

Move over, Cracker

Ian Florance talks to Susan Young about her life in forensic and neuropsychology

During August, Dr Susan Young was probably the UK's most high-profile psychologist, owing to her role in supporting Barry George through the appeal against his conviction for the murder of Jill Dando. I talked to her about her career, and overleaf she writes about the George case and its implications for psychologists.

You didn't study psychology initially.

No, I didn't go to university straight from school. I ended up working in a merchant bank. In those days there were about 100 men in the dealing room and five women. You work long hours in the City, and to a great extent work took over my life. I was there during 'Big Bang' and 'Black Monday' when the markets crashed. A close friend committed suicide. I started questioning what I wanted to do. It wasn't about switching careers so much as wanting to develop and stretch myself.



Two issues influenced my decision. First, I was interested in psychology. Being interested in what you do is important: that might seem obvious but a lot of careers are built on rewards or status concerns. Studying and practising psychology requires commitment. My deep interest certainly helped me keep going when I found it was going to take nine years to become a fully fledged psychologist. I might have had second thoughts if I'd known that at the outset!

Second, as a mature student I was worried that I was too old to study. But, as my brother said at the time: 'You're never too old for anything.' I rented out my house and went and lived on campus at the University of Surrey. The change in lifestyle was enormous: I had a champagne leaving party on the Friday and the next evening I was drinking cider at the student union bar!

Did your course live up to expectations?

I became a different person. A number of friends have commented on that. And I discovered I thrived on academic life. I asked questions. The lecturers seemed to like that, as I do now I'm on the other side of the fence. Young minds are like sponges, they soak up what they are taught and regurgitate it in essays. We want young people to critically evaluate what they learn. We want them to 'think'.

My second year, on an exchange with the University of Maryland in the USA, was a real eye-opener. The campus took an hour and a half to cross and the size of the classes astonished me. I was strongly influenced by lecturers working in cognitive and social psychology and I had the opportunity of studying some

additional subjects that would not have been available in the UK – for example, I worked at an AIDS clinic in Washington on a clinical placement. I suppose my interest in clinical psychology stemmed from all these experiences.

So, there were many positive elements, not least that I received a first class degree, which was a surprise. In spite of this, I felt disappointed. I thought I'd come out of a degree understanding human nature! I had received a fairly shallow taster of many different aspects of psychology, and I wanted to go deeper. Professor Sara Arber at the University of Surrey encouraged me to apply for a PhD. I was always a confident person, but my academic potential and this thirst for knowledge was something very new to me. Because of my background in business a more natural progression would have been towards organisational psychology. Without Sara's intervention and support I wouldn't have applied.

What did you study?

The Institute of Psychiatry advertised an MRC-funded PhD studentship to conduct an epidemiological study of the adolescent outcomes of hyperactivity in girls. I didn't know much about the area, although a friend's son suffered from ADHD. I prepared well for the interview. The interviews were running late and I was handed a glossy brochure. I almost walked out! It was full of 'ologies' and hard science. Professor Eric Taylor chaired the interview panel and when he offered me the studentship my response was 'Why?'. He smiled and said, 'Because we think you can do the job.' In the years that followed, Eric became an influential mentor in my career.

Whilst collecting my data, the adult ADHD clinic at the Maudsley Hospital started up and I became involved working part-time. This all fed into a growing

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interest in ADHD and helped me gain a place for clinical training at University College London. I was awarded my PhD and DClinPsy – which was based on a study of adult ADHD – in the same year. Looking back I don't know how I did it all, as during this period I married, divorced and brought up my daughter as a single parent. She was 10 months old when I started clinical training. It was hard work and influenced some subsequent choices.

In what way?

At this point in my career, everyone – including me – expected that I would end up as a child psychologist but a trainee post in paediatric liaison at Great Ormond Street convinced me otherwise. As a mother, I was deeply distressed by seeing children with very severe illnesses. Things may have turned out differently had my placement been in the community with lots of boisterous ADHD children! This shows how influential a placement of a few months can be in shaping your future career.

I once again decided to specialise in what interested me most, which at that time was forensic and neuropsychology. I went back to the Institute of Psychiatry to do these placements.

You seem to have a huge appetite for different types of psychology.

I make my choices from interest and because of the influence of extraordinary people. Do people really plan their careers out in the way books and advisers tell you to? I'm a Chartered Clinical and Forensic Psychologist and a Practising Member of the Division of Neuropsychology – so you couldn't say I've chosen a narrow path and stuck to it. I understand why the Society has Divisions, but these structures don't always help our thinking, our practice or our ability to employ our enthusiasm.

How did this lead to your court work?

Once qualified, I set up the neuropsychology service at the adult ADHD service at the Maudsley. I continued to work one day per week in forensic services. The link between ADHD and crime was increasingly recognised and I started to get asked to do assessments for the prison services. After a couple of years I moved to work full-time in forensic services and have since worked at all levels of security.

It was my third (and most influential) mentor, Professor Gisli Gudjonsson, who introduced me to court work. My first case was a homicide involving a defendant with ADHD and I've since

FEATURED JOB

Job Title: Chartered Forensic Psychologist

Employer: HMP Stocken

HMP Stocken sounds like an exciting place to work. 'It has expanded and there are huge changes in psychology and programmes, so there are opportunities for improving our systems and practices,' says Rachael Cooper, Head of Psychology and Programmes.

This role focuses on managing the Healthy Relationships Programme. It is aimed at men who have either been convicted of or admit to abusive and violent behaviour in the home and who have been assessed as a risk of being violent in intimate relationships. 'We've secured funding to introduce this programme, something we're proud of since it's early days for the approach and it will complement our existing offending behaviour programmes.' The successful candidate will be given training specific to the programme and related risk assessments. 'There is much scope to take the initiative and be responsive to prisoners' individual needs. The role will involve assessing prospective participants of the programme, delivering the programme to small groups and treatment managing.'

Outside the programme there's huge variety in the work. 'The person will act as deputy head of the psychology department, which includes a growing number of people of various grades. They'll also have direct management responsibility for forensic psychologists in training. In addition they'll have challenging clinical work. We're looking for someone who is driven and focused. If they have particular interests and strengths they can utilise them in other areas of our work too.'

Rachael encourages applications from qualified individuals regardless of their current post and previous prison experience. 'We are looking for a proficient practitioner to join our skilled team at these exciting times'. She is equally firm about the rewards of working at HMP Stocken. 'You'll work with a very diverse team who are enthusiastic about understanding offenders. No two days are the same. It's very busy – we're a large prison with capacity for 816 prisoners. But our prisoners are challenging and the work interesting.'

"...our prisoners are challenging and the work is interesting"

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become involved in increasingly complex and high-profile cases. The success of the Billy Jo Friend Court of Appeal case (see tinyurl.com/3owyr2) brought ADHD to the fore. On several occasions Gisli and I have been involved in the same case with him wearing the 'forensic hat' and me the 'neuropsychology hat'. I have enormous respect for Gisli, and still ask his opinion.

What qualities do you think you need as a forensic psychologist?

Given the media interest in the topic it surprises me that such low proportions of clinical psychology trainees specialise in forensic placements. They don't come on the training map until the final year. We need to grab their interest much earlier and eradicate the 'Cracker' image. I'd like to see forensic psychology featured more heavily at undergraduate degree level.

It is a complex and personally challenging field: you need to know your

own limits. How you deal with clients and cases that touch you very personally and emotionally is an issue that has recurred throughout my career. Just as I found I couldn't work with very ill children at Great Ormond Street, I couldn't work with victims of crime. I'd get too empathetic. I can work with many sorts of perpetrators and keep professional objectivity.

You must not be judgemental. If you are then you have no chance of engaging the client. This is what people have most difficulty understanding. The Barry George case illustrates this. It wasn't important whether he was innocent or guilty. My role was to give him support so that he got a fair trial. Of course, you can't work with someone for that long and not have views about them. Given the final verdict I was sorry he had spent eight years in prison, but I was pleased that he got a fair trial and impressed with

the justice system that appointed me in the support role [see box below].

You have to understand what ‘success’ is – it may be a great change in someone’s life, more commonly it’s a small shift in behaviour or the acknowledgement of a problem. Sometimes we work extremely hard to achieve a small step.

You need to be a team-player. I’ve ended up in a multidisciplinary area, and this suits my approach. Our clients demand complex interventions and rigorous risk assessment. Saying they’re criminals is little more than a label that drowns out other issues – mental illness, personality disorders, substance abuse, family background for instance. Sometimes interventions need to be improvised – taking ideas from different professions and schools and dovetailing them to provide a unique intervention that meets the needs of the individual. On the other end of the spectrum there are structured manualised offender treatment programmes, and in the past

few years I have been working with Professor Bob Ross in Canada to develop two new editions of the world-renowned Reasoning and Rehabilitation offending behaviour treatment programme that specifically tailor for youths and adults with mental health problems and ADHD.

More recently I have been developing a treatment programme for primary school age children with attentional problems.

“Sometimes we work extremely hard to achieve a small step”

Resilience is important. There’s no shame in admitting you can’t or won’t do something. You must stand up to bullies and maintain a professional balance. It is in the interests of an adversarial legal profession to pitch us against each other when instructed by opposing sides. Psychologists can get sucked into their agenda. It is unnecessary and unacceptable to launch vicious attacks on each other. We are not hired guns and

this practice is not good for the profession.

Going back right to the beginning of my career, I’m glad I spent some time outside psychology. The wider experience prepared me well.

What aspect of your work do you enjoy the most?

I have the perfect mix of applied work, teaching and research. Work is never boring and what you are doing is always evolving. Working in the NHS, I’d been primarily a practitioner with a known academic area of interest. Two years ago, when I was appointed as a senior lecturer at the Institute of Psychiatry this flipped the balance. It wasn’t easy and it took a lot of adjustment because I hadn’t come ‘through the ranks’ of academia but ‘parachuted in’ at this level. But I’m extremely proud of what I have achieved in this period, particularly the MSc in clinical forensic psychology, which I think fills the gap in the market for an academic course that focused on mentally disordered offenders. I love playing a part

A new role in supporting the vulnerable

Susan Young (see main interview) on why advising defendants during proceedings is a valuable application of psychological skills, which clinical and forensic psychologists should consider

In law, most defendants are ruled as either fit to plead and stand trial, or not. However, there are borderline cases where defendants are generally fit, but may become unfit without support. The Office for the Judiciary view is that providing such support is both fair to the vulnerable defendant, and cost-effective. Compared with the cost of an abandoned trial, the expertise of an appropriate person is cheap.

The Barry George case, in which I was involved, is an example of such a borderline case. I believe it has implications for the work of psychologists.

The system

The Police and Criminal Evidence Act provides guidelines about the detention and questioning of suspects in

police stations, requiring that special provisions are made for vulnerable detainees. They are entitled to access an ‘appropriate adult’, usually people who have greater insight into the mental health problems or other vulnerabilities of the detainee. They are present to further communication, give advice and ensure that the interview is conducted fairly.

By contrast, it is not so well recognised that vulnerable defendants may continue to need support when their case goes to court. Trials can be lengthy and complex, causing some defendants to have difficulty following proceedings and instructing counsel. Police interviews are conducted in a small, contained environment, with relatively few people present. At trial, everything is on a much grander scale:

defendants find themselves in a court room with a judge, court personnel, a jury, two sets of counsel, a public gallery, sometimes co-defendants and possibly media representatives. This is likely to increase feelings of anxiety and exacerbate cognitive problems.

The ‘normal’ provision for vulnerable defendants in court is that they are given frequent breaks and counsel will explain proceedings and developments carefully. When vulnerable defendants give evidence, counsel may be asked to use simple language and put one question at a time, as opposed to two or more in one sentence.

Thus the system, as it stands, helps people into the dock but they are usually on their own once they start answering questions. Not everyone will require ‘specialist input’, but some will benefit from it. This could be provided by extending the appropriate adult role to ensure the defendant understands the

proceedings and to facilitate communication. Such a person may not need to be in the dock itself, but could be on hand if required in the well of the court or to meet with the defendant in breaks.

The Barry George case

When borderline cases arise, it is vital that the person appointed to support them has a real understanding of the complexities of the underlying problem, be this learning disability, mental health or cognitive problems, or other factors.

Mr George suffered with generalised idiopathic epilepsy, cognitive impairment and mental health problems. He was preoccupied with somatic symptoms and had a history of psychological problems. A particular problem was his tendency to perseverate on topics or ideas which may have related to the case in some way but were often not relevant to the proceedings.

in developing young talented people into the profession.

I have also learned that I love writing: I enjoyed writing a treatment book for ADHD adults with Dr Jessica Bramham.

What advice would you give other psychologists dealing with the media, based on your recent experience?

I was completely inundated. Choose wisely. But there has to be some trust, or nothing would be disseminated. The tabloid press and TV couch shows have different agendas to the broadsheets, but what better way for psychology to reach large audiences? The critics can stay in their ivory towers.

If you think you may be in the spotlight, then get some media training – or at least be aware of the issues involved. I had done some media work beforehand and had got invaluable advice from ITN and BBC reporters. Media training, though, is on my list of things ‘to do’.

People asked if I had been upset about the ‘head massage’ headlines but actually I found them amusing. Michelle Diskin,

Barry George’s sister, took the press to task standing formidably outside of the Court of Appeal, newspaper in hand, announcing it was disgraceful that they write such rubbish about the help and support a person with a disability was receiving. It was never published of course, but members of the press told me how impressive she had been. I made no comment until the end of the case when I wanted to explain my role and how, far from being a waste of money, it was money well spent. The Barry George case was an important one for psychology’s role and for the justice system.

You need to evaluate the risks – in high profile cases, there can be unwanted, upsetting attention such as crank phone calls and letters. I also think there’s a specific issue for women psychologists in all this. The media will always search for an angle and the gender of an expert seems to fascinate them. Can you imagine headlines about a ‘glamorous’ male psychologist and his client?

In the end you must be clear and honest about your motives, and know

when to call it a day. I was becoming the story, so I cancelled some interviews. If you can’t control the way the media use your words, you can keep control of your own motives and actions.

I did feel exhausted by it all. When I turned down a TV programme, they took the trouble to explain my position on the programme and were very complimentary. I really appreciated this. There were good pieces in *The Times* and *The Observer*, written by people who took the trouble to understand things. *The Observer* called me a ‘pioneering woman’, which really encouraged me in a difficult situation.

At the end of the day, we have to raise the profile of psychology – as a profession we have a lot to offer. Like all good businesses, this means being proactive in our marketing and PR. We must explain what we do and why it’s important. We also need to clear up a lot of the misconceptions people have about the area. I see that as part of my role as much as teaching or clinical work, and I think other psychologists should be less ‘backward in coming forward’.

The first trial had to be aborted in February 2001. Mr George became unfit to stand trial following a rapid deterioration in his mental state in response to intense media coverage and the publication of his photograph. It became clear that anxiety, and a most likely associated increase in absence seizures, led to him being unable to follow the proceedings or properly instruct his solicitors.

Mr George returned to HMP Belmarsh and the second trial was set for April 2001. In the intervening period he underwent further psychological and psychiatric assessment. On a basis it was agreed that Mr George was borderline in terms of his fitness to stand trial, but that he would be fit if he received psychological support and intervention.

In this case the role had to be fulfilled by a specialist, such as a clinical psychologist, who had an understanding of clinical presentation associated with brain damage and how this might impact on his ability to follow proceedings (e.g. lapses

in concentration, perseveration). The person would need to provide clinical interventions to help Mr George stay calm and in control of his emotions.

Thus the main objective of my presence in the dock was to monitor Mr George’s fluctuating mental state, manage his emotional lability, and ensure that he followed and understood court proceedings. Mr George had 10-minute breaks approximately every hour, and in this period I provided specific anxiety management techniques to control his feelings of anxiety and panic attacks. This was achieved by adopting cognitive behavioural techniques to challenge negative thinking, the use of self-instructional training and positive self-statements, breathing exercises and progressive muscle relaxation techniques.

Even with this provision

there were difficulties and disruptions in the second trial, as Mr George had difficulty following the lengthy and complicated legal arguments. He reported absence seizures on a daily basis. His anxiety elevated to the point that he developed psychogenic

blindness which lasted five days. This was eventually successfully treated by Professor

Gisli Gudjonsson with a brief session

of hypnosis. There were fewer disruptions to the third trial in 2008, although he missed several days in court due to health-related issues and symptoms associated with anxiety.

The future

The court’s recognition of how the exceptional vulnerabilities of Barry George may have prevented him receiving a fair hearing and caused costly delays to the trials is a welcome

“It is now the turn of the psychology profession to respond to the demand for this new role”

innovation. Borderline fitness to plead and stand trial is rare, but it has happened before (I have been consulted about supporting defendants in high-profile cases in a similar way twice before) and it will happen again.

The specific role and who is best placed to provide it will depend on the complexity of the case. Each case will need to be carefully considered on its own merit. In many cases involving mental health problems and especially those that require psychological intervention, the best person may be a clinical psychologist. Because of the interface with the court process, some forensic psychologists may also be able to fulfill such roles.

It has taken a high-profile case to identify a gap in the criminal justice system process. The gap was recognised by the criminal justice system, which responded to the needs of a vulnerable defendant. This has opened the gate. It is now the turn of the psychology profession to respond to the demand for this new role.