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When walls become porous - Dangerous Liaisons and Close Encounters with Violence, Dangerousness and Disorder in Professional Teams and in the Community.

After a change in legislation in 2007, forensic outpatient clinics for the treatment of violent and sexual offenders were established in almost all federal states in Germany. These initiatives provide psychological and social services to clients who have been released from prison or secure detention under conditions imposed by the courts. Most, but not all, of the clients of these services are male offenders, almost all of whom have themselves come from violent and/or transgressive backgrounds. The primary task of these clinics is to reintegrate the clientele into society – whether they, or the wider society, desire this (re-)integration or not. Previously, they were walled up as alienated humanity from a society that was more interested in retribution than treatment. However, the treatment enterprise has brought new challenges to staff of such institutions.

Utilising theories and practices derived from psychoanalytic, group-relations and systems-psychodynamics approaches as listed below, this paper will present for discussion the presenters' experiences of some of the problematic dynamics and boundary challenges that emerge in this quintessentially 'risky business'. Specifically, it will include a discussion of "offence paralleling" dynamics within the staff of such an outpatient forensic clinic, and how they emerge out of the potentially dangerous liaisons and exciting close encounters (?) in these highly charged environments. In particular, we will focus on how the staff team/organisational (in)capacity to reflect upon the dynamics together has very serious consequences for the safety and security of the clients, individual team members, the 'management' of the organisation-as-a-whole as well as the general public. As one of the presenter is the director of a forensic outpatient clinic, conclusions will be made with respect to the meaning of leadership in such a clinic. The presentation and examples provided will also discuss the place of supervision and analysis of critical incidents to enhance growing thoughtfulness of staff and awareness of the pressures they face.

The length of the presentation will be 40-45 minutes, with additional 30-35 minutes for discussion. The presentation will include case vignettes, describing and interpreting parallel processes within the staff; for example: a staff member, who takes care of a dog of an antisocial patient in her free time; or false accusations around sexual transgression of one staff member against another.

Relevant resources:

Armstrong D (2005) *Organization in the Mind*. London: Karnac.

Adlam, J, Aiyegbusi, A, Kleinot, P, Motz, A, Scanlon C. *The Therapeutic Milieu Under Fire. Security and Insecurity in Forensic Mental Health*. London, Philadelphia: Jessica Kingsley Publishers.

Adlam J, Scanlon C (2011). *Working with Hard-to-Reach Patients in Difficult Places: A Democratic Therapeutic Community Approach to Consultation*. In: Rubitel & Reiss, pp. 1-22.

- Dartington, T. (2010). *Managing Vulnerability: The Underlying Dynamics of Systems of Care*. London: Karnac Books.
- Feil M G (2016): Forensic follow-up care for outpatients in Germany. *Psychoanalytic Psychotherapy* 30 (2), p. 138-151.
- Ruszczynski S (2008). Thoughts form consulting in secure settings: Do Forensic Institutions Need Psychotherapy? In G. Kirtchuk, & J. Gordon (ed.), *Psychic Assaults and Frightened Clinicians: Countertransference in forensic settings*, pp. 85-95. London: Karnac
- Scanlon C (2012). The Traumatized-Organisation-in-the-Mind: Opening Up Space for Difficult Conversations in Difficult Places. In: Adlam, J, Aiyegbusi, A, Kleinot, P, Motz, A, Scanlon C., pp. 212-228.
- Rubitel A, Reiss D (2011). *Containment in the Community: Supportive Frameworks for Thinking about Antisocial Behaviour and Mental Health*. London: Karnac.
- Stokoe P (2011). The healthy and the unhealthy organization: how can we help teams to remain effective? In: Rubitel & Reiss, pp. 237-259.

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Dr Christopher Scanlon (DPhil) worked in mental health services in the UK for over 30 years, initially as a mental health nurse, later as a psychotherapist and latterly as Consultant Psychotherapist in general adult and forensic mental health. He is also Training Analyst at Institute of Group Analysis (London), Senior Professional associate, Tavistock Institute of Human Relations (TIHR), founder member of the Association for Psychosocial Studies (APS), associate member of Organisation for Promotion of the Understanding of Society (OPUS) and member of the International Society for the Psychoanalytic Study of Society (ISPSO).