Graham Rogers
Brief CV

1984-87:	B.Sc. (Hons) Degree from the University of Lancaster
1887-88:	PGCE, University of Southampton
1987-91:	M.Sc. University of Southampton, in Educational and Child Psychology
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.

Since initial qualification as a psychologist in 1991, I have worked with children, adolescents, and adults. Their difficulties have included those with learning/intellectual disabilities and those who present with challenging behaviour/mental health.

I assess people and situations to solve problems. I then work to inform and educate others in respect of the assessment; I provide insight.

My initial work experience involved the presentation of all types of cases. Unlike the NHS, which rapidly filters individuals/patients into specific areas for assessment and treatment, local government sends all complex cases to the Educational Psychologist, who works with all other professional groups and specialisms. The psychological assessment and treatment is coordinated with the other medical needs. For example, heart conditions; neurological conditions such as epilepsy, tbi, stroke; endocrine conditions such as diabetes, growth deficit. Paediatrics…child abuse, genetics, oncology, pain management, hearing, learning disability; psychiatric…ADHD, ODD, conduct disorder, ASD, child abuse, personality, major mental illness, anxiety disorders, depressive disorders, eating disorders; and specialist units and hospitals, such as Moorfields (eyes) and The Maudsley (complex psychiatry) etc.

Those trained in Educational Psychology work with young people up to 25 years of age: this is the age at which they reach 'developmental adulthood.' However, for some, such as in my case, they not only engage professionally with younger populations, but also in direct therapeutic work with adults/parents:
Clinical supervision and advanced training was undertaken under the guidance of Bill Doyle, Head of Clinical Psychology, Thameside NHS Trust (1993 – 2000), and Professors Windy Dryden and Stephen Palmer, Goldsmiths College, University of London and City University (1993 – 1997). I have continued to work under the supervision and guidance of clinical psychologists for the past 18 years.

As part of my psychology practice, I have undertaken and continue to undertake direct work with adults, both in terms of assessment and intervention. This included the use of psychological tests and to a lesser extent, the use of rational emotive behaviour therapy, a form of cognitive behaviour therapy.

Therapy has been used with children and adults/parents, both individually and in groups. The use of therapeutic techniques is also incorporated into my assessments, to develop a greater understanding of the thinking processes of the client.

The use of assessments and interventions with adolescents and adults has included those with learning/cognitive difficulties and disabilities, behaviour/self-management problems, and a range of mental health conditions; some work was also been undertaken with those with personality disorders.

I have worked in a range of mainstream and special schools, supporting management, supporting schools on behalf of local authorities after challenging inspections, working with parents and with their children, and coordinating work with other support agencies. I have also developed services such as those for children with dyslexia, visual impairments, learning disabilities, and for those with social, emotional and mental health difficulties, on behalf of the local authorities.

Within CAMHS/NHS (1993 – 2000), I was a consultant within a specialist multidisciplinary team re-diagnosing children and adolescents who were not responding to treatment, and where their behaviour was deteriorating: Many of these misdiagnosed with ADHD.

The work with the misdiagnosed, also led to further work with those subjected to various forms of child and family abuse.

I was also a consultant and the psychologist-in-charge of a 22 place adolescent unit for those with autistic spectrum and social communication disorders.

I have been part of the senior management of local authorities special needs departments, been vice chair of Pupil Referral Units, and acting chair of special educational needs panels. I have also been a member of local authority SEN resource panels.

This means I was one of the local authority team dealing with the needs of the most complex young people, who required a Statement of Special Educational Needs (Education Acts 1981, 1996), now updated to the Education, Health and Care plans (EHCP) under the Children and Families Act (2014).

I have attended more than 45 prisons and Youth Offending/Secure Training Centres, many on multiple occasion, and shared/prepared management advice for them and for subsequent Youth Offending and probation teams.

Less usually for a psychologist, I have worked within the fields of education, the NHS within the Child and Adolescent Mental Health Services (CAMHS) and social services, children with disabilities team (2002 – 2004), where my wide-ranging skills were developed. Within social services and CAMHS, much of this time was spent working with the adults/parents, wider families and the professionals involved in the children's lives, identifying, supporting and addressing their needs in order

that they could support the children more effectively.

I have been involved in numerous cases involving different forms of 'abusive behaviour,' including those of a sexual nature. These have included taking the initial abuse disclosure, supporting the officer 'behind the camera,' analysing police interviews, interviewing and assessing those alleged to have committed a crime and also interviewing those claiming to have been the victim of such behaviour. I have also engaged in aspects of multidisciplinary work supporting children, their families, and the significant adults involved in such cases.

I am also responsible for the closure of a special school on the grounds of child abuse: I identified difficulties missed by other professionals and reported these. The subsequent investigation found numerous cases of alleged abuse for consideration.

Consultant Psychology Status

There are broadly three types of 'consultant;' those who are (1) self-appointed, because they 'consult,' (2) those appointed internally, and those (3) via competitive interview.

Any psychologist working independently can call them self a consultant, because they consult. 'The profession' as a whole, has not identified them as 'appropriate' for the status of 'consultant.'

The term 'consultant' typically reflects the upper pay scale and seniority, primarily within the NHS, but also within local government.

Psychologists internally appointed may be given consultant level status due to wider organisational changes, or because they are the most experienced person remaining within an institution. The profession as a whole has not challenged them regarding their appropriateness for the status of 'consultant.'

I have received two of these internally driven promotions leading to consultant status.

A competitive interview involves applying for a post at 'consultant grade' that is higher than a 'standard,' non-consultant post. The post is for an employer, typically within either local government or the NHS: in psychology, previously called a 'B grade' post, as opposed to the lower level 'A' grade. The interview process itself typically has two existing consultants on the panel, at least one of whom does not work for the employer of the post sought. They consider if the applicant has the qualifications, and range and depth of experience for such a role; this is applied to both short-listing and to the interview.
If appointed, the role always has a management element to it, supervising other psychologists, assisting in the management of complex cases, and undertaking more-complex casework as necessary.

Achieving this status is not easy and there are few who achieve via this process.

Such individuals are 'challenged' regarding their appropriateness by the profession.

I have held two consultant ('B' grade) roles following competitive interviews.

On the first occasion, I was one of six psychologists interviewed. Two panels interviewed the psychologists, following which, the members of the panels met to agree the appointment.

On the second occasion, five people applied for the post. Two psychologists were short-listed. The interview panel included two 'head of psychology' services.

My last 'consultant grade' post for an employer ended in 2004; I may use the title now as a reflection of 'past achievements' and the seniority gained. However, one may reasonably say, at this time, I am a 'Consulting Psychologist.'

Other professional development/roles:
Former member of the working party for the Consortium of Expert Witnesses
Former member of a working party for the British Psychological Society
I have assessed the practice of psychologists, for a variety of employers as part of my previous roles, and currently for others. These include an approach by the local government/NHS regulator (HCPC); indeed, I was appointed to undertake such work. Their last request for me to undertake a case was 2015, though my last involvement regarding any case was 2016 following a referral I made on behalf of a Crown Court. I have also undertaken such work of the criminal courts and for a case at The Central Criminal Court. I have assessed the reports of forensic psychologists risk assessments for prisoners seeking parole. Late 2018, I assessed a psychology report of the CPS, leading to its withdrawal.

I am not a member of the HCPC, but an Associate Fellow and Chartered Psychologist of the BPS. Membership of the HCPC is a requirement to work within local government and/or the NHS. Further, they 'protect' the use of specific titles that professionals may use.

I presented at a conference in San Francisco on 16th March 2017:
"Anti-social Personality Disorder: The Nice Side"

I presented at a conference in Chicago, 12th March 2016:
"Cyanide, the PAI and Re-Writing Histories"
Joint presentation alongside Professor Mark Blais, Massachusetts General Hospital Harvard Medical School

I have been a guest speaker at the University of Lancaster and University of Birmingham

Latest CPD:
Society for Personality Assessment: Chicago, 9th to 13th March 2022

Multi-Method and Contextual, Diversity-Sensitive Methods in Assessment
Jordan Wright and Hadas Pade

An Integrative Approach to Personality Assessment using PAI and Spectra
Mark Blais

Whiteness of Psychology and law
Antoinette Kavanaugh

Assessing Response style with PAI and other tests
Universities
Katie Glauner and Radhika Krishnamurthy

Alternative Model Personality Disorder
Universities

Utilization of a Culturally Focused semi-structured interview
Jordan Wright and Hadas Pade

Leadership in Adolescence
Jennifer Tackett

Forensic interest group

Sexual offences, personality disorder, and criminal justice
Universities

School threat assessment: An evidenced-based violence prevention strategy
Dewey Cornell

Personality Assessment in Legal Contexts
Tess Neill, Martin Sellbom and Barry Rosenfeld
Corine de Ruiter, Dustin Wygant, Yosef Ben-Porath

Multimethod assessment
Universities

Integrate and Translate Assessment Data into Client Questions: Individual Case Conceptualisations
Hilde de Saeger and Pamela Schaber

TES/SEN Conference: October 2022
Seminars: Keynote - SEND Green Paper
Desperately seeking certainty – an en vogue theory of cognition
Executive Function – an important factor in educational outcomes?

Bond-Solon Expert Witness Conference: November 2022
Keynote speakers:

The Lord Chief Justice, The Right Honourable The Lord Burnett of Maldon
Court of Appeal judge, The Right Honourable Lady Justice Carr DBE

Note: Lady Justice Carr opening with the following phrase:
"Experts have never been more needed or played a more crucial role."

Chartered Psychologist: British Psychological Society
Associate Fellow of the British Psychological Society

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

Clinical, professional supervision is a requirement of the BPS, maintaining the standard of professional practice and protecting the public:
"The Society's position is, for safe and effective practice in clinical and mental health settings, or with other vulnerable groups, supervision is a requirement of practice," p 13, BPS Practice Guidelines, (2017).
(1) Individual supervision every 6 to 8 weeks; (2) Reports intermittently reviewed by experienced psychologists; (3) External consultation, an educational and professional development experience, via U.S expert/s, on a case by case basis.

Supervision is, an interaction between two or more practitioners within a safe/supportive environment, enabling a reflective, critical analysis and development of practice, thereby ensuring the quality of patient care.

Expertise in testing and assessment

My specialist area of expertise is 'assessment.'

In my view, years of experience and undertaking reports and assessments does not make an expert, rather, it is a mix of appropriate training, experience, continuing professional development and guidance/supervision.

Only clinical and educational psychologists are 'routinely trained' to university standards in the administration of psychological tests. However, such training is not simply attending a series of short courses, but to develop 'expertise,' also needs to include observed, supervised clinical practice with patients/clients, observed by an experienced practitioner, and observed by university lecturers, in order to ensure testing is conducted appropriately, and where errors are eliminated. Currently, this is only offered as a matter of route, to clinical and educational psychologists.

Having competed the testing one then needs to score the test accurately; and then the most difficult part, the accurate interpretation. The interpretation is not simply scoring and saying what that might mean, but needs to take into account

basic statistical principles, the results from multiple tests, performance tests and questionnaires, the clinical interview, semi-structured interviews, observation, and the other information available.

As a vital part of this process, is the training in psychometrics and basic statistical processes: to understand the meaning of the scores. All three of my degrees contained aspects of psychometrics (the mathematics of psychological tests) and statistics, with my undergraduate degree having a particularly large element of such teaching/training.

Other assessment training includes the administration of a clinical interview, the use of observation and training in other assessments conducted by other, relevant professionals, such as those conducted by speech therapists, occupational therapists and others; I have been trained in regard to all of this. There is also basic training in the treatment approaches of others, including those of psychiatrists. This training goes into the use of others findings, if available, into the interpretations of the psychological assessment.

Having spoken (2015) with the Psychological Test Centre of the British Psychological Society, they described the comprehensive training and teaching of clinical and educational psychologists in assessment and testing as the 'gold standard.'

My initial training in the use of psychological tests involved 2 weeks study at university, within my educational psychology training course (9 am-to-6 pm plus evening study). This was followed by supervised practice where, for my first placement, three days a week over 13 weeks I observed my supervisor and was observed by them, in the practice of assessment and the administration and interpretation of a wide range of psychological tests with children, adolescents and adults. Contact with clients could begin as early as 8 am, and end as late as 6 pm: the usual contact was between 9:00 am-and-4:45 pm; training also included interviews, and in the use of observation in different settings; and of different types. Supervision was under the guidance of an experienced educational psychologist; appointment as 'clinical supervisor' required them to fulfil the standards required by the BPS and the University. It was necessary to pass all elements of clinical practice to a professional standard, decided by the clinical supervisors, and by the university (who also routinely observed clinical practice); they observed and assessed all aspects of clinical practice. A second, shorter placement had the same features, and the same requirements to pass.

Training in assessment, and continuing professional development, also covered the necessary training in diagnosis.

Additionally, my dissertation involved the use of tests with adolescents, checked by two supervisors for their application and interpretation, and for 'appropriateness.' The assessment of the 'appropriateness' not only covered the use of the test and its application (i.e. if it was the right test to use and if it could measure what was being examined), but also the ethical issues involved in its

application.

During the training period at university, I used cognitive tests, tests of executive functioning, curriculum related tests, and tests of mental health and personality. Training focused on a multimethod approach where interpretation brought together the different elements of information collected; performance testing, questionnaires, self-report, interviews (another form of self- and other-report), observation and use of 'others reports' and background data.

The training program also included lectures from psychiatrists, speech therapists occupational and physiotherapists, in order to teach and enable better understanding of their assessment approaches. This was required in order that, as an Educational Psychologist, all relevant associated information could be included in the psychological report: which was a requirement under the terms of the Education Act, (1981).

The above forms the background to my training in the use of psychological tests and assessment. This was set within a final 12 months of the course running from 1st September to 31st August, which is/was unlike other courses, and where the dissertation had to be 'completed and submitted,' by the 31st December of the year in which the course was finished. This full year, followed from 3 years full and part time study. The total length of study was over 4 years at post-graduate level: Two work placements in the first year, followed by a two-year work placement with evenings at the university and supervision and observation of practice during the two year, followed by the final year with two more placements.

One then undergoes a year of supervised professional practice following graduation; tests and assessments are reviewed for appropriateness (using the right test, the right assessment approach and if they are used and applied correctly). Reviews also consider the quality and accuracy of interpretations and the ethical considerations associated with the assessment.

I have been a practice supervisor for psychologists in training and a supervisor for psychologists in their first year of professional, clinical practice. I have supervised educational, clinical, and forensic mental health psychologists in training.

My second professional degree used tests/questionnaires/self-report regarding mental health and personality. The assessment approach for my dissertation had to pass two ethics committees, one for the university, and one for the health trust. Various issues of 'appropriateness' were considered. My second professional degree was conducted with adults only. Indeed, my ability to access this course was on the basis that I was working with adults, as opposed to children. The course was conducted while working for CAMHS. Clinical supervision was provided by the NHS Trust (see below) and by Professor Dryden and Professor Palmer: Goldsmiths College, University of London.

While working within The Child and Adolescent Mental Health Service (CAMHS) I used tests/questionnaires/self-report for both adults and adolescents. Clinical

supervision was under Mr Doyle, Head of Clinical Psychology, Thameside, NHS Trust. Assessment involving the use of testing/questionnaires/self-reports covered family issues, issues for adolescents and issues for individual parents/adults. During my time with CAMHS I was also able to gain specialist supervision and professional guidance for several months from Professor Bernard in California.

Within CAMHS, I was part of a multi-professional team of experienced mental health professionals who undertook re-assessments of those previously diagnosed, by other professionals, where there were doubts regarding the treatment and the reasons for its failure to adequately improve the client's difficulties.

In 2011 in discussion with my clinical supervisor, I asked about sources of training to extend my range and depth of knowledge regarding mental health and personality assessment. I was advised that the best place to achieve this was in the US. I have attended the 5-day conferences at The Society for Personality Assessment (SPA) every year since 2012; SPA is based in Washington DC.

SPA conferences address assessment, covering personality, mental health and the integration of cognitive tests, tests of executive functioning, observation and the use of records. This led to further development of an integrated multimethod, comprehensive assessment.

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.

I also have access to consultation supervision from US experts; this has been available to me, and used, since 2012. This has focused on clinical/forensic work, with adolescents and adults. It is my view that it has developed and improved my practice immensely.

Resulting from supervision consultation I presented a forensic/clinical case in Chicago, with Professor Blais, and in 2017, I presented a forensic case in San Francisco. The first case involved the misdiagnosis of social phobia where treatment and medication had masked an underlying psychosis (loss of reality), while the second involved an individual with an anti-social personality and psychopathic traits.

Always remember, what is often mistaken for 20 years' experience may just be 1 year' experience repeated 20 times over.

After more than 30 years practice, I continue to learn.

Court

I first attended court as a professional witness six weeks after initial qualification, in 1991. My second court appearance/case was five months after qualifying, in

1992.

I have attended numerous courts in order to provide live evidence:
Aylesbury, Basildon, Birmingham, Blackfriars, Canterbury, Chelmsford, Croydon, Harrow, Isleworth, Kingston-upon-Thames, Lewes, Luton, Maidstone, Reading, Snaresbrook, Southend, Southwark, Taunton, Westminster Magistrates Court, Winchester, Wood Green, Woolwich, The Royal Courts of Justice, Westminster Magistrates Court (Court of Appeal), and both the Central Criminal Court, Old Bailey and Central Family Court, Holborn.

I have also provided reports for 'appeal':
Court of Appeal Criminal Division
High Court of Justice; King's Bench
Court of Appeal: Immigration and extradition

Additionally:
Commissioned to provide a report for Judicial Review

I rarely need to attend court; my reports are usually comprehensive and clear enough to assist the court.