

Brief CV: 2018

**Graham Rogers,
Consultant Psychologist
C.Psychol. AFBPsS.**

1984-87: B.Sc. (Hons) Degree from the University of Lancaster
1887-88: PGCE, University of Southampton
1987-91: "Master of Science in Educational Psychology" University of Southampton
1993-94: Diploma in Rational Emotive Behaviour Therapy
1995-97: M.Sc. University of London, Goldsmiths College In: Rational Emotive Behaviour Therapy (This is a form of Cognitive Behaviour Therapy/CBT)
1999: Advanced Certificate in REBT Albert Ellis Institute New York

Employment:

1991-94: Main grade Psychologist
1994-98: Specialist Psychologist; Child and Adolescent Mental Health Service (NHS)
1998-2000: Consultant Psychologist; Child and Adolescent Mental Health Service
2000-2001: Senior Psychologist Local Authority [consultant grade]
2001-2003: Deputy Principal Psychologist; deputy head of department
2001-2003: Associate Tutor; UEL
2003: Acting Head of Service Principal Psychologist; head of department

1993 – 2003 Practice supervisor for psychologists in training
I have supervised psychologists training for education and NHS clinical practice
1994 – 2003 Practice supervisor for newly qualified psychologists
I supervised psychologists in their first year of professional practice

Summary of professional experience:

Consultant Psychologist and formerly acting head of department with responsibility for 18 qualified psychologists. Experience working within social services 'children with disabilities team' as a manager and senior practitioner providing psychological services heading a team of 7 qualified psychologists; experience as a consultant grade psychologist working with the NHS.

I am qualified and experienced in working with children, adolescents, and adults.

The central professional focus has been on working with adolescents and adults with both learning disabilities and mental health needs. My role has been to assess the problems of those within the community and to use the resources available to find solutions. I have worked within community populations and not within hospital units.

I have worked with the court system since 1991, which is when I first attended as a professional witness to provide live evidence. I have subsequently provided reports and attended numerous courts, including The Central Criminal Court, Southwark Crown Court, and The Principal Registry of the Family Division.

Area of expertise

Psychological assessment:

My initial training in basic assessment processes includes psychometrics, statistics, and research methodology beginning as an undergraduate psychologist (3 years study).

Internationally, there is recognition that a detailed understanding of such processes is essential to assessment. These areas develop the ability to apply a 'critical analysis,' to both research and the information provided by others.

I progressed as a postgraduate, leading to formal qualification as a psychologist. This required a further four years study.

These four years included university level teaching in the principals and practice of assessment, using multiple assessment measures, guided supervision while on clinical placements working with children, adolescents and adults, where all elements of assessment and testing had to be passed to university standards (Russell Group).

Following qualification (7 years studying), there was a year of supervised clinical practice (making 8 years). Hence, once qualified the first year of practice was closely supervised with reviews of assessments, interventions, and the approaches undertaken when working with clients/patients. In discussion with the Psychology Test Centre of the BPS, they described the training of educational and clinical psychologists as 'the gold standard.'

Then, over 26 years fully qualified experience; including subsequent continuing professional development, recorded within the British Psychological Society (BPS) CPD records. These 26 years included supervision offered by clinical, educational, and counselling psychologists, guiding and improving my practice. I completed a second higher degree in CBT, a process that also included an analysis of recorded therapy sessions, research methodology, and statistics, and the use of CBT with special groups, such as those with psychosis, and anger management problems.

Additionally, from 2012 annual attendance at conferences in the US, focused on the practices of assessment for mental health and personality disorders and the development of my practice guided by a number of US experts in the areas of clinical and forensic assessment.

My assessment practice uses a multimethod approach covering intelligence, memory, and language as the core components of a cognitive evaluation. I then assess working memory, mental flexibility, attention, planning, and organisation, which are the skills associated with the use of reasoning and problem solving; followed by mental health and personality. The assessments are comprehensive.

As I was taught many years ago, what is often mistaken for 20 years' experience may just be 1 year' experience repeated 20 times over. After more than 26 years practice, I continue to learn.

"Psychological assessment is a complex professional skill. Competence in assessment requires an extensive knowledge of personality, neuropsychology, social behaviour, and psychopathology, a background in psychometrics, familiarity with a range of multimethod tools, cognitive flexibility, scepticism, and interpersonal sensitivity. This complexity makes assessment a challenge to teach and learn," Blais and Hopwood (2017)

Expert Witness:

I have worked on several high profile complex cases as an expert witness. My work focuses on providing a comprehensive psychological assessment.

'Cyanide, the PAI and Re-Writing History'

Undertaken with a colleague from the US, a Professor from Harvard Medical School

A clinical/forensic case of a defendant in his mid-30's where he had a 20 year diagnosis of mental health difficulties, focused on agoraphobia and social phobia. Charged under terrorism laws; he ordered materials from the internet with the intent of making cyanide.

My assessment produced results that were inconsistent with his previous diagnoses, so I followed appropriate professional procedures, and sought supervision/guidance to discuss my findings, approaching my external consultant in the US. We developed an alternative hypothesis for his mental illness based on the new information. We presented this to the judge who provided us with the opportunity to explore this new way of understanding the defendant's behaviour.

Removing all medication, we quickly discovered a change in the defendants' behaviour. Then, working with an independent psychiatrist, we were able to show the defendant had a psychosis, a loss of reality that underpinned his behaviour. Our fresh diagnosis altered the progression of the case at the Central Criminal Court. The defendant was cleared of all terrorism charges.

Oxford:

I was involved in a high profile child abuse case where the defendant was presented as 'the organiser.' In conducting an assessment, alongside considerable documentation, I was able to complete a comprehensive analysis.

What I discovered was a highly distressed individual where test scores appeared distorted, exaggerated, and confused. Again, following appropriate professional procedures, I sought supervision/consultation to discuss the findings which challenged the way in which he was being presented to the court.

An alternative hypothesis to the stated presentation was developed, building upon the new information from my assessment while utilising both medical evidence and the police interviews. Again, approaching the court, time was sought to conduct further work; retesting, and a reanalysis confirmed PTSD and a personality disorder.

In court, two psychiatrists and a psychologist disagreed. However, the judge in sentencing gave life sentences to five of the defendants, and two sentences of 7 years to the other two. The defendant I assessed was given one of the 7 year sentences.

Post-script: 18 months into the sentence, HMP Bullingdon made enquiries regarding the offenders PTSD, indicating I was correct. Three years into his sentence I was brought back into the case regarding parole, at which point I discovered he had been given a diagnosis of 'mixed personality disorder;' I was correct, again.

Further, being released and then recalled, I was brought back into the case. All prison professionals stated he should continue to remain in prison, I disagreed, based on the evidence; he was re-released.

I conduct psychological assessments in regard to adolescents and adults:

Reports regarding learning disability/difficulties where modifications to the court process may be required, including special measures and/or fitness to plead

Reports regarding mental health and personality disorders where modifications to the court process may be required; or for mitigation

Pre-sentence reports regarding mitigation

Reports for parole hearings, especially cases where the offender has been recalled or where the offender has struggled to access parole/release: IPP

Reports regarding immigration

Reports for child and family matters

Reports for medico-legal cases

Summary of my early career experience:

I ran parenting and family workshops and supported children and their families with both moderate and more severe learning disabilities. I note that according to the Royal College of Psychiatrists (2013) 30% of those with learning disabilities also have mental health disorders. Hence, the experience of learning disabilities, regularly covered those with associated mental health problems

Within the NHS I undertook specialist cognitive behavioural therapy with adolescents and/or adults regarding (1) ADHD (2) challenging behaviour; (3) 'garden variety' PTSD, anxiety and depression; (4) parental management/anger management.

I undertook family assessments and family therapy, typically involving the treatment of adults within the home. This also involved multidisciplinary working on cases of child abuse, particularly alongside colleagues from social services. My role and experience also includes receiving abuse disclosures from young people; I was central in ending a case of institutional abuse. I have worked with offenders, their wider family, the children, adolescents, and with establishments managing and addressing the needs of those involved.

Consultant grade:

I offered group work and individual therapy for adolescents and adult, covering issues of anger management, PTSD, depression, and anxiety. I continued to work on cases of abuse within a multidisciplinary team, as noted above.

I developed assessment and monitoring systems to measure changes in clients' mental health. I was also the psychologist with responsibility for a 22-place facility catering for adolescents with autistic spectrum disorders (ASD), a role I maintained for a number of years.

I supported a small number of establishments catering for those with both learning disabilities, and social emotional and mental health difficulties. This involved working with individuals and supporting the practices of the institutions.

Senior management experience:

I managed a specialist team of psychologists for Social Services, providing services to the Children with Disabilities 'Challenging Behaviour' Team. My clinical role involved adult assessments, assessment of children with severe and profound disabilities, and family interventions. My role typically involved intervention work with adults with learning disabilities.

My clinical role involved offering assessment and interventions for, 1) adults 2) adolescents with 'challenging behaviour;' defined as behaviour of such intensity, frequency, and longevity that it challenges the resources available with which to manage it.

I was vice chair of the local authorities' referral unit, placement panels, and sat on the local authority special educational needs panel.

I was a member of the local authorities' multi-agency crime and disorder task group, and the anti-social behaviour audit/task group. These authority wide crime and anti-social working groups monitored such behaviours within the community and developed strategies for intervention.

I was also a senior member of a team developing services and provision within the local authority, catering for adolescents and young adults with severe and complex behavioural needs.

In 2004 I became an independent psychologist operating a mixed practice involving psychological assessments as an expert witness; a psychologist/therapist offering cognitive behavioural therapy; an educational consultant addressing complex behaviours in childhood; pro-bono work to support families.

Clinical supervision is a critical part of professional development and a requirement of the British Psychological Society; it ensures the maintenance of professional standards and protects the public. I engage in regular supervision.

Individual supervision every 4 weeks; Group supervision; Reports intermittently reviewed; External consultation, an educational experience, via U.S expert/s

I am a Chartered Psychologist operating under the codes and standards of the British Psychological Society. www.bps.org.uk

Continuing Professional Development (selected CPD): Keeping up-to-date

Access to data bases of psychological research; subscription and access to over 50 academic journals

Bond Solon Conference 10th Nov 17

Lady Justice Rafferty; Quality and Regulation; Legal updates

TES Conference: seminars

6th Oct 17

Appealing to the SEND; Sustaining Special Education

Case presentation in San Francisco, California

16th March 2017

Anti-Social Personality Disorder: The Nice Side

I presented a forensic case (40 year old client) that used a multimethod approach to assessment, focused on anti-social personality and psychopathic behaviour

Conference: San Francisco

Brief:

15th – 19th March 2017

Integrating multimethod assessment results in a meaningful way

Proficiency in Personality Assessment

Forensic applications of the PAI

Personality assessment: from competence to capability

Silent sound of Psychosis: Assessing negative symptoms and cognitive impairment

Assessing Psychopathology: Meaningful interpretation of empirical data
Predicting and preventing violent attacks

TES Conference: seminars 7th Oct 16
SEND reforms; Autism: from school to work; Spotting warning signs of mental health issues

<u>Conference: Chicago</u>	Brief:	9 th – 13 th March 2016
PCL-R:		Professor Robert Hare
Forensic Assessment: Using the PCL-R :		Professor Robert Hare
Integrating multiple assessment:		Professor Hopwood
Assessing maladaptive variants of the Five Factor Model:		Professor Widiger
Personality and the life story:		Professor McAdams
	Other:	
DBT and emotional regulation:	Professor Linehan	September 2015
Recent advances in self-report methods:	Professor Shorey	March 2015
Assessing Psychosis with Clinical Interview and Psychological Testing:	Khadivi and Klieger	
DSM 5 and personality disorders:	Professor Morey	March 2014
Forensic applications of the PAI:	Professor Kurtz	March 2014
Forensic assessment:	Professor De Ruiter	March 2014
HCR-20 Version 3	Professors, Douglas, Hart, and Belfrage	April 2013
Advanced interpretation of the PAI:	Professor Morey	March 2012
Personality Assessment Inventory (PAI):	Professor Morey	March 2012
IPDE:	(Ashworth) Professor Ireland	April 2011
Sexual deviance:	(Broadmoor) Professor Perkins	February 2011
Risk Assessment: HCR 20; SVR 20:	Professor Ireland	November 2010
Assessment of psychopaths:	Professor Cooke	October 2009

The British Psychological Society notes the following:

“Chartered Psychologist (C.Psychol)

Chartered Psychologist status is the benchmark of professional recognition for psychologists and reflects the highest standards of psychological knowledge and expertise.

If a professional is chartered it is a mark of experience, competence and reputation for anyone looking to employ, consult or learn from a psychologist.

The title is legally recognised and can only be conferred by the British Psychological Society under our ‘Royal Charter,’ which was granted in 1965 and gives us national responsibility for the development, promotion and application of psychology for the public good.

Qualifying for chartered membership status is a significant achievement, requiring high levels of academic attainment, periods of supervised practice and applied experience, a commitment to lifelong learning, and an engagement with the broader issues facing the profession.”

“Associate Fellow of the British Psychological Society (AFBPsS)

The title, Associate Fellow of the British Psychological Society (AFBPsS) is awarded in recognition of several years' experience and contribution to the field of psychology.

This is a mark of experience, competence, and reputation of psychological knowledge through the field”