**Julia Twynholm, BSc (Hons), DClin Psy**

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**PROFILE**

I have worked in paediatric psychology for over ten years, gaining an 8a post in 2012, taking on lead psychologist roles with a number of medical teams in the Birmingham Children’s Hospital including Acquired Brain Injury, Liver, Diabetes, and Osteogenesis Imperfecta. I have been pivotal to bringing a psychological perspective to these teams’ understanding and work with patients and families. This has involved supervision, training and therapeutic work.

An understanding of neuropsychological development has been integral to my work across these areas in terms of the biological impact of medical conditions on brain development, opportunities for interaction, and the importance of understanding individual’s learning and understanding of the difficulties they present with, and their ability to engage with therapy.

**KEY SKILLS**

* Assessment: use of semi-structured interviews, questionnaires, cognitive and neuropsychological assessment measures, and observations of both the patient and significant others to gain appropriate information.
* Formulation: drawing together various sources of information to inform the client’s and family’s understanding of their current situation as well as highlighting potential routes for intervention.
* Therapy: working with families to consider the most appropriate therapeutic input to meet the client’s needs; whether this be structured behavioural input to inform parents, narrative work to support children’s understanding, or mindfulness and ACT approaches to help teenagers and parents to understand their values and how to take committed actions.
* Training: training others and drawing together information and presenting it in a way that is interesting and engaging. This allows my audience to have opportunities to engage with the information and apply it to their previous knowledge.
* Supervision: supervised a number of assistant, trainee, and qualified clinical psychologists; monitoring efficacy and promoting development. A good supervisor provides a safe enough environment to allow open and challenging conversation and support to aid development.

**EDUCATION/QUALIFICATIONS**

**St. Edmund Arrowsmith R.C High School, Ashton-in-Makerfield**

GCSE’S: 7A\*, 2 A’s, 2 B’s (including Maths and Science)

**Winstanley College, Winstanley Wigan**

A-Levels: Psychology: A, Sociology: A, Art & Design: A

**Univeristy of Wales, Bangor**

BSc Psychology (honours) 1st

**University of Manchester**

Doctorate of Clinical Psychology: 2009

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**Professionally Attained**

My Mindfulness Practice, Mindfulness Based Living Course, 8 weeks, (2016)

Birmingham University, Supervision Training, 2 days (2015)

Birmingham University, ACT for Long-Term Physical Health Conditions, 1 day (2014)

Mindfulness LTD., Introduction to ACT Experiential Course, 4 days (2013)

Introduction to Compassion Based Therapy (2011)

BPS Division of Neuropsychology, Introduction to Paediatric Neuropsychology, 10 days, (2010)

Bath Rheumatological Hospital, Chronic Pain, 2 days (2009)

**CAREER HISTORY**

**November 2012 to Present**

Employer: Birmingham Children’s Hospital

Role: Senior Clinical Psychologist 8a

Responsibilities:

* Assessment and intervention of children and families attending the hospital.
* Working with previously present mental health difficulties impacting on treatment and the psychological consequences of receiving a diagnosis, being in hospital, and the impact on growth, development, relationships and future aspirations.
* Direct work with children, their wider family and network (including parents, siblings, school, and medical teams). This requires high level communication skills to be able to appropriately engage and support people to understand a psychological formulation of the situation and aid engagement in a shared plan of intervention.
* Conducting comprehensive assessments of the difficulties presented by children and families making use of clinical interview, questionnaires, and cognitive assessments.
* Neuropsychological assessment of individuals in relation to traumatic brain injury, epilepsy surgery, neuro-oncology, and inherited metabolic conditions. I have access to supervision with a Consultant Neuropsychologist as part of my team and as such am able to undertake neuropsychological assessment and reports, which can often be critical in my formulation of endocrine difficulties. I am then able to use this and my knowledge of psychological theory to produce an idiosyncratic formulation.

I have experience of applying a variety of therapeutic approaches with families including:

* CBT, narrative, systemic, and ACT. Common areas of intervention include anxiety, anger, low mood, eating problems, trauma, treatment adherence, parenting, family relationship problems, confidence and identity issues, loss and bereavement.

I act as the lead psychologist within a number of medical teams in the hospital. This involves providing

* Therapeutic work,
* A psychological perspective within the MDT,
* Service development,
* Teaching and training.
	+ Topics have included: Use of basic psychological concepts to assess and understand family needs, engaging teenagers in medical decisions, anxiety and relaxation, self-harm and risk, as well as motivation and values.

I have experience of supervising both qualified and trainee psychology staff as well as other professionals in the hospital (nurse specialists).

**October 2009 – December 2012**

Employer: Birmingham Children’s Hospital

Role: Clinical Psychologist Band 7

Responsibilities:

I acted as the lead Clinical Psychologist within the Acquired Brain Injury (ABI) Team and in the Liver Team. This role involved:

* Presenting a psychological understanding of families within the MDT;
* Supporting and training staff members around the formulation of the family, neuropsychological sequelae of injury and possible adaptations to their input.
* Joint working with speech and language therapists, occupational therapists and physiotherapists.
* Therapeutic input to parents and siblings, often focussed on supporting their understanding of the medical findings and adjustment to what life may be like caring for a child with an ABI.
* Development of a screening protocol to ensure young people were followed up appropriately post their brain injury. The screen often required a full day of assessment using a variety of measures in order to get a good understanding of the young person’s strengths and weaknesses.

I developed my understanding of the long-term implications of brain injury and how this hidden injury can have significant consequences on the individual and their family. I worked hard within the ABI and associated teams and within the psychology department to highlight the importance of asking about this at assessment and including it in formulation.

My role within the liver team involved:

* assessment of suitability for transplant;
* support post-surgery;
* adherence to medication;
* parental support around adjusting expectations of their parenting of children when moving into a “well” role;
* Development of transition services, with nurses and youth workers.

**September 2006- September 2009**

Trainee Clinical Psychologist

University of Manchester

Placements in an Adult Community Mental Health Team (CMHT), Learning Disability Service, Older Adult Dementia Assessment Service, Child Brief Intervention Team, and acting as the Lead Psychologist in the Rheumatological Team at Manchester Children’s Hospital.

These roles required me to be adaptable and engaging to people and families in very different settings. I worked in people’s homes, support centres, as well as NHS settings which impacted on how assessment and therapy could be undertaken.

**January 2005-September 2006**

Assistant Psychologist, Alder Hey Children’s Hospital

* Structured Assessments
* CBT intervention
* Screening of 3 year olds in craniofacial team using WPPSI
* Support of oncology sibling days

**July 2004-January 2005**

Assistant Psychologist, Chester Therapy Centre

* Cognitive assessments
* Questionnaires
* Semi-structured interviews
* Structured observations
* Production of reports for court in child protection and custody cases

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