

# LINDA ANNE ATTERTON

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Clinical Psychologist

Full Practitioner Member Division of Neuropsychology  
(BPS)

HCPC – registered (PYL25587)

## CURRICULUM VITAE

### **Personal Information:**

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a) **Experience**

**Current Position**

I have my own independent practice in Norwich, *BrainCurve Psychology*. The service offers medico-legal work and a range of psychological services, including neuropsychological rehabilitation. Rehabilitation includes both cognitive and emotional difficulties. The practice has a website, at <http://www.braincurve.co.uk/> which gives additional information about my approach to working with clients and my experience. The service also reflects my mission to work actively towards spreading awareness about the effects of brain injury, especially the more 'hidden' disabilities and those problems which arise as secondary effects of organic deficits, which are unrecognised and either receive no assessment or rehabilitation or attempts towards rehabilitation which are often very late or not intensive enough. The website is aimed equally to be useful to those with brain injury in terms of providing information.

I work with case managers regularly and see clients referred for assessment and therapy, provide reports, and advise the team and family. This involves providing individual therapy plans for each client. It often means travelling as I cover the whole of East Anglia. This can be challenging as the home environment is one which reveals much about the client's difficulties while sometimes not being an ideal environment in which to conduct assessments and deliver therapy. In certain cases however that is not a choice and it may well be in their best interests. Typical referrals include anger management and memory rehabilitation. I work with a range of people in rehabilitation, from enablers and families and friends to solicitors, whichever people are involved with and important to that person.

Setting up and running my own practice has involved gaining experience in effectively presenting and marketing a new service, building vital connections with those also involved in the client's case, and of course attracting new referrals. I enjoy being able to carry out intensive assessment and therapy. If appropriate or necessary I will see clients at home. I have the ability to quickly engage people partly as a result of my depth of experience, but also due to my communication skills and belief that every person is an expert upon their own condition and the impact upon their everyday life and psychological functioning: my role is to extend this and provide a framework or model to allow them to build on it, to give them as much control and independence as possible.

I am on the steering group for the Norfolk Acquired Brain Injury Forum, part of UKABIF.

I am an Associate Tutor at the University of East Anglia teaching various professions about long-term conditions, particularly their psychological impact and management

## **Previous Experience**

**1. Dec 2000–June 2010      Norwich Primary Care Trust      Norfolk, UK**

### **Lead Psychologist 2000-2003, Consultant Clinical Psychologist 2004 onwards Band Grade 8d**

- When I began in post I was the sole psychologist in the team and was therefore responsible for prioritising and developing psychological services ,
- In my Consultant capacity, ensuring the delivery of a high quality inpatient and community service, managing two qualified psychologists and an assistant.
- Specialist Neurorehabilitation Team – inpatient, daypatient and community assessment and rehabilitation.
- Consultation to other local PCTs and Trusts in terms of both advising on complex individual cases and developing new services.
- Providing consultation to local PCTs and other Trusts on needs of client groups, relevant policies and guidelines, and service delivery and service needs. Providing information regarding service pathways, gaps in services, improvement target areas and priority service developments needed.
- Working in partnership with other professionals and agencies involved in rehabilitation and care pathways, e.g. acute hospital, case managers, voluntary organisations.

### **Client Group**

Age 16 and upwards, but mostly working age. Wide range of acquired brain injury, e.g. head injury, stroke, encephalitis. Wide range of severity of injury/impairment. Long term conditions including Parkinson's and MS.

Often working with clients over extended periods of time, from assessing their needs while still in the acute hospital or soon after admission, providing advice and managing their psychological needs during their admission, and being involved in discharge planning and advising relatives. Some patients moved onto outpatient rehabilitation and goals would be reviewed and interventions planned. Others would go straight into rehabilitation as outpatients. Frequently after discharge further episodes of care would be provided when the goals or circumstances changed.

#### Services offered:

Neuropsychological assessment; psychological assessment; assessment of mental capacity; family work; cognitive rehabilitation, rehabilitation in terms of education/work/ desired role. Goal focused and individual tailored rehabilitation  
Adjustment and insight focused rehabilitation.

#### Psychotherapy

Cognitive-Behavioural Therapy (CBT) for problems such as depression and anxiety.

Group therapies included anger management group, memory groups, cognitive behavioural therapy group, and insight and adjustment group.

Assessment and Management of challenging behaviour

#### Other main responsibilities:

My role very much involved providing management, including appraisals, supervision and leadership to a team of two qualified psychologists, a Band 5 assistant psychologist, and one or two trainees. Advising business manager of budget needs and priorities.

Teaching and training of rehabilitation assistants, nursing staff, and wider team. .  
Lecturing and planning neuropsychology module for University of East Anglia local doctoral course.

#### Main Achievements in Post

- Developing service from one where I was sole psychologist to psychology team.
- Developing range of services offered, e.g. extensive development of tools for assessment of mental capacity, new therapy groups such as the CBT for Life group, where individual therapy moved people into this group where they could develop their skills in using CBT themselves and help and support each other. Anger management group, adjustment to Brain Injury group, and memory group. Most groups run in collaboration with Occupational Therapy team.

- Setting up a new post for people with MS and Parkinson's disease at the acute hospital, in conjunction with neurologists and voluntary agencies.
- Developing staff training in assessing and managing challenging behaviour, including developing a MDT 'toolkit' designed for use when psychologists not available, e.g. late at night, which was then used locally across hospitals. This was especially valuable in the acute hospital with early challenging behaviour which would become dangerous or escalate if not properly understood and managed.

## **2. 1995–2000 Norfolk Mental Health Care Trust**

### **Clinical Psychologist Band A**

- Older adults service, inpatient and community. Main areas of work neuropsychological assessment of dementia. Also saw neurological referrals from neurology team of younger adults.
- CBT, management of challenging behaviour

Particular responsibility for neuropsychological assessment and developing services in South Norfolk. Hence gained a huge amount of neuropsychology experience and in 1999 attended Institute of Psychiatry as part of the Diploma in Clinical Neuropsychology needed to be qualified to join the Division of Neuropsychology.

## **3. 1993–1995 Norfolk Mental Health Care Trust**

### **Newly Qualified Band A Psychologist**

Therapies offered: main focus on CBT but across wide range of mental health problems, including depression, phobia, PTSD. Developed new group for people with chronic depression. Particular interest in eating disorders. Moved on as soon as post related to neuropsychology came up.

Client group: Community 16-65

### **b) Other Information**

### **2000 - Gained *Postgraduate Diploma in Clinical Neuropsychology*, Institute of Psychiatry, London, leading to Full Practitioner Membership of Division of Neuropsychology**

I intended to work in neuropsychology since my undergraduate degree; hence it is a complete fascination which has never dimmed. My main speciality and interest has always been head injury and in particular interest in insight and adjustment after head injury and in mild head injury. One frustration in my last Consultant post was insufficient time or support from managers to carry out research but I have been

involved in supervising and developing trainees' research projects. I was asked by Dr Harvey, GP to Norwich City football team, to review their protocol for managing head injury and so developed post-concussion cards for use during matches in my spare time. I recently volunteered in the local school to run a number of interactive sessions on prevention of head injury and understanding the brain for the upper primary classes.

I am an associate tutor at the University of East Anglia when I teach on long term neurological conditions.

c) **Education**

1990-1993 University of Cambridge/ ***BPS Diploma in Clinical Psychology***  
***M.Phil in Psychopathology***; University of Cambridge **(Combined BPS course with Doctoral equivalence)**

1987-1990 University of Oxford  
PhD: Neuroplasticity in Visual System  
(Chose not to complete due to earlier than expected offer of place on Clinical Psychology Training Course)

1983-1987 University of Aberdeen  
***MA (Hons) Psychology 2.1***

d) **Accreditations/Registrations**

BPS: Chartered clinical psychologist, Directory of Expert Witnesses  
Division and Register of Clinical Neuropsychologists

e) **Medico-legal experience**

I have over 20 year's experience in medico-legal work and have been instructed by firms specialising in head injury as well as government agencies, such as CICA and Dept. of Work and Pensions. I have given evidence in Court, attended pre-trial conferences and very much enjoy the research that goes into preparing a court report. I enjoy the complexity involved in integrating all the available information and the learning that comes from the necessary reading. Thus one long-running case involved researching the literature on brain development and injury outcome after brain injury in childhood, and the late development of the frontal lobe. I think one of my strengths is that I find it easy to engage clients and enable them to find the assessment less stressful and that I am very aware of the need to not lose sight of the client as an individual, whose life has usually been crucially changed. Equally however I firmly believe that appropriate rehabilitation has

the potential to deliver change and promote adjustment and improvements in quality of life at any point, although obviously I see it as part of my role to advise on interventions when they will be most effective and are most needed by the client and those who share their life. I have attended workshops on the assessment of exaggeration and malingering and routinely use both specialised assessment tools and embedded measures, other tests which are relevant in providing evidence of this, or ruling it out.

Other than brain injury, my main areas of expertise are adjustment. PTSD was actually the first area I cut my teeth on in terms of medico legal work. Often it is part of a brain injury case. Many patients and clients I see with brain injury or concussion have either full PTSD or some symptoms. I therefore routinely assess for the possibility.

I have attended Bond Solon courses in 'Excellence in Report Writing' which included the different issues and procedures under Criminal law, as well as another on giving evidence in Court which was very useful, given by a barrister.

### **Prison and Forensic Experience**

I have carried out assessments at both local prisons and high security prisons such as Belmarsh. I regularly carry out capacity assessments and other assessment in forensic and criminal cases. Earlier this year I carried out an assessment for the police in order to obtain evidence for Court in an assault case and have just conducted a fitness to plead assessment which I am often asked to do and recommended for by barristers. I have given evidence in Court in this capacity. I have extensive experience of assessing and managing challenging behaviour and devising treatment plans.

As an independent clinician I have assessed a number of criminal cases where the issue was to clarify the issue of PTSD or trauma,. There is of course an interaction between PTSD and criminal or antisocial behaviour. Many offenders also have a history of head injury, often unrecognised. I would welcome the challenge of being highly involved in improving Psychological treatment opportunities in prisons.

#### f) Publications and Research

A mobile phone as a memory aid for individuals with traumatic brain injury: A preliminary investigation

[Dr Sally Stapleton](#), [Malcolm Adams](#), [Linda Atterton](#)

Brain Injury, 2007, Vol. 21, No. 4, Pages 401-411

I am currently involved in writing several publications one of which is about rehabilitation and engaging the client (Rehabilitation after brain injury as a story within a story) and the others relate to early onset Parkinson's disease: psychological adjustment, parallels with head injury and gaps in service pathways. The other focuses on exercise in Parkinson's disease.

g) **Courses and Conferences Attended**

The opportunities for CPD within my last post were fairly good. I attended all the courses at the nearby Oliver Zangwill Centre, e.g. PTSD and brain injury, treatment of attention and executive deficits, etc. I attended the last conference on women and brain injury in Northampton and the last workshop on mild brain injury, which is a special interest. I attended the last major conference hosted by the Brain Injury Rehabilitation Trust. As a Full Practitioner member of the Division of Neuropsychology I have attended nearly every relevant training day. I attended the last UKABIF conference and attend local medico legal seminars. I am on the steering steering group of the Norfolk Branch of the forum.

h) **Interests outside Work**

I am a keen squash player and skier and have been for fifteen years. I am also a published poet and author.