

A man is walking home late one night when he sees Mulla Nasrudin crawling on his hands and knees under a streetlight. He seems to be looking for something on the ground.

“Mulla, what are you looking for?” the man asks.

“My key,” Nasrudin replies, “I’ve lost my key.”

“I’ll help you look,” the man says and soon both men are down on their knees looking for the lost key. After awhile, and not having found the key, the man says, “Tell me Mulla, where did you lose that key.” “In the house,” Nasrudin replies, “I lost it in my house...” “Then why,’ the man reacts, “why are you looking for it here?” “Because,’ Nasruddin patiently explains, “here there is light.” ²

There are numerous differences between the urban myth and the Sufi teaching tale. While the first elicits a colloquial response of something like: ‘What? That’s plain stupid,’ the second story evokes puzzlement as well as laughter. Just witness what happens inside you when you say to yourself: “I have lost my key” or ‘my key is in my house’, and you’ll know one of the key differences between both stories.
I am telling both stories here for several reasons:

Firstly I want to honour the reality that the book’s authors work in extremely complex, forensic and related settings with seriously disturbed patients. Here they courageously navigate with their clients the problematical tension that exists between the two story-versions. The urban myth appeals to an all too familiar public perception of the behavioural motivations of drunks, misfits and criminals. A perception which many clients or patients have internalized. The puzzlement evoked by the Sufi teaching tale reflects the therapeutic necessity to help us become aware that the search for the key to what truly matters in our life, and therefore the answer to our predicaments lies within the house of our selves.

I further told the stories because I want to alert us to the dangers of the so-called Streetlight effect, which derives its name from these tales. The Streetlight effect is a scientific term for a type of observational bias that occurs when we only look for ‘what we are searching for’ in the light of the theoretical understanding or approach to practice that we are comfortable with.

I know that the book’s content will be challenging to the reader’s comfort-zones in more ways than one. It is likely to unsettle many a therapist’s and non-therapist’s usual theoretical categories. Once we are aware of the pernicious consequences of the Streetlight effect we are more likely to be open to receiving the countless nuggets of insight contained in the book.

I hereby launch your fine contribution to this critically important field. Sail well.

Notes from Dr. Marian Liebmann OBE, for FATAG book launch

It gives me great pleasure to be here tonight to celebrate the launch of this book. The whole field of arts therapies in forensic settings has come a long way in the last few years, and the new book reflects this.

I first worked with offenders using art therapy at a day centre in Gloucester, and then went on to train on the Birmingham MA course. When I finished my art therapy training in 1979, I was unable to find a job, so after some time I decided to train in social work/probation as there was then a lot of freedom to practise in different ways in the Probation Service. I worked in the Probation Service from 1987-1991 and was able to do art therapy with several of my probation clients – it was especially helpful for those who found talking difficult. I wrote up my work into book chapters.

However, I found it difficult to persuade my probation colleagues of the value of art therapy – they just saw it as a nice diversionary activity. When I attended conferences or workshops with other art therapists, the few who were working with offenders in secure hospitals or prisons expressed the same frustration. I had completed two books by this time, both involving much cooperation with other art therapists. I thought: ‘If we could write a book together, we could put it on the table and it would become a body of knowledge.’

And this indeed is what happened. ‘Art Therapy with Offenders’ was published in 1994 by Jessica Kingsley Publishers, an independent publisher specialising in the arts therapies and always ready to take on a challenge. For 22 years – until now – it remained the only book in this area published in the UK. It has been much quoted and used to establish and grow arts therapies in the forensic sector. In many secure units the arts therapies have become the ‘treatment of choice’ as medication is often unsuccessful or insufficient for this group. And many such units have arts therapists of all modalities – art, music, drama and dance-movement – enhancing choice and providing the possibility of team working.

So it’s wonderful to see this new volume, containing all the arts therapies, including individual and group work, with a wide range of therapeutic approaches, and a broad spectrum of activity, including clinical work and research. I am sure it will help the field to grow and to be able to evidence the positive contribution of the arts therapies in the forensic sector.
I’d like to begin with a quote from an Art Therapist writing in Christopher Cordess and Murray Cox’s classic, *Forensic Psychotherapy*, “When faced with the opportunity for creative, imaginative and spontaneous exploration, most patients are self-conscious and fearful of losing control: for them appearing child-like means humiliation, not being good enough, disappointment, terror and fears of disintegration” – and I would add, fears of catastrophe and even death.

In my service, which is for offenders with severe personality disorder – still pejoratively referred to as psychopaths – most of the men have had no opportunity to develop their capacity for creativity. We get used to hearing stories of shocking levels of physical and sexual abuse, but it is the psychological damage that really inhibits the growth of the imagination and the ability to think symbolically.

We have admitted a few men who have killed their mother, and assessed several more. This is how some of them have described that most central of all relationships – and I’m presenting a composite narrative here, in order to preserve confidentiality:

“She often subjected me to extremely derogatory remarks – she would say that I was incompetent, thick, worthless, useless, a failure, I couldn’t do anything right, I couldn’t compare to my brothers, I had nothing to give anyone. I began to believe what she said about me: I was always in the wrong and was a fundamental disappointment to her. She was highly intrusive, and gave me no privacy – she even took off the bathroom door so she could see me in there”.

Physical abuse can often be of a very primitive nature: “She frequently slapped me, pulled my hair, whipped me with the hoover flex, and pressed her fingers into my eye sockets in order to cause me as much pain as possible. She bit me (and he has shown me the scars). I was extremely frightened of her. Once she held my little brother’s hand over the electric fire until he was writhing in agony. After this I had nightmares, for example that I was lost in a deep wood at night – I could hear her screaming for me; she was coming to get me”.

As Gilligan has noted in his work on the central role of shame in violent offending, “The ‘self’ starved of love dies. That is how violence can cause the death of the self, even when it does not kill the body. Without feelings of love, the self feels numb, empty, and dead”. And it is this death of the “self”, whether partial or complete, that underpins the capacity for extreme violence.
Estela Welldon, too, has described a key feature in the background of many forensic patients – emotional deprivation. Traumatic experiences leave little scope for symbolic play, and hence for normal development, in our patients.

As a result, they grow up lacking in interpersonal skills, lacking self-esteem, and lacking in any ability to form healthy relationships. To quote Winnicott: “It is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self” (Playing and Reality, 1971).

All of us employed in forensic units are not only trying to treat such patients, but we are also being confronted by, and dealing with, that capacity for violence on a day-to-day basis in our places of work. Increasingly, services are responding by introducing more and more restrictions – in several units I’m aware of, handcuffs and electronic tagging are now in routine use. The core anxiety of the institution – that of violence and death – is expressed in restrictions, rules and regulations. Gwen Adshead tells an amusing story of seeing a sign – I think at Broadmoor Hospital – that read, “This building is alarmed”.

For me, the most precious contribution of Forensic Arts Therapies has been having the courage actually to work with this risk, rather than simply try to control it.

Using a creative medium, whether it be art, music, drama or film, can be seen as taking the risk of self-expression. Forensic Arts Therapists have faced the challenge of remaining open to the subjective, to the human being, in the presence of potential violence.
There are often anxieties within forensic units about any form of therapy which is action based, as all the Arts Therapies are. The fear is that the patient, who has shown in his violent crime a lack of self-control, will be unable to restrain himself from committing further violent acts when confronted with an active medium that encourages self-expression.

The “courage to explore” of the Forensic Arts Therapies contributes in many ways to our true understanding of our patients and their dangerousness: by communicating through non-verbal, creative means, it becomes possible to get behind and beyond some of the rationalisations they develop as ways of denying, explaining or re-attributing responsibility for their violence. Using an indirect means of imaginative expression often feels much safer for the patient: shame can inhibit the most basic face-to-face exploration with the clinician. This “indirect” nature of Arts Therapies can also help to defuse stubborn resistance in the face of hatred and feared authority. A current patient of mine has thwarted our attempts to explore his inner world via a sort of passive “withholding” that feels a bit like the anorexic who refuses the sustenance of food. However, he’s just started Jessica’s art psychotherapy group. His first image was of a head with numerous dagger-shaped lines pointing towards it, and it seems to be saying something about his experience: that being known is actually quite tortuous. We’re quite excited, because this approach has thus far been his only means of safe self-expression.

It is not uncommon for forensic patients and prisoners to build up strong defences around the thoughts and feelings that lead them to offending and violent behaviour. The non-verbal and creative aspects of Forensic Arts Therapies help to bypass these defences, and offer a means for them to externalise and communicate their feelings in creative – rather than destructive – ways. This projective exploration also helps the patient to express and master his emotions. I vividly recall another patient who, for the first time, was able in his drama therapy sessions to act out his crime: he lay on the floor and bounced his body up and down, showing his ex-wife being beaten to death. This can be extremely disturbing to witness, and the Forensic Arts Therapist is often brought closer – perhaps closer than anyone else – to the horrendous experience of the victim. Through acting the role of the victim, he was able to strengthen his capacity to empathize, and to understand the emotions of others.

The Forensic Arts Therapist thus brings to the whole clinical team a deeper understanding of the meaning of the patient’s offence, and therefore the meaning of his often complex and abusive relationships with staff in the present day. This contribution is invaluable.

I’d like to end by giving a special mention to the medium of film: some patients in my service have made two films with Tony Gammidge, one of the chapter authors in the book. The first is called The Bear Faced Truth. One of the patients suggested using teddy bears, each one from a different gang, in a therapy group, talking about their back stories as to why they are on the unit. The bears sit in a circle – as in their real small psychotherapy groups – and share experiences of growing up in households made terrifying by domestic violence, by rejection, and by what can only be called sadism. Different scenes also portray them committing their offences, becoming victims of violent offences themselves, and resorting to drugs to manage the emotional fallout. As Tony has written, “The result is a revealing, violent, disturbing, surreal and enlightening insight into what makes people violent and out of control”. As an aside, when we tried to put on a showing of the film for patients and staff from other wards, the film was banned – for being “too violent”.

But in making this film, the group of patients were able to learn about the creative process, about collaboration, and about the symbolic representation of what, hitherto, they had only put into action. As the film has had a number of showings, including during an IAFP conference at Yale University, the process has also given them the opportunity to have their voices heard.

Murray Cox has described the Forensic Arts Therapies as “involving the stuff of poiesis – the calling into existence of that which was not there before”. It is this poetic function, in which novelty and the unexpected are found to generate the patient’s own creativity and capacity to respond positively in unexpected ways – this is the hallmark of the creative therapies.
The Origins of Arts Therapies Forensic Services Networking and Development in the UK pre-FATAG (Forensic Arts Therapies Advisory Group) – Colin Teasdale

My background in forensic work is not contemporary. For the last 10 years until recently I worked with adults, mainly women in acute states, for Somerset NHS Partnership Mental Health Trust.

A while ago, whilst I was at a Trust leaving party for a colleague, a Somerset social work colleague introduced me to others as a “rare species” – “an arts therapist”.

My afterthoughts thoughts on this curious description was to question whether we are truly rare species:

- in need of protection, and sometimes
- in danger of extinction?

I will come back to these points.

My grounding time in working with offenders was whilst I was employed in projects on the homeless scene in central and south east London for 10 years from mid 1970s to mid 1980’s. During that time, for example, I first met Marian Liebmann at a Probation Service and homeless projects liaison conference in Gloucester in 1979.

After teaching on the Postgraduate Arts Therapies Programmes at the University of Hertfordshire, in the mid 1980s to mid 1990s, I successfully self-funded to complete a 5 year Art Therapy Groupwork Research & Development Project at HMP Grendon, in association for that time with their prison management team including: Tim Newell as Grendon’s Governor, John Shine as Grendon’s Head of Clinical Psychology, and Jinnie Jefferies as Grendon’s Lead Psychodramatist.

Working in a High Security prison made me more acutely aware of the causes and effects on both therapists, inmates, prison staff, and families and carers, of the joys and strains of trying to work with understanding and allierviating disturbance, damage and threat caused by criminality and mental instability.

Working ‘single-handed’ was a precarious and at times lonely balance to attempt to achieve that led me to appreciate the need to network professionally for self-survival.

At Grendon I was fortunate to be able to gain protection and patronage in a unique, benign and broad-minded specialist prison environment.

In tandem, during the mid-1990s, Tim Newell, Grendon’s Governor, worked with me and others in setting up the Standing Committee for the Arts in Prisons, a Prison Service Committee, in conjunction with Jill Vincent and Anne Peaker from the Unit for the Arts for Offenders, and Peter Blunt as Director of HM Prisons Education Service, that was Chaired by late and remarkable Rt Honorable Judge Sir Stephen Tumin who was a unique champion of the arts as well as HM Chief Inspector of Prisons.

This opening of such doors within closed facilities was a truly pioneering time that was also helped by networking with part-time arts therapies colleagues in other prisons, notably at HMP Holloway and the Special Unit at Barlinnie Prison in Glasgow, and the many arts therapists working in NHS secure units and Probation services such as Rampton Hospital, Broadmoor Hospital, and St Bernard’s Hospital, Ealing which like Broadmoor became part of West London NHS Mental Health Care Trust.

From the outset it felt important to have the confidence and determination, with a degree of well-meaning creative endeavor, to work within the prison system (being in the room) rather than as a lobby group coming from outside the system (knocking on the door) – and being recognised as having this right as postgraduate Health & Care Professions Council (HCPC) State regulated arts therapists.
**Having the Confidence, Having the Patronage** and **Being There at the Right Time** led to the establishment of the Arts Therapies Sub Group to the Standing Committee on the Arts in Prisons, with Sub Group membership including Tim Newell and Peter Blunt providing Home Office endorsement as joint-Chairs, myself as Sub Group Secretary reporting to the Standing Committee, and 2 nominations from each of the arts therapies professions Council’s (Art Therapy, Music Therapy, Dramatherapy, and Dance Movement Therapy), some of whom worked with offenders in the NHS; with a small amount of Home Office sponsorship funding being provided to cover admin costs.

The Sub Group in itself was a groundbreaking achievement for that time - one of the first ever development groups successfully incorporating all our arts therapies professions.

To support **working from the inside**, we held quarterly meetings at HM Prison Service Headquarters (Cleland House) as a sub group of the Standing Committee, booking the main HM Prison Service Board Room for our meetings with refreshments for the day, being brought to task for this level of creative endeavour, and being demoted to a smaller meeting room on the floor below with coffee and biscuits, when 6 months before we would never have dreamed of being able hold meetings in such a prestigious High Security building.

The tasks for the Arts Therapies Sub Group were threefold:

1. Developing arts therapies service dialogue, alongside forensic colleagues working within the NHS, and HM Probation Service, with Prison Service support.

2. Holding Arts Therapies Forensic Seminars twice yearly in high profile establishment locations including HM Home Office Headquarters, Queen Anne’s Gate – and utilizing speakers from both our own and allied forensic professions – with it being a credit to all that these seminars are continuing, and now numbering 35 in total.

3. Developing the Guidelines on working healthily and effectively, and with caution, in prison settings, with the causes and effects of disturbance, damage and threat that can cause ongoing primary and secondary degrees of trauma - overt (emotional and physical attacks), and covert by association (stress and burnout).
The Guideline drafts were prepared, proof read, and approved by the Sub Group utilizing advisers; and then by our professional Councils, the Standing Committee for the Arts in Prisons, and HM Prison Education Service who sponsored the cost of printing. The final approval for the Guidelines was authorized by HM Prison Service Policy Directorate; the then Director General, Martin Narey; and the Director of Health Care in Prisons, Dr Rosemary Wool; as a Prison Service Policy document, with an accompanying, time-limited, and numbered Policy Directive that is now out of date.

The Guidelines are probably still the only Statutory Policy Document, nationally or internationally, providing endorsement and guidance on the provision of any forms of psychological therapies, not just the arts therapies, in prison settings – quite extraordinary!!

Then, by the early 1990s, the Sub Group and Standing Committee met their goals, and both were brought to a successful close, with the Sub Group being a platform to be superseded by FATAG as an ongoing success that has kept to the organizational framework of providing well-organised advice, development meetings, and seminars – a credit to all.

Unfortunately, as recent evidence shows in relation to austerity funding and cut backs, there is no time when we can afford to be complacent, and the same caution alongside determination that was applied at the foundation stage of our forensic history as arts therapists still needs patronage and protection, whilst still running risks of extinction in some cases and at cost, as rare but exemplary and purposeful species.

The publication of the Forensic Arts Therapies Anthology, that you are launching tonight, is another next stepping stone forward in this respect that I feel proud to have a foundation association with. The publication is very encouraging, and timely.

Well done!!
The Impact of Arts Therapies Research: By Dr Stella Compton Dickinson

Impact in research term is defined as an effect on, change or benefit to, the economy, society, culture, public policy or services, health, the environment, or quality of life. Impact, may also be measured in terms of research that has a paradigm shifting effect on knowledge either within or outside of academia. Research impact is assessed on the basis of reach and significance. It may be actual and realized or potential and prospective.

So where are we with arts therapies research?

There have been many exciting initiatives and some of the most interesting results are qualitative or of mixed methods design. Therefore looking at what works, rather than simply—does it work?

These methodologies can help to build the corpus of knowledge with a view to developing future rigorous multi-centred quantitative trials through international collaborations.

But, as I learnt last week there are in fact over 500 brands of therapy these days, and the argument goes that many of them may achieve the same outcome. This is known as the ‘dodo bird verdict’. The dodo being the judge of the race in Alice in Wonderland in which everyone gets prizes and yet there were no rules or specified distance to the race.

The NICE guidance 2010 states that Patients with personality disorders and or severe mental illnesses who have committed violent offences and who have limited choice due to their incarceration are entitled to evidence-based treatments. Thus, it is important that we can reduce the ‘noise in the system’ in terms of our research evidence by ensuring that music, art and drama therapy can be understood and delivered within recognized evidence-based therapeutic concepts.

Arts therapies for the treatment of people who pose a risk of harm to caregivers, therapists the general public and to themselves require rigorous risk management procedures. For this reason, context-specific models are needed that meet the needs of all stake holders: the patient group, therapists and the multi-disciplinary team. In this way arts therapies will no longer be seen as the outsider, or the last resort. Instead Arts Therapies interventions can become acceptable within standard multidisciplinary treatment and they can contribute to the overall treatment goal of the reduction of recidivism.

My experience and research in forensic psychiatric settings was motivated by seeking to find out what works, how it works and to ensure that my team could practice safely by learning from the more experienced other - rather than from someone who thinks they know best.

The starting point is in the development of practice-based evidence, modeling and piloting stages in which one can learn from the patients themselves prior to proceeding to formal trials. The book that we are launching today is an anthology of Forensic Arts Therapies Practice and Research and it has the potential to reach a wide audience of clinicians and future arts therapies researchers. It is engaging and vital reading for anyone who aspires to work in forensic treatment. It is about real clinical work by experienced clinicians who wholly embrace their specialism of working in secure treatment settings.
The authors explain how underlying psychological theories and concepts make sense of clinical presentation, with important reference to the great names in the field of forensic psychotherapy, in particular Dr Estela Welldon.

A broad range of topics are covered throughout this book including anger management in art therapy, gender specific aspects, marginal gains philosophy and story making structures in art therapy. The book continues with chapters on the use of animation as a medium, followed by Kate Rothwell's thoughtful chapter on the value of understanding the patient's experience in group art therapy for patients with learning disabilities.

Dr Simon Hackett’s fascinating art therapy research project on the treatment of autism is an example of research that explores components that created therapeutic change. The author helpfully links this to specific art psychotherapy processes.

Dr Simon Hackett’s fascinating art therapy research project on the treatment of autism is an example of research that explores components that created therapeutic change. The author helpfully links this to specific art psychotherapy processes.

All in this entire book is a testimony to the immense value of the Forensic Arts Therapies Advisory Group and the support and continuous professional development that they continue to provide for practicing clinicians.

So where do we go from here?

What impact can be made?

Well the arts therapies have demonstrated their resilience in survival by overcoming many organizational and economic obstacles. So the journey must go on in how we may be able to provide further evidence of the sustainable treatment effect of each of the arts therapies. In this way we may demonstrate how resilience in the patient group develops through creativity and that this can facilitate improved relating to others. Furthermore that with a developed inner locus of self to self impulse control these patients may recover and reintegrate safely into society through understanding themselves better in meaningful activity.

So: Since on referendum day I had to talk at the Association of Cognitive Analytic Therapy annual conference at Exeter University last week, on the theme of ‘resilience in the face of change’ I would like to share with you firstly a definition of resilience:

### FACTORS ASSOCIATED WITH RESILIENCE:

- Holding positive views of oneself and one’s abilities
- The capacity to make realistic plans and stick to them
- Having an internal locus of control
- Being a good communicator
- Viewing oneself as able to have the tenacity to struggle on. ‘fighters rather than victims’
- Having a high emotional intelligence and managing emotions:
This final factor in resilience with regard managing emotions, so often dissociated in the forensic patient group through experiences of profound traumas, leads me to a final definition of what we all love most within our profession — and that is creativity.

Thank you for listening.

Dr Stella Compton Dickinson is a fellow and member of the Institute of Mental health, Nottingham, an affiliate of the Health Economics Department, Institute of Psychiatry, Psychology and Neuroscience. She held the post of Head of Arts Therapies, Clinical Research Lead at Rampton Hospital, Nottinghamshire Healthcare NHS Trust from 2001-2013

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Authors of ‘FORENSIC ARTS THERAPIES: ANTHOLOGY OF PRACTICE AND RESEARCH’, edited by Kate Rothwell

Emma Allen - Art Therapist & Sandplay Therapist
   Lynne Aulich - Art Psychotherapist
   Roanna Bond - Dramatherapist
   Liz Brown - Art Therapist
   Jessica Collier - Art Psychotherapist
   Thijs de Moor - Art Therapist
   Lorna Downing - Dramatherapist
   Angeles Fiallo Montero - Dance Movement Psychotherapist
   Tony Gammidge - Art Therapist
   Ruth Goodman - Dramatherapist
   Grahame Greener - Prison Officer
   Mario Guarnieri - Dramatherapist
   Simon Hackett - Art Psychotherapist
   Rose Hall - Art Therapist
   Rebecca Johns - Art Therapist
   Sydney Klugman - Art Psychotherapist
   Dr Marian Liebmann OBE - Art Therapist
   Alex Maguire - Music Therapist
   May Maung - Art Therapist
   Martina Mindang - Art Therapist
   Trisha Montague - Music Therapist
   James O’Connell - Art Psychotherapist
   Eleonora Orlowska - Dance Movement Psychotherapist
   Diane Parker - Dance Movement Psychotherapist
   Kate Rothwell - Art Therapist
   Laura Scott - Trainee Dramatherapist
   Lisa Shepherd - Dramatherapist
   Karl Tamminen - Art Therapist
   Deryk Thomas - Art Therapist
   Shaun Wassall - Art Therapist
   Jenny Wood - Art Therapist & Systemic Practitioner