



Case Management | Neuropsychology Reports | Expert Reports

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CURRICULUM VITAE

DR NEIL BROOKS



Rehab Without Walls has been recognised for its dedication to quality in this 5 year accreditation for the following programmes:
• Medical Rehabilitation Case Management (Adults)
• Medical Rehabilitation Case Management (Paediatric/Young Person's) (Adults)
• Medical Rehabilitation Case Management: Trauma Injury/Post-trauma (Children and Adolescents)

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CURRICULUM VITAE

NAME: DAVID NEIL BROOKS

DATE OF BIRTH: 6th March 1944

ADDRESS: Rehab Without Walls
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EDUCATION:
1962 - 1965 Undergraduate in University College of North Wales
1966 Post Graduate in University of Leeds
1976 Doctoral thesis, University of Glasgow

QUALIFICATIONS:
June, 1965 B.A. (Wales) [Joint Hons.] Upper Second Class Degree in
Philosophy and Psychology
June, 1968 M.Sc. (Leeds) [With Distinction], in Clinical Psychology
November, 1976 Ph.D. University of Glasgow, Faculty of Medicine
Thesis Title: Memory Function After Severe Head Injury

CURRENT POSITION **Consultant Neuropsychologist, and
Director, Rehab Without Walls**
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APPOINTMENTS

September 1965 - September, 1968:
N.H.S. Clinical Psychology Posts in Birmingham and Leeds.

October 1968 - September, 1970:
Research Fellow to Professor Bryan Jennett, Department of Neurosurgery, Institute of Neurological Sciences, University of Glasgow.

October 1970 - November, 1974:
Lecturer in Clinical Psychology, University of Glasgow.

November 1974 - October 1985:
Senior Lecturer in Clinical Psychology, and Head of Clinical Psychology Postgraduate Training Course, University of Glasgow.

October 1985 - December 1993:
Titular Professor, University of Glasgow, Department of Psychological Medicine.

December 1993 - November 1994:
Clinical and Executive Director, Kemsley Unit, St. Andrew's Hospital, Northampton.

January 1995 - Present:
Consultant Neuropsychologist and Director, Rehab Without Walls

OTHER APPOINTMENTS

Fall Semester, 1978:

Visiting Professor in Neuropsychology, Department of Psychology, University of Houston, Houston Texas, USA.

February 1983 - January 1994:

Consultant to Transitional Learning Community, Galveston, Texas, USA.

February 1990 - December 1993:

Consultant Neuropsychologist, ScotCare Brain Injury Unit, Murdostoun Castle, Bonkle, Newmains, Wishaw.

April 1995 – October 2000:

Consultant Neuropsychologist to Brain Injury Services, Elm Park, Station Road, Colchester.

October 1994:

Professional Advisor to Welsh Affairs Committee of House of Commons in relation to the head injury enquiry.

June 1994:

Member of Faculty of Goldstein Institute, Rusk Institute of Rehabilitation Medicine, New York; and Klinik Bavaria, Schaufling, Bavaria.

December 2000 – March 2001:

Professional Advisor to Health Select Committee of House of Commons in relation to Inquiry into "Head Injury: Rehabilitation".

2006 onwards:

External Examiner to University of Brighton Master's degree on Case Management

October 2003 – February 2009:

Consultant Neuropsychologist to Priory Highbank neurorehabilitation unit

SKILLS ACQUIRED

1. ADMINISTRATIVE

Previously director of the University of Glasgow postgraduate training course in Clinical Psychology and responsible for planning, implementing and developing academic and clinical teaching on that course. I implemented change in a number of spheres including securing Scottish Office funding for students, and moving from a two to three year degree, and from a Master's to a Doctoral degree.

Previously responsible for managing and developing the Kemsley Unit - a specialist unit dealing with the treatment of severely behaviourally impaired brain injured adults. I was involved in developing a managerial structure to ensure quality of all aspects of service delivery, during a time of rapid change.

Now a full time Director of Rehab Without Walls Ltd (RWW). RWW is a professional practice involved in medicolegal and clinical matters. The medicolegal practice involves the evaluation of patients with a variety of conditions including minor and severe head injury, spinal injury, multiple physical trauma, and psychological trauma. The clinical practice involves a variety of matters, including setting up and managing rehabilitation and long-term community living for people with severe brain injury; advising rehabilitation professionals and services about individual patients or broader clinical matters; and treating individual patients for the psychological and social consequences of head injury, other injuries, traumatic stress and related conditions, and chronic pain.

2. TEACHING

Wide variety of experience of undergraduate, postgraduate, and other teaching, to physicians, psychologists, other clinical staff, lawyers, and health administrators.

Postgraduate teaching includes neuropsychology, experimental psychopathology, and general and clinical psychology to Master's and Doctoral students, and clinical psychology to postgraduate psychiatry trainees, and social work trainees.

Undergraduate teaching includes neuropsychology, clinical psychology, and behavioural medicine to psychology, nursing, medical, and therapy undergraduates.

3. RESEARCH

Successful research applications include Wellcome, MRC, SHHD, and DGXII of EU. Research activities have included:

- a. Cognitive and behavioural effects of traumatic brain injury (their nature, natural history, prediction and pathophysiology).
- b. Psychosocial (particularly family, social and vocational) effects of acquired brain injury.
- c. Service delivery and case management for acquired brain injury.
- d. Development of a new evaluation tool for acquired brain injury - *The European Head Injury Evaluation Chart*.
- e. Natural history and pathophysiology of Alzheimer's Disease.
- f. Establishment of a day centre and community based treatment service for acquired brain injury

4. RESEARCH SUPERVISION

Supervision of Master's degree Clinical Psychology students, all of whom had to carry out a research project. Supervision of Ph.D. students, in Neuropsychology and Clinical Psychology, with theses covering topics including head injury, dementia, anxiety, and depression. Much experience of examination of Master's and Doctoral (Ph.D and MD) degrees.

5. CLINICAL

The assessment and management of people with brain injury (congenital and acquired) and their families. This has been on both outpatient and inpatient bases. In the ScotCare Brain Injury Unit I was responsible for setting up, implementing, and managing the psychology-driven treatment programme. I also set up and supervised a clinic for head injured patients and their families, and supervised postgraduate Master's degree Clinical Psychology trainees on neuropsychology placements. Also the assessment and treatment of people exposed to psychological trauma.

I have a specialist medico-legal practice involving head and other trauma; post-traumatic stress, disorder, and chronic pain and other somatising disorders. This involves the preparation of reports for civil litigation, and defence of those reports in the event that the case comes to trial.

I supervise two consultant Neuropsychologists, dealing with all aspects of their clinical, administrative, and managerial duties.

EDITORIAL RESPONSIBILITIES

A) Papers refereed for the following Journals:

Journal of Neurology, Neurosurgery and Psychiatry

British Journal of Clinical Psychology

Journal of Psychosomatic Research

International Journal of Rehabilitation Research

International Rehabilitation Medicine

Brain

Brain Injury

British Journal of Neurosurgery

Journal of Traumatic Stress Studies

Journal of the International Neuropsychology Society

Behavioural and Cognitive Psychotherapy

Manuscripts reviewed for publishers including Academic Press, Churchill Livingstone, and Oxford University Press

B) Member of Editorial Board of:

Brain Injury

Neuropsychology

Neuropsychological Rehabilitation

MEMBERSHIP OF COMMITTEES AND PROFESSIONAL ORGANISATIONS

Current Memberships:

Member (Past President)
European Brain Injury Society

Elected Fellow
British Psychological Society

Fellow
Royal Society of Medicine

Member
Society for Traumatic Stress Studies

Member (Past President)
International Neuropsychological Society

Member
International Association for the Study of Traumatic Brain Injury

Previous Memberships

President
European Brain Injury Society (1996 - 2000)

President
International Neuropsychological Society (1989)

Member
Medical Research Council, Alzheimer's Disease Trials Committee (1987)

Member
Medical Research Council, Co-ordinating Group on Alzheimer's Disease (1987)

Scientific Secretary (1980)
Medical Research Council Co-ordinating Group on Rehabilitation of the Acutely Brain Damaged Adult.

Member (Deputy Chairman 1985)
Medical Research Council, Neuroscience Board's Grants Committee (1980-1985).

Member
British Neuropsychology Society

Member
British Neuropsychiatry Association

Member Scottish Home and Health Department, Disability Research Committee, (1989-1993)

CURRENT CLINICAL ACTIVITIES

- a. The evaluation and management of psychosocial consequences of acquired brain injury (ABI); specifically the management of behaviour and cognitive disturbance after ABI, and family management in ABI.
- b. The facilitation and maintenance of return to work and other aspects of productive living after ABI.
- c. Preparation of reports for litigation in cases of ABI, traumatic stress, prolonged pain

RESEARCH INTERESTS

My interests lie in the broad fields of Neuropsychology, and Traumatic Stress. I am particularly interested in the natural history, prediction, and reintegration of cognitive and behavioural functions following brain injury, and in the impact of trauma of all kinds on the injured individual, and those around him. An understanding of cognitive and behavioural recovery is of practical importance in the field of rehabilitation, but in addition an analysis of the reintegration of a damaged system may throw light on the organisation of normal function.

I have held several grants to investigate a variety of cognitive, emotional and behavioural changes in head injured people and their families. I conducted an EU funded project designed to construct an evaluation tool for head injured patients, and to use this to construct a European head injury data base.

In post-traumatic stress disorder, I have carried out research into the nature, chronicity, and predictability of emotional consequences of major disasters including Lockerbie, and Piper Alpha.

My most recent research interest centres on the group of patients who have had a minor brain injury (or perhaps no brain injury at all) yet who present a picture of catastrophic cognitive and emotional deterioration. I am gathering data with a view to identifying possible subgroups (dissociative disorder, neurodegenerative; factitious etc), in order to be able to manage, and if possible treat these patients who, in my experience, are currently, very difficult to treat.

CHARITABLE AND RELATED ACTIVITIES

- a. A founder member of Headway, and past President of Headway.
- b. A founder member and Committee Member of HITS (Head Injuries Trust for Scotland). This charity was set up in 1987 to institute rehabilitation services for people with brain injury in the West of Scotland. We found rooms, and obtained a substantial grant from Strathclyde Regional Council (grantholders N Brooks & C Johnson) to establish, staff, and run a day centre for people with brain injury.
- c. In Scotland, (1987-1993) I carried out a monthly "walk-in" clinic for people with brain injury.
- d. I run a private practice, but try and see a minimum of one "pro bono" client per month.

LEISURE ACTIVITIES

Outdoor activities including:

Bird watching

Deer stalking and game shooting in Scotland, England, and USA

Clay Pigeon shooting

Fishing - any kind

Most preferred activity:

Reading

PUBLICATIONS

The five publications marked with an asterisk are those I consider to be of particular importance.

BROOKS, D.N. (1972). Memory and Head Injury. *Journal of Nervous and Mental Disease*, 155, 350-355.

BROOKS, D.N. (1974). Recognition Memory and Head Injury. *Journal of Neurology, Neurosurgery & Psychiatry*, 37, 794-801.

BROOKS, D.N. (1975). Long and Short Term Memory in Head Injured Patients. *Cortex*, 10, 329-340.

BROOKS, D.N. (1976). Wechsler Memory scale performance and its relationship to brain damage after severe closed head injury. *Journal of Neurology, Neurosurgery & Psychiatry*, 39, 595-601.

BROOKS, D.N. (1978). Psychological sequelae of head injury. *Scottish Medicine Journal*, Vol. 12, p. 104.

BROOKS, D.N. (1979). Psychological Deficits after Severe Blunt Head Injury: Their Significance and Rehabilitation. *Research in Psychology and Medicine*, 2, 469-476. (Eds.). D.J. Osborne, M.M. Gruneberg and J.R. Eiser. Academic Press, London.

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BROOKS, N. (1987). Measuring Neuropsychological and Functional Recovery. In: *Neurobehavioural Recovery from Head Injury*. (Ed.). H.S. Levin, Oxford University Press.

BROOKS, N. (1987). Behavioural and Social Consequences of Severe Head Injury. *PAOS Conference Proceedings*, Amsterdam.

BROOKS, D. (1987). Le Famille Face a L'Hopital, au Centre De Reeduction et a la Reinsertion Sociale. *Readaption*, No. 344, REA 10-12.

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BROOKS, D.N. (1988). Concluding Remarks to Preceding Contributions of N. Sichez-Auclair and A. Violin. *Acta Neurochirurgica*, Supplement 44, 93.

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- * BROOKS, D.N. (1991). The Head Injured Family. *Journal of Clinical and Experimental Neuropsychology*, 13, 155-188.
- BROOKS, D.N. (1992). Psychosocial Assessment after traumatic brain injury. *Scandinavian Journal of Rehabilitation Medicine*, Supplement 26: 126-131.
- BROOKS, N. (1993). Foreword to C.J Durgin, N.D. Schmidt, & L.J. Fryer (Eds), *Staff Development and Clinical Intervention in Brain Injury Rehabilitation*; Aspen, Gaithersburg, Maryland
- BROOKS, N. (1995). Compensation for brain injury. Chapter 5.2, pp 411-426, in; R Bull & D Carson, *Handbook of Psychology in Legal Contexts*, Wiley, UK.
- BROOKS, N. (1995). Compensation for psychological injury. Chapter 5.3, pp 427-445, in; R Bull & D Carson, *Handbook of Psychology in Legal Contexts*, Wiley, UK.
- BROOKS, N. (1996). Brain injury - Editorial. *Personal Injury*, September 1996, (in press).
- BROOKS, D.N. (2002). Driving and head injury. *Europa Medicophysica*, Vol. 38 (1).
- BROOKS N. (2003). Mental deterioration late after head injury – does it happen? *Journal of neurology, Neurosurgery & Psychiatry*, Vol 74, page 1014.
- BROOKS N. Rehabilitation Abroad – Why? *ACNR Magazine (Advances in Clinical Neuroscience & Rehabilitation)*, March/April, 2004.
- BROOKS, D.N. and AUGHTON, M.E. (1979). Psychological consequences of blunt head injury. *International Rehabilitation Medicine*, 1, 160-165
- BROOKS, D.N. and AUGHTON, M.E. (1979). Cognitive recovery during the first year after severe blunt head injury. *International Rehabilitation Medicine*, 1, 166-172
- BROOKS N AND C A HAWLEY (2005) Return to driving after traumatic brain injury: A British Perspective. *Brain Injury*, pages 165-175.
- BROOKS, D.N., and LINCOLN, D. (1983). Assessment for Rehabilitation. In: *Practical Management of Memory Problems*. Wilson & Moffat (Eds.). Croom Helm.
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- *BROOKS, N., CAMPSIE, L., SYMINGTON, C., BEATTIE, A., and MCKINLAY, W.W. (1986). The Five Year Outcome of Severe Blunt Head Injury: A Relative's View. *Journal of Neurology, Neurosurgery & Psychiatry*, 49, 764-770.
- BROOKS, D.N., HOSIE, J., BOND., M.R., JENNETT, B., and AUGHTON, M.E. (1986). Cognitive Sequelae of Severe Head Injury in Relation to the Glasgow Outcome Scale. *Journal of Neurology, Neurosurgery & Psychiatry*, 49, 549-553.

BROOKS, D.N., BEATTIE, A., BRYDEN, J.S., CAMPSIE, L., and SYMINGTON, c. (1986). Head Injury and the Rehabilitation Professions in the West of Scotland. Health Bulletin, Scottish Home & Health Department, 44/2.

BROOKS, D.N., CAMPSIE, L., SYMINGTON, C., BEATTIE., A. and MCKINLAY, W. (1987). The Effects of Severe Head Injury Upon Patient and Relative Within Seven Years of Injury. Journal of Head Trauma Rehabilitation, 2, (3), 1-13.

BROOKS, D.N., KUPCHIK, G., WILSON, L., GALBRAITH, S., and WARD, R. (1987). A Neuropsychological Study of Amateur Active Boxers. Journal of Neurology, Neurosurgery & Psychiatry, 50, 997-1000.

*BROOKS, N., MCKINLAY, W., SYMINGTON., C., BEATTIE, A., and CAMPSIE, L. (1987). Return to Work Within the First Seven Years of Severe Head Injury. Brain Injury, 1, 5-19.

*BROOKS D.N. and MCKINLAY, W. Mental Health Consequences of the Lockerbie Disaster. Journal of Traumatic Stress, 5,4, 527-543, 1992.

CLARIDGE, G.S. and BROOKS, D.N. (1973). A survey of applicants for the Glasgow M.Sc. Course in Clinical Psychology: Some implications for selection and training. Bulletin of British Psychological Society, 26, 123-127.

MANDELBERG, I.A., and BROOKS, D.N. (1975). Cognitive recovery after severe head injury, 1: serial testing on the Wechsler Adult Intelligence Scale. Journal of Neurology, Neurosurgery & Psychiatry, 38, 1211-1226.

BOND, M.R. and BROOKS, D.N. (1976). Understanding the process of recovery as a basis for the investigation of rehabilitation for the brain injured. Scandinavian Journal of Rehabilitation Medicine, 8, 127-133.

NEWCOMBE, F., BROOKS, D.N., and BADDELEY, A. (1980). Rehabilitation After Brain Damage; An Overview. International Rehabilitation Medicine, 2, 133-137. Eular Publishers, Basel.

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MCKINLAY, W.W., BROOKS, D.N., and BOND, M.R. (1983). Post-concussional symptoms, financial compensation and outcome of severe blunt head injury. Journal of Neurology, Neurosurgery & Psychiatry, 46, 1084-1091.

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LIVINGSTONE, M.G., BROOKS, D.N., and BOND, M.R. (1985). Three Months After Severe Head Injury: Psychiatric and Social Impact on Relatives. Journal of Neurology, Neurosurgery & Psychiatry, 48, 870-875.

LIVINGSTON, M.G., BROOKS, D.N., and BOND, M.R. (1985). Patient Outcome in the Year Following Severe Head Injury and Relatives' Psychiatric and Social Functioning. Journal of Neurology, Neurosurgery & Psychiatry, 48, 876-881.

POWER, K., COOKE, D.J., and BROOKS D.N. (1985). Life, Stress, Medical Lethality and Suicidal Intent. British Journal of Psychiatry, 147, 655-659.

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MONTALDI, D., BROOKS, D.N., McCOLL, J. et al., (1988). Regional cerebral blood flow in subgroups of patients with SDAT. Journal of Clinical Experimental Neuropsychology, 10, (1), p. 39.

WIEDMANN, K.D., WILSON, J.T.L., HADLEY, D., KUIPERS, W., LANG, D., BROOKS, D.N., and TEASDALE, G. (1988). Visual memory, magnetic resonance imaging, and SPECT after closed head injury. Journal of Clinical Experimental Neuropsychology, 10, (1), P. 51.

ESPIE, C.A., LINDSAY, W.R., and BROOKS, D.N. (1988). Substituting Behavioural Treatment for Drugs in the Treatment of Insomnia: An Exploratory Study. Journal of Behaviour & Experimental Psychiatry, 19, (1), 51-56.

WIEDMANN, K.D., WILSON, J.T.L., WYPER, D., HADLEY, D., TEASDALE, G., & BROOKS, D.N. (1989). SPECT cerebral blood flow, MR imaging, and neuropsychological findings in traumatic head injury. Neuropsychology, 3, 267-282.

WILSON, J.T.L., WIEDMANN, K.D., HADLEY, D.M., & BROOKS, D.N. (1989). The relationship between visual memory function and lesions detected by Magnetic Resonance Imaging after closed head injury. Neuropsychology, 3, 255-266.

WILSON, J.T.L., BRODIE, E., REININK, E., WIEDMANN, K.D., AND BROOKS, D.N. (1988). Memory for pattern and span in Dementia. Journal of Clinical Experimental Neuropsychology, 10, (1), p. 77.

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WILCOCK, G.K., HOPE, R.A., BROOKS, D.N., LANTOS, P.L., OPPENHEIMER, C., REYNOLDS, G.P., RASSOR, M.N., & DAVIES, M.B. (1989). *Journal of Neurology, Surgery, and Psychiatry*. 52, 693-700.

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McWALTER G.J., MONTALDI, D., BHUTANI, G., McRORY, S., MOFFOOT, A., BARRON, E., & BROOKS, D.N. (1991). Paired associate verbal learning in dementia of Alzheimer's type. *Neuropsychology*, 5, 205-212.

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