

Advancing the Clinical Practice of Neuropsychological Rehabilitation

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WHAT IS THE SINR?

The Saugatuck Institute of Neuropsychological Rehabilitation [SINR] grew out of a commitment to advance the practice of neuropsychological rehabilitation. Neuropsychologists Drs. Lance Trexler and Jill Winegardner recognized the critical need for intensive hands-on clinical teaching in the formulation, application, and integration of interventions for both cognitive and emotional consequences of acquired brain injury. They created SINR and invited leading national and international experts to join the faculty for the inaugural Institute.

WORKSHOP 1: Introduction to Neuropsychological Rehabilitation [1 CPD] Duration: 1 hour Cost: £25 + VAT

Faculty: Lance Trexler, PhD, HSPP, FACRM

Description: *The field of neuropsychological rehabilitation has evolved considerably, characterised by significant advances in the evidence for cognitive rehabilitation, the development and testing of new group interventions, and continued research in psychotherapy for those with acquired brain injury. Also, in the last decade, there have been efforts to recognise brain injury as a potentially chronic condition, which provide new opportunities for intervention and could substantially alter the way we provide care. In this workshop, we will review our accomplishments and challenges in neuropsychological rehabilitation as well as the scope of evidence-based interventions available to today's clinical practitioners. We will also review some introductory principles and stages to the provision and integration of cognitive rehabilitation, psychotherapy, group intervention, and family participation.*

Objectives:

At the end of this workshop, the attendee will be able to:

1. Describe the need for managing brain injury as a chronic condition and what the components of a system to do so would look like.
2. Describe the overall domains that comprise the practice of neuropsychological rehabilitation.
3. Describe three different stages of intervention in neuropsychological rehabilitation.

BOOK WORKSHOP 1 NOW

WORKSHOP 2: Therapeutic Assessment and Formulation [1.25 CPD] Duration: 1 hour 15 minutes Cost: £30 + VAT

Faculty: Jill Winegardner, PhD

Description: *This workshop will describe a process for carrying out a neuropsychological evaluation that not only answers the referral questions but also becomes a therapeutic and learning experience for the patient and family. Where possible, an interdisciplinary approach yields a variety of observations and information that transcends the contributions of each individual practitioner. The workshop will then introduce the process of neuropsychological formulation, which is intended to capture the consequences of brain injury on physical, cognitive, and emotional well-being for an individual whose sense of personal identity and family/social networks have been integrated with the assessment findings. The impact of the injury consequences on the individual's daily life is documented and initial goals for rehabilitation are proposed. This formulation is carefully reviewed with the patient, and the patient and family have the last say on goals. The formulation then serves as an anchor to guide the rehabilitation through frequent review and modification with input from the patient and family.*

Objectives:

At the end of this workshop, the attendee will be able to:

1. Describe what is meant by 'therapeutic assessment.'
2. Apply the process of neuropsychological formulation.
3. Describe the benefits of a structured and shared understanding held by all team members and the patient and family.

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WORKSHOP 3: Goal Setting [0.75 CPD] Duration: 45 minutes Cost: £20 + VAT

Faculty: Jill Winegardner, PhD

Description: *This workshop will discuss the importance of good goal setting throughout the rehabilitation process and will present training on goal writing. Principles of goal setting will be presented, including that it is essential that goals be set by and with the patient, focused on meaningful changes in life roles and functioning rather than on problems, collaborative, and written in a way that makes sense to the patient to foster ownership of goals. Evidence supporting the value of goal setting will be presented. Participants will learn to write SMART goals as well as short- and long-term goals and action plans. The use of goals in measuring the success of rehabilitation will be reviewed.*

Objectives:

At the end of this workshop, the attendee will be able to:

1. Describe three principles of good goal setting.
2. Write short- and long-term goals for their patients
3. Use goals to evaluate outcomes of rehabilitation.

BOOK WORKSHOP 3 NOW

WORKSHOP 4: The Importance of Integrating Fatigue and Speed of Processing into Rehabilitation [2 CPD]

Duration: 1 hour 50 minutes **Cost:** £50 + VAT

Faculty: John DeLuca, PhD, ABPP-CN, FACRM

Description: *Fatigue is one of the most common and debilitating consequences of brain damage in many populations. This talk will address issues of what is fatigue, can we measure it, and can we treat it. Impaired cognitive processing speed [CPS] results from even subtle damage to the brain, here too in most populations affecting the brain. This part of the presentation will discuss assessing CPS, its influence on higher cortical functions and its treatment. A discussion will consist of how interacting cognitive and non-cognitive factors need to be addressed, managed and treated.*

Objectives:

At the end of this workshop, the attendee will be able to:

1. Define cognitive fatigue and discuss its causes as well as how to manage it in rehabilitation.
2. Define speed of processing and identify ways to assess and manage it in rehabilitation.
3. Discuss the importance of identifying and addressing important factors that transcend and influence cognitive domains.

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WORKSHOP 5: Individual & Group Cognitive Rehabilitation [5.5 CPD] Duration: 5 hours 35 minutes **Cost:** £150 + VAT

Faculty: Rebecca Eberle, MA, CCC-SLP, FACRM and Tom Bergquist, PhD, ABPP-CN, FACRM

Description: Over the last several decades, there has been extensive research on the efficacy of specific interventions to address impairments in cognitive functioning post acquired brain injury. Current rehabilitation providers now have many options for evidence-based and empirically supported interventions for their clients. These treatments address the areas of attention, memory, executive functioning, visual-spatial and praxic impairments, and social communication and pragmatic skills. This workshop will engage the participants in experiential and interactive discussions and activities to facilitate acquisition of clinical reasoning and problems solving through scenarios and cases. The planning and implementation of these concepts will be addressed via individual therapy and group therapy modelling.

Objectives:

At the end of this workshop, the attendee will be able to:

1. Generate decision-making for cognitive treatment options and implementation considerations for provided sample cases of persons with cognitive impairments due to acquired brain injury, through group discussions and small teamwork/collaboration.
2. Demonstrate active goal-setting and decision-making for individual and group cognitive rehabilitation treatments with emphasis on optimizing client engagement, new learning, and generalization of skills into salient and contextualized environments.
3. Identify information gaps and generate ideas to gather necessary information, to facilitate appropriate decision-making for cognitive rehabilitation recommendations to address individual client needs and preferences to support evidence-based treatment.

BOOK WORKSHOP 5 NOW

Grand Rounds A review of submitted case studies [1.25 CPD] Duration: 1 hour 15 minutes

Facilitator: Lance Trexler, PhD, FACRM [All Faculty Panel]

Objectives:

At the end of this workshop, the attendee will be able to:

1. Describe the structure of how to conduct a case study in neuropsychological rehabilitation.
2. Compare and contrast different case studies in neuropsychological rehabilitation.
3. Describe how psychotherapy and cognitive rehabilitation were integrated into these case studies.

WORKSHOP 6: Individual and Group Psychotherapy [4 CPD] Duration: 4 hours **Cost:** £100 + VAT

Faculty: Pamela Klonoff, PhD, ABPP-CN and Tamara Ownsworth, PhD

Description: This workshop will provide a broad overview of Individual Psychotherapy approaches used in post-acute neurorehabilitation settings. Topics will include: i) issues that bring people into therapy; ii) the focus, processes, and evidence of effectiveness of leading therapy approaches; and iii) key techniques for engaging people in therapy and promoting change. A specific example of content and therapy processes will be provided based on the Making Sense of Brain Tumour (MAST) program, an individual and couple-based intervention that is guided by principles of existential therapy. Previous participants' own accounts of MAST will be shared along with tips on psychotherapist self-care. Case presentations and small breakout groups will support attendees to conceptualise clients' presenting issues and tailor approaches to psychotherapy based on the client's goals and characteristics.

Objectives:

At the end of this workshop, the attendee will be able to:

1. Describe different approaches to individual psychotherapy used in neurorehabilitation and the rationale, evidence base and techniques for each.
2. Describe an existential model of psychotherapy used to promote sense-making and meaning-making after diagnosis of brain tumor, including techniques such as dignity therapy and legacy making projects.
3. Conceptualize the core issues underlying or contributing to clients' distress and apply this knowledge to tailoring therapy to the client's goals and characteristics.

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WORKSHOP 7: Neuropsychological Rehabilitation [3 CPD] Duration: 3 hours Cost: £75 + VAT

Faculty: Jessica Fish, PhD, D.Clin.Psy and Pieter DuToit, MA, AfBPS

Description: *The cognitive and emotional consequences of acquired brain injury can, alongside impairments in physical function, limit independence and reduce participation in social, vocational and community activities. When difficulties in these domains of function interact, problems can become severe and long lasting. Interventions that address both cognitive and emotional domains may be more effective and with more durable benefits than those that address these in isolation. In neuropsychological rehabilitation the role of the psychologist is crucial in facilitating a whole-team approach to cognition and emotion, and psychological interventions themselves are highly amenable to integrating multiple areas of function. For example, we create an individualized holistic 'formulation' to understand how the consequences of the injury interact with each other, and how they interact with the person's pre-injury self, values, and social context. We then use this information to plan rehabilitation goals and interventions, in collaboration with the patient and team, to ensure that rehabilitation has the maximum impact on the person's life. In this workshop we will illustrate effective ways of working with interacting cognitive and emotional difficulties, throughout the rehabilitation journey.*

Objectives:

At the end of this workshop, the attendee will be able to:

1. Describe how interactions between cognition and emotion can be formulated.
2. Design interventions to address interactions between cognition and emotion.
3. Identify a range of practical ideas to apply within clinical practice, and potentially also create new avenues for research.

BOOK WORKSHOP 7 NOW

WORKSHOP 8: Structuring a Program of Neuropsychological Rehabilitation for Single Practitioners and Rehabilitation Facilities [1 CPD] Duration: 1 hour Cost: £25 + VAT

Faculty: Lance Trexler, PhD, FACRM

Description: *Practitioners now have a variety of evidence-based interventions available that can be provided in context of a private practice or in hospital-based rehabilitation facilities. However, very few of the people with acquired brain injury ever receive neuropsychological treatment, which compromises their outcome and potentially places them at a greater risk for preventable co-morbidities that increase their level of disability. If more practitioners develop a portfolio of interventions comprised of individual as well as group cognitive rehabilitation, individual, group and family psychotherapy, better long-term outcomes can be achieved. This workshop will provide some models for how both single practitioners and facility-based programs can structure a program of neuropsychological rehabilitation to address the potentially chronic needs of those with acquired brain injury.*

Objectives:

At the end of this workshop, the attendee will be able to:

1. Describe how they could design and implement a program of neuropsychological rehabilitation.
2. Identify at least three preventable co-morbidities that could be prevented if they did.
3. Identify why and how our health care systems could address the long-term needs of those with acquired brain injury.

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Lance E. Trexler, PhD, FACRM

Dr. Trexler began his career as a rehabilitation neuropsychologist, beginning in 1979, has included clinical, administrative, clinical research and teaching activities. His over-riding commitments have been to a) provide neuropsychological rehabilitation services to people with acquired brain injury and their families, b) develop new brain injury rehabilitation programs and services and evaluate their impact and outcome, and c) provide professional training and promote evidence-based rehabilitation services for people with acquired brain injury.

With respect to the clinical services that Dr. Trexler has provided to people with brain injury, they have been provided in acute care as well as inpatient and outpatient rehabilitation settings. These services have included neuropsychological assessment as well as individual and group cognitive rehabilitation and psychotherapy. Family education and psychotherapy has also been integral to my clinical practice. Dr. Trexler had the good fortune to learn and refine assessment and treatment strategies from post-graduate collaborations with Drs. Hallgrim Kløve, Edith Kaplan, Leonard Diller, and Anne-Lise Christensen along the way. Dr. Trexler has also expanded services to people with brain injury in multiple venues. For example, when working as the Director of Neuropsychology at Community Hospitals Indianapolis [CHI] and at the Rehabilitation Hospital of Indiana [RHI], the neuropsychology team grew from one neuropsychologist to ten, and from one to seven neuropsychologists, respectively.

Addressing the unique treatment and rehabilitation services that people with acquired brain injury present has always been a priority to Dr. Trexler, and there have been two main initiatives over his career. The first initiative began when he was working in an inpatient rehabilitation facility in the early 1980's, when it became clear to him that people with traumatic and other acquired brain injuries had few brain injury specific resources after discharge. At the same time, Drs. Ben-Yishay and Prigatano were developing outpatient holistic neuropsychological programs. In response, Dr. Trexler developed the Center for Neuropsychological Rehabilitation [CNR] in collaboration with Community Hospitals Indianapolis in 1982 which grew from five to 50 staff up until 1993. During those years, CNR treated people mostly from Indiana and surrounding states, but also the United States and overseas. CNR was a day treatment program with an interdisciplinary team providing individual and group interventions, but also included a vocational re-entry program and residential services. The second initiative started in 2009 at the Rehabilitation Hospital of Indiana [RHI], where Dr. Trexler led the development and enhancement of a service referred to as Resource Facilitation. Through three large federal grants and several state grants, the RHI team demonstrated that the Resource Facilitation model significantly improved return to work and school, reduces level of disability, improves perceived need for services while at the same time decreases services used, and decreases recidivism for returning citizens with traumatic brain injury ranging from four months to ten years post-injury. Based on the strength of the evidence, the state of Indiana Vocational Rehabilitation determined that, as a matter of policy, they would fund Resource Facilitation services for people with acquired brain injury who have a goal of returning to work or school. In response, RHI now provides Resource Facilitation through approximately 30 staff located throughout Indiana for approximately 250 people with brain injury at any one time. Dr. Trexler was designated as the Top Honoree of the Indiana Health Care Heroes, Advancements in Health Care Award in 2016 and the Indiana Senator Patricia Miller Award for Recognizing Exceptional Leadership and Advocacy for Hoosiers with Brain Injury in 2019 for his research, clinical program development and governmental advocacy for Resource Facilitation for people with acquired brain injury. Dr. Trexler and his team are now working again with the state of Indiana to provide Resource Facilitation as a service covered by Indiana Medicaid.

Professional training has always been a strong priority for Dr. Trexler, characterized by two over-arching initiatives. Beginning in 1981, Dr. Trexler developed what became an international conference, Models and Techniques of Cognitive Rehabilitation, as well as the first textbook with that same topic, which was based on the first conference. This conference grew over its five-year history from 80 to over 300 attendees each year. More recently, Dr. Trexler served as the Chair of the Brain Injury-Interdisciplinary Special Interest Group and as Co-Chair of the Cognitive Rehabilitation Task Force of the American Congress of Rehabilitation Medicine [ACRM]. In that capacity, he determined the need to translate the abundant evidence of the effectiveness of cognitive rehabilitation into a clinically useful manual for professionals providing cognitive rehabilitation. Dr. Trexler assembled a team from ACRM and served as the Managing Editor of the ACRM Cognitive Rehabilitation Manual, which was based on the systematic reviews conducted by this task force and provides evidence-based cognitive rehabilitation strategies for clinicians. Over 6000 copies of the ACRM Cognitive Rehabilitation Manual have been sold. Dr. Trexler also led the task force development of a ACRM sponsored two-day workshop on the ACRM Cognitive Rehabilitation Manual for rehabilitation professionals, which has been provided throughout the United States, Canada, Qatar, and Scandinavia and attended by over 2000 professionals. Dr. Trexler was named a Fellow of ACRM in 2013 and a Distinguished Member of ACRM in 2010, and again in 2019. A second edition of the ACRM Cognitive Rehabilitation Manual, and has been revised to serve as a textbook for pre- and post-graduate rehabilitation professionals and expanded from seven 12 chapters and will include an instructor and student website. While still primarily a clinician, Dr. Trexler has been an author on over forty peer-reviewed journal articles and book chapters and has given almost 150 professional presentations at either local, state, national or international venues.

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Jill Winegardner, PhD

Dr. Winegardner is a clinical neuropsychologist specialising in rehabilitation. She is Director of Neuropsychological Rehabilitation at University Hospitals Cleveland Medical Center and Associate Professor in the Case Western Reserve University School of Medicine. From 2010-2018, she was Lead Psychologist at the world-renowned Oliver Zangwill Centre for Neuropsychological Rehabilitation in England. She has provided teaching and consultation in neuropsychological rehabilitation in countries including Turkey, Lebanon, Iran, Russia, India, and Singapore. She is widely published, including co-editing *Neuropsychological Rehabilitation: The International Handbook*. In 2015, Dr. Winegardner was honored by the British Psychological Society with the Practitioner of the Year Award.



John DeLuca, PhD, ABPP-CN, FACRM

John DeLuca, PhD, is the Senior Vice President for Research and Training at Kessler Foundation, a Professor in the Department of Physical Medicine & Rehabilitation, and the Department of Neurology at Rutgers, New Jersey Medical School. He is board certified in Rehabilitation Psychology by the American Board of Professional Psychology. Dr. DeLuca has been involved in neuropsychology and rehabilitation research for over 30 years. He is internationally known for his research on disorders of memory and information processing in a variety of clinical populations including: multiple sclerosis, traumatic brain injury, aneurysmal subarachnoid hemorrhage, and Chronic Fatigue Syndrome. Dr. DeLuca has published over 350 articles, books and book chapters in these areas, has edited 7 books in neuropsychology, neuroimaging and rehabilitation, and is a co-editor for the "Encyclopedia of Clinical Neuropsychology." He has received over 38 million dollars in grant support for his research. Dr. DeLuca's most recent research ventures include the cerebral mapping of human cognitive processes using functional neuroimaging, as well as the development of research-based techniques to improve cognitive impairment. He serves on the editorial boards of many journals and has received numerous national and international awards in recognition of his work. He is the current President of the National Academy of Neuropsychology.



Rebecca D. Eberle, M.A., CCC-SLP, BC-ANCCS, FACRM

Rebecca serves in the role of Clinical Professor at the Indiana University Department of Speech, Language and Hearing Sciences. Her primary clinical teaching responsibilities are in the areas of acquired neurogenic speech, language, and cognitive-linguistic disorders. She has provided service in the adult rehabilitation arena for 38 years, in the roles of therapist, administrator, clinical supervisor, and teacher. Throughout her career, she has served in many executive roles for state and national professional organizations. She has presented at state, national, and international workshops and conferences, and has co-authored several research papers and book chapters, including co-authoring the 2012 ACRM publication, *Cognitive Rehabilitation Manual*. Ms. Eberle is privileged to serve and advocate for people with acquired brain injuries, their families, and communities.



Tom Bergquist, PhD, ABPP-CN, FACRM

Thomas F. Bergquist, Ph.D., ABPP is training coordinator for the fellowship Neuropsychology and Rehabilitation Psychology. He is Assistant Professor in Psychology in the Mayo Medical School. He is a consultant in both Physical Medicine & Rehabilitation and Psychiatry and Psychology at Mayo Clinic. Dr. Bergquist received his doctoral degree in Clinical and Medical Psychology from the University of Alabama at Birmingham, and completed a fellowship in Clinical Neuropsychology at Mayo Clinic. He is co-investigator of a NIDRR funded study on use of the Internet to deliver cognitive rehabilitation services to rural populations. His principal research interests include outcome following brain injury rehabilitation and coping with disability.



Pamela S. Klonoff Ph.D. ABPP-CN

Dr. Klonoff has been affiliated with the Center for Transitional Neuro-Rehabilitation at Barrow Neurological Institute, Dignity Health, Phoenix, Arizona since 1986. She has been the Clinical Director since 1993. This holistic milieu outpatient program for patients with acquired brain injuries houses over 40 interdisciplinary team members. Dr. Klonoff's primary clinical interests are in holistic milieu-oriented neuro-rehabilitation, especially psychotherapy for patients and families, group interventions, cognitive retraining, and mentoring therapists. Dr. Klonoff has participated in over 50 publications; has completed two books, *Psychotherapy after Brain Injury: Principles and Techniques [2010]* and *Psychotherapy for Families after Brain Injury [2014]*; and is finalizing a third project, which is a handbook about holistic neurorehabilitation. She has presented widely on theoretical, clinical material, and efficacy research in the areas of acquired brain injuries, holistic milieu-oriented treatment, psychotherapy, and cognitive retraining as well as their benefit in transitioning patients to greater independence, productivity at school and work, and overall of life.

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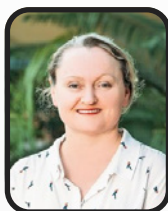


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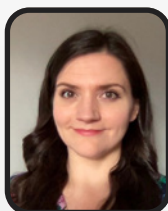


Tamara Ownsworth, PhD

Professor Tamara Ownsworth is a clinical neuropsychologist in the School of Applied Psychology and the Research Director of The Hopkins Centre at Griffith University. After her PhD she completed a NHMRC Post-Doctoral fellowship [2002-2006] in occupational therapy at The University of Queensland. She is an Executive Editor of Neuropsychological Rehabilitation and Past President and Fellow of the Australasian Society for the Study of Brain Impairment. In February 2021, she was awarded the INS Arthur Benton Mid-Career Award.

Her research interests broadly relate to psychosocial adjustment and rehabilitation of people with acquired brain injury, including traumatic brain injury, brain tumour and stroke. She has a particular interest in self-awareness and self-regulation skills and rehabilitation and psychotherapy to support people to make sense of, manage and find meaning in their life situation.

Links: <https://experts.griffith.edu.au/19072-tamara-ownsworth/publications>
<http://www.hopkinscentre.edu.au/people-view/tamara-ownsworth-158>



Jessica Fish, PhD, D.Clin.Psy

Dr Jessica Fish is a clinical psychologist and researcher in neuropsychology. Since 2019 she has been based at the University of Glasgow, contributing to its professional training programmes in both clinical psychology and neuropsychology. Jess' primary research, clinical and teaching interests are in cognitive and emotional aspects of neuropsychological assessment and rehabilitation in adults with acquired brain injury.

Jess' background is in research in clinical neuropsychology. After an initial degree in psychology from the University of Exeter [2004] she completed a PhD focussed on prospective memory in people with acquired brain injury at the MRC Cognition & Brain Sciences Unit [University of Cambridge, 2008], and remained at the CBU for a three year postdoctoral fellowship before moving to London for clinical psychology training [King's College London, 2013].

Since qualifying she has worked clinically within the UK National Health Service, initially within the Neuropsychiatry and Memory Disorders Service [South London & Maudsley NHS Foundation Trust], then the Oliver Zangwill Centre for Neuropsychological Rehabilitation [Cambridgeshire Community Services NHS Trust], and most recently at the Wolfson Neurorehabilitation Centre [St George's Hospitals NHS Foundation Trust] where she continues to hold an honorary contract and has active collaborations.

She has held academic and related roles at the Institute of Psychiatry, Psychology & Neuroscience, King's College London as well as in her current role at the University of Glasgow, served as External Examiner for two further DCLinPsy programmes in the UK, and contributed to training initiatives for multidisciplinary neurorehabilitation professionals in Brazil and Russia as well as the UK.

Jess currently serves on the Scientific Advisory Panel of The Encephalitis Society [www.encephalitis.info] and as Communications Officer for the British Psychological Society Division of Neuropsychology [DoN]. In these roles she has contributed to engagement activities with members, resource development for patients and families, and working groups focussed on Covid-19 and on equality, diversity and inclusion. She has published widely and is Chief Editor of the DoN publication *The Neuropsychologist* and an Executive Editor for *Neuropsychological Rehabilitation*.



Pieter DuToit, MA, AfBPS

Pieter currently work as Consultant Clinical Psychologist in the Disabilities Trust as well as in private practice. He continues to hold an honorary senior lectureship at the University of Essex. Prior to joining the Disabilities Trust in 2021, Peiter worked as principal psychologist at the Oliver Zangwill Centre for Neuropsychological rehabilitation. Within this role, he has provided highly specialist neuropsychological assessment and rehabilitation to clients with diverse neuropsychological difficulties and their care system. I He has worked as Deputy Director of the University of Essex Doctoral in Clinical Psychology programme. He has extensive and varied experience of working within the UK National Health System [NHS] as clinical psychologist. In this capacity, he has worked as consultant clinical psychologist in a role which involved the establishment of an Improving Access to Psychological Therapies [IAPT] service. He has also worked in a specialist court assessment service. In addition to working in neuropsychological assessment and rehabilitation, he has experience in schema therapy, cognitive behaviour therapy, cognitive analytic therapy, acceptance and commitment therapy etc. He has been working in private practice as clinical psychologist since 2010. He has also extensive service development experience.

Within his private practice and experience working at the Oliver Zangwill Centre and the Disabilities Trust, he has gained extensive experience in providing psychological / neuropsychological assessment and rehabilitation to clients with acquired brain injury. Additionally, he has extensive experience of working within general adult mental health services, in which he worked at consultant clinical psychologist level. He is an experienced expert witness and worked within a specialist court assessment service in the NHS. He provides individual assessment, rehabilitation and intervention within private practice. He has maintained research involvement via service development / quality improvement initiatives, involvement in research supervision and planning, training and education.

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We are committed to providing the highest standard of rehabilitation and care, encompassing the physical, psychological, emotional, behavioural and social needs of the people we support. We work closely with each person, their family, friends and commissioners to maintain important relationships, set realistic goals and achieve the best outcomes.



Pathways

The spectrum of Elysium Neurological services across the UK covers the following five pathways for inpatient, residential care and respite stays for men and women over the age of 18.

-  **Neurorehabilitation**
Assessment, rehabilitation, flexible packages for ABI or neurological conditions
-  **Complex Physical Conditions**
– as a result of a neurological problem
Including disorders of consciousness, spinal injury, tracheostomy care, ventilation and complex stroke
-  **Neurobehavioural**
Specialised behavioural programmes including people who may be detained under the Mental Act 1983 (amended 2007)
-  **Neuroprogressive Conditions**
Including Huntington's Disease, Motor Neurone Disease, Multiple Sclerosis and Parkinson's Disease
-  **Complex Dementias**
Including Frontotemporal, Pick's, Lewy Body, Korsakoff, young-onset or vascular

Care centres

Adderley Green – Stoke-on-Trent, Staffordshire
Badby Park – Daventry, Northamptonshire
Stanley House & Bowley Court – Bosbury, Herefordshire
The Bridge – Middlesbrough, North Yorkshire
The Dean – Gloucester, Gloucestershire
Gardens and Jacobs – Sawbridgeworth, Hertfordshire

Hospitals

St Neots Neurological Centre
– St Neots, Cambridgeshire
The Avalon Centre
– Swindon, Wiltshire

Get in touch

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