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| Titolo | Disabling perversions : forensic psychotherapy with people with intellectual disabilities // by Alan Corbett |
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| ISBN | 0-429-91279-X 0-429-89856-8 0-367-10294-3 0-429-47379-6 1-78241-285-9 |
| Edizione | [First edition.] |
| Descrizione fisica | 1 online resource (209 p.) |
| Collana | Forensic Psychotherapy Monograph Series |
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| Lingua di pubblicazione | Inglese |
| Formato | Materiale a stampa |
| Livello bibliografico | Monografia |
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| Nota di bibliografia | Includes bibliographical references and index. |
| Nota di contenuto | chapter ONE Disabling perversion: building a theory of forensic disability therapy / Alan Corbett -- chapter TWO Mapping the unknown world: a narrative approach to risk assessment / Alan Corbett -- chapter THREE When I grow up I want to have sex: working with children and young adults / Alan Corbett -- chapter FOUR Speak no evil: the role of creative therapies in working with severe disability / Alan Corbett -- chapter FIVE The disability transference: transference and countertransference issues / Alan Corbett -- chapter SIX Grieving the imagined baby: on working with families of forensic disability patients / Alan Corbett -- chapter SEVEN Sex as an SOS: group analytic perspectives / Alan Corbett -- chapter EIGHT The disabled organisation: on supervision and consultation / Alan Corbett -- chapter NINE On saying I don't know: expedient disabilities and mind envy / Alan Corbett. |
| Sommario/riassunto | The book offers an overview of how to work with some of the most damaged members of society - children and adults with intellectual |

disabilities who abuse others. Drawing on insight from two decades of clinical work, the author examines how to assess risk and danger in the forensic disability patient, ways of working therapeutically with patients at all ends of the disability spectrum, and how to support members of the patient's network. Combining psychoanalytic, creative, forensic and systemic thinking, the book provides a template for assessing, managing, containing and treating those who present with multiple diagnoses, including cognitive and physical disabilities, mutism, psychiatric disorders and autism. Both group and individual approaches are examined. As our awareness of the incidence of forensic patients who also have disabilities increases, this work is a timely placing of the forensic disability patient onto the clinical agenda, and has a wide application, being of use to clinicians in the private consulting room, the community, the secure setting and the prison.
