

## SPECIALISMS

ASD (Diagnosis)  
Asperger's (Diagnosis)  
ASD  
Asperger's  
Addiction  
Alienation  
Anxiety  
Attachment  
Antisocial Behaviour  
Bereavement  
Bipolar  
Capacity  
Cognitive Behavioural Therapy  
Custody  
Depression  
Domestic Violence  
Drug/Alcohol/Substance Misuse  
Eating Disorder  
Epilepsy  
Fabricated Illness  
Historic Sex Abuse  
Learning Difficulties  
Learning Disabilities  
Mood Disorder  
Neglect  
OCD  
Personality Disorders  
Postnatal Depression  
Psychosomatic  
PTSD  
Self Harm  
Sexual Abuse Victims  
Trauma

## CASE TYPES

ADHD  
ASD  
Clinical Negligence  
Cognitive  
Criminal  
Family  
Fitness to Plead  
Forensic  
Global Family Assessment  
Historic Sex Abuse  
Juvenile Sex Offending  
Psychological Impact of Diabetes in Children  
Parental Mental Health  
Personal Injury  
Risk Assessments  
Sexually Harmful Behaviour  
Uxoricide (a parent that kills their partner)

***Affiliated Member of the British Psychological Society, AFBPS***

## AREAS OF EXPERTISE

### Assessment

- Parenting assessments of parents with mental health problems, substance misuse, learning disabilities, past offending histories
- Assessments of parents and children in domestic violence cases, NAI, emotional, physical, and sexual abuse cases
- Cognitive Assessment of Adults and Children
- Psychological assessments of children – pre-school, adolescent, younger adult
- Assessments of Looked After Children, Younger adult parents
- Assessment of Attachment in Children and Adolescents
- Assessment of personality disorder in adults
- Assessment and complex mental health problems e.g. mental state, beliefs about voices and co-morbidity
- Assessment of PTSD
- Psychological assessment of children in cases of uxoricide (parental homicide)
- Assessment of younger adult and adult sex offenders e.g. fitness to plead, sentencing
- Assessment of victims of sexual abuse, assault and crime
- Assessment of psychopathy
- Assessment of Adults and Children with Learning Disabilities (both perpetrators and victims)
- Risk of sexual violence in adults and adolescents
- Risk of physical violence in adults and adolescents

## QUALIFICATIONS:

<b>BSc (Hons) Psychology</b>	<b>1995</b>
<b>Doctorate in Clinical Psychology</b>	<b>2001</b>
<b>MSc Forensic Psychology, University of Cardiff</b>	<b>2012</b>
<b>Bond Solon Expert Witness Certificate</b>	<b>2013</b>

## INTRODUCTION

In October 2001 I was awarded a Doctorate in Clinical Psychology from Coventry and Warwick University. Prior to this qualification I was awarded a Bachelor of Science (single honours) in Psychology at Leeds University in July 1995. I also graduated from Leicester University with an MSc in Applied Forensic Psychology in 2012.

I have been a qualified clinical psychologist for the past 13 years working in Forensic Secure Mental Health Services (low and medium secure), Child and Adolescent Mental Health (CAMHS Tier 4 inpatient low secure), and community CAMHS.

I have considerable experience spanning 9 years of assessing parents and children within the family courts and preparing reports, conducting court reports for Criminal Law cases and conducting forensic assessments for the police in Criminal cases.

I have attended court as an expert witness on numerous occasions giving evidence in the family courts, criminal law and personal injury cases. I completed the University of Cardiff Bond Solon Certificate for expert witnesses working in criminal law in September 2013, as well as additional modules in family law.

In my current post I am the Regional Clinical Lead of a Looked After Children's Service, which specialises on assessing and intervening with children with sexually harmful behaviour. My role within this post is managing a team of psychologists, and psychotherapists and providing consultancy, assessment and intervention to young people with these difficulties, to care staff, and parents.

In my former post I undertake the role of Consultant Clinical Psychologist in a low secure inpatient (CAMHS) for adolescents aged 12 – 16 years with emerging personality disorders. My role as lead psychologist includes the development and management of the therapeutic pathway, managing and supervising psychology and therapy staff, staff training and development, as well as contributing to the development of the hospital as part of the senior management team.

In addition to assessment and intervention in complex forensic and mental health patients I have developed a community Dialectical Behavior Therapy (DBT) service in community Child and Adolescent Mental Health (CAMHS) for young people with histories of self-harm, suicidal ideation, and emerging personality disorders. In my previous post I worked alongside a multidisciplinary team (MDT) and developed a younger adult male transitional medium secure ward for young men aged 18 to 25 years with an offending and mental health history. In this role I developed the therapeutic pathway as well as contributing to the development of the ward with the MDT.

To meet the forensic need of these young men I developed a sex offender treatment program, which spanned the whole of the male medium secure wards. Whilst in this role I developed a proposal to develop a service amalgamating the forensic mental health service and the probationary service Circles UK to assist the reintegration of men with sex offending histories back into the community. The aim of the service was to assist with the reintegration of these men back into the community, as well as managing and preventing any risk behaviours they may present back in the community.

Current HCPC & BPS registration, Enhanced DBRS and current Professional Indemnity Insurance.

## **CURRENT POST:**

I am the Regional Clinical Lead Psychologist of a Looked After Children's Service specialising in assessing and intervening with children with sexually harmful behaviour. My role involve managing psychologists and psychotherapists providing assessment and intervention with young people to reduce risk behaviours, as well as address clinical needs with cognitive behavioural and cognitive analytical therapies. In addition I provide consultancy to direct care staff of this young people, and staff training, as well as external consultancy to schools, and local authorities regarding sexually harmful behaviour.



## **FORMER POST:**

I am Consultant Clinical Psychologist at Oakview Hospital London working for the Danshell Group. In this post I am Lead Psychologist in a low secure CAMHS inpatient service for adolescents aged 12 – 16 years with emerging personality disorders. My role involves developing and providing the psychological and therapeutic pathway within the low secure service, being an active member of the senior management team, managing and supervising junior psychologists and therapy workers, as well as staff training and development.

## **St Andrew's Hospital**

In March 2010 I commenced a post as Principal Clinical Psychologist at St Andrew's Healthcare, Northampton in the adult forensic in-patient service with men with learning disabilities and offending histories. In May 2011 I moved to the medium secure unit within the Men's Service at St Andrew's hospital to take up post on a transitional medium secure ward for younger adult male offenders with complex mental health and personality disorders. The younger adults that I worked with were aged 18 – 25 years and were known to the Criminal Justice Services.

My role on the transitional ward involved managing the psychological input to the ward, managing and supervising other psychologists and non-psychology staff. In addition my work involved consultancy and teaching non-psychology staff. As this was a newly developed innovative ward an important aspect of this role as ward psychologist was developing the psychological treatment pathways for younger adults. This involved developing evidence based treatment pathways for younger adults with emerging psychosis, and personality disorders to meet their clinical needs, as well as offence specific pathways such as sex offending, and fire setting.

To meet the forensic needs of younger adults admitted to Prichard I took the initiative in developing the adapted sex offender treatment pathway. I currently act as the lead psychologist for the adapted sex offender treatment programme within the Men's Service. This role has involved the development of the group and individual sex

offender treatment programme, working strategically with psychiatry by developing protocols for the use of anti-libidinal medication, developing assessment & intervention packages. This role has also involved jointly developing proposals with community based probationary services such as Circles UK.

I presented the development of this service to the British Psychological Service Division of Forensic Psychology Conference in June 2014. I am in the process of writing this presentation up for publication.

In addition to the above I also conducted individual cognitive analytical therapy (CAT) with patients on the adult male personality disorder ward within the medium secure unit. I utilise my CAT skills in individual work and contextual reformulation with adolescents in my present post and conduct CAT in adults in the community in general practice.

Prior to moving to St Andrews I worked in the NHS as a Principal Clinical Psychologist within the Child and Adolescent and Mental Health Service (CAMHS) in Northampton for 9 years. I acted in the role of Principal Clinical Psychologist for 2 years prior to moving to St Andrew's.



Within this role in CAMHS I delivered psychological assessments and interventions with adolescents with complex mental health problems and often with histories of abuse and self-harm. This role involved managing and supervising junior staff and developing the psychology assessment and treatment pathways, as well as working as part of the multidisciplinary pathway. Whilst in this role I specialised in the assessment of children with neurodevelopmental disorders, and looked after children and worked collaboratively with the Youth Offending Service.

Whilst working in CAMHS I was involved in developing a community based Dialectical Behavior Therapy (DBT) service for adolescents with a history of self-harm and emerging personality disorder within CAMHS, and I took the role as lead of the team. This was a challenging role but through this experience I gained insight in the advantages and disadvantages about setting up specialist mental health services.

## **AREAS OF EXPERTISE**

### **Intervention**

- CBT interventions e.g. psycho-education and CBT for psychosis
- Trained DBT therapist Part 1 & 2.
- Cognitive Analytical Therapy (CAT) practitioner training - will qualify in March 2014.
- Schema Focused Therapy

### **Areas of Interest**

- Emerging personality disorder in adolescents and younger adults
- Applications of CAT therapy
- Posttraumatic Stress Disorder
- Applications of Attachment Theory
- Sex offending

## **EMPLOYMENT HISTORY**

### **July 2014 – present**

As Consultant Clinical Psychologist I am developing the therapeutic pathway in the low secure CAMHS inpatient service. This involves managing and supervising junior psychology staff and therapy workers, being part of the senior management team, working with families, and teaching qualified and non-qualified nursing staff and assisting them in their professional and clinical development in this highly specialist area.

### **March 2010 – July 2014**

#### **Principal Clinical Psychologist, St Andrew's Healthcare, Northampton**

I worked across two wards in the Men's Service, one in medium secure Prichard – younger adult transitional ward where I worked for 3 years. The other ward was Ferguson a low secure ward for men with learning disabilities and co-morbid complex mental health problems.



**Prichard ward:** I took up post on Prichard ward 3 years ago on a new innovative ward for young men with emerging complex mental health problems e.g. emerging psychosis, personality disorder, learning disabilities and other developmental disorders. All of the younger adults admitted to Prichard had offending histories e.g. sex offending, fire-setting and physical violence. An important aspect of this role was developing the treatment pathways to meet the needs of younger adults clinical and forensic needs. To enable me to do this I developed a ward philosophy document, which members of the MDT contributed too, and which shaped the treatment pathways for emerging personality disorder, emerging psychosis and sex offender treatment work. The treatment pathways have all now been developed and are adapted to meet the learning abilities of service users as well as link with the wider mental health treatment pathway in the Men's Service. I have also developed a younger adult database of outcome data analysing MOAS, SASBA, coping strategies, perceived anger ratings, changes in insight and mental state to guide clinical research in this area.

In addition to the above, I provided the psychological input to meet the clinical and forensic need to the ward and represented psychology as part of the MDT. I managed and supervised other psychologists, psychological therapists, trainee clinical psychologists and assistant psychologists. I have also contributed to the development of the wider mental health pathway with psychology colleagues by writing strategy documents.

I have used my initiative and responded flexibly to the clinical and forensic needs of the younger adults admitted to Prichard. For instance 70% of the young men admitted to the ward had sex offender histories and prior to their admission there was no sex offender group treatment provision in the Men's Service to meet this vital forensic need. I took the lead in developing a comprehensive sex offender group treatment programme that was adapted to the learning needs of service users and which demonstrated early signs of effectiveness. My role involved developing and managing the psychology and non-psychology staff involved in running the programme. Recruiting and teaching new staff, developing joint protocols with psychiatry colleagues for the use of anti-libidinal medication, and developing joint proposals with Circles UK for the development of Tier 3 of the programme (Relapse Prevention) for service users moving onto low secure wards.

### **Ferguson:**

Prior to commencing the role on Prichard ward I worked with adult men with learning disabilities on Ferguson who have a history of offending, and coinciding mental health problems/personality disorders. I have recently returned to provide psychology cover on Ferguson ward once more and I will be working permanently on this ward from April 2014.

My role whilst working on Ferguson in addition to providing the psychological provision to the ward was to develop a parallel but more adapted sex offender treatment programme to meet the forensic and learning needs of these service users

### **January 2005 – March 2010**

#### **Principal Clinical Psychologist, Child and Adolescent Mental Health Service (CAMHS), Kettering**

Whilst in this post I conducted assessments and interventions with children and adolescents with complex mental health problems, self-harm, autistic spectrum disorders, and emerging personality disorders.

Further to completing my Dialectical Behavior Therapy (DBT) training I collaboratively developed a DBT informed service within CAMHS with non-psychology colleagues. Within this service we delivered DBT informed group skills, and individual DBT interventions with adolescents with histories of self-harm, and emerging personality disorders.



**October 2001 – January 2005**

**Senior Clinical Psychologist, Child and Adolescent Mental Health Service (CAMHS), Northampton General Hospital**

## **QUALIFICATIONS**

**September 2009 – January 2001**

**MSc Applied Forensic Psychology**  
Leicester University

**September 1998 – October 2001**

**DClinPsych (Doctorate in Clinical Psychology)**  
Coventry & Warwick University

**September 1992 – July 1995**

**BSc Honours Psychology**  
Leeds University

**September 2013**

**Expert Witness Certificate in Criminal Law**  
Cardiff University Law School

## **TRAINING UNDERTAKEN**

- Diagnostic Interview in Social Communication Disorders (DISCO)
- Dialectical Behaviour Therapy training (Part I & II)
- HCR-20 and RSVP Training
- PCL-R Training - February 2011 and September 2014
- Cardiff University Law School Bond Solon Expert Witness Certificate – September 2013
- Cognitive Analytical Psychotherapy Training (CAT) – September 2010 – March 2014
- Complex cases – Schema focused training – Oxford Cognitive Therapy (February – April 2014).

## **PUBLICATIONS**

Bailham, D. & Joseph, S. (2003) Posttraumatic Stress Following Childbirth. A review of the emerging literature and directions for research and practice. *Psychology, Health and Medicine* Vol 8, p.p. 169 – 172

Bailham, D, Slade, P & Joseph, S (2004) Principal Components Analysis of the Perceptions of Labour and Delivery Scale & Revised Scoring Criteria. *Journal of Reproductive & Infant Psychology*, Vol 22 no.3 p.p. 157 -165

Joseph, S. & Bailham, D. (2004) Traumatic Childbirth. *Midwives*. p.p. 258 – 259

Bailham, D. & Harper, P.B. cited in K.N. Dwivedi & P.B. Harper (2004)

*Promoting the Emotional Wellbeing of Children & Adolescents and Preventing their Mental Ill Health*, Chapter 3, p.p. 49 – 68

Fordham, K. & Bailham, D. (2007) Deliberate Self-Harm in Adolescent. Cited in *Clinical Psychology Practice*. Blackwell Publishers.

Bailham, D., Dickens, G., & Shine, J. The relationship between ward climate and aggression as measured by the EssenCES in male forensic in-patient settings. *Criminal Behaviour and Mental Health* (in preparation).

## **DETAILS OF TEACHING**

I have provided teaching sessions on Child and Adolescent Mental Health (CAMHS) on the Oxford Doctoral Clinical Psychology Course and on the MSc in Child and Adolescent Mental Health Course at University College of Northampton. I continue to provide in-service teaching to non-psychology staff at St Andrew's, and conduct CAT consultancy work with staff teams. I currently supervise trainee clinical psychologists from the Hertfordshire Doctoral Course in Clinical Psychology. I have conducted presentations at St Andrew's on the subject of deliberate self-harm, sex offending, and Dialectical Behaviour Therapy.

