EXAMPLE REPORT

Psychological & Educational
Consultancy Services

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Example Medico-Legal Personal Injury Report:

Jane Smith

EXAMPLE REPORT

BRIEF BIOGRAPHY OF THE AUTHOR AND STATEMENT OF QUALIFICATIONS

Dr Shane Langsford has conducted more than 3000 assessments since establishing *Psychological and Educational Consultancy Services* in 1999.

Dr Langsford's qualifications include a Bachelor of Psychology, a Bachelor of Education with First Class Honours, and a PhD.

Dr Langsford is fully registered with the Psychology Board of Australia (PBA) and the Australian Health Practitioners Regulation Agency (AHPRA).

Dr Langsford is an APS College of Educational & Developmental Psychologists Full Academic Member

Dr Langsford is also a full member of the Australian Psychological Society (APS), Australian Association of Psychologists (AAPi), Australian ADHD Professionals Association (AADPA), and ADHD Australia.

In 2015, Dr Langsford was personally selected from a shortlist by the then Federal Minister of Health (the Hon Sussan Ley) to be part of the 13-member Mental Health Expert Reference Group (MHERG). The group was formed to provide advice to the Commonwealth Department of Health in relation to the government's response to the National Review of Mental Health Programmes and Services. Dr Langsford was the only practising psychologist in Australia appointed to the group, and the only member in the group from Western Australia.

DISTRICT COURT OF WA CODE OF CONDUCT - EXPERT WITNESS DECLARATION

The author confirms that I have read the Code of Conduct prior to preparing the report, and that the report complies with the Code of Conduct.

CONTENTS

BIOGRAPHICAL DETAILS

Name:	Jane Smith
Date of Birth:	12/01/1996
Age:	20
Gender:	Female
Address:	1 Hay Street SUBIACO WA 6008
Phone Number:	0409 444 333
Email:	Jane.smith@hotmail.com

DOCUMENTS REVIEWED

(1) Book of Medical Reports

1.	Mr Marian Dick –	Clinical Psychologist –	08/04/2011
2.	Dr Vevil De Kauwe –	Sports Medicine & Acupuncture –	10/04/2011
3.	Dr Delise Chong –	Clinical Psychologist –	09/05/2012
4.	Mr Ben Kimberly –	Orthopaedic Surgeon –	29/01/2013
5.	Mr Ben Kimberly –	Orthopaedic Surgeon –	04/02/2013
6.	Jennifer Fleming –	Clinical Psychologist Registrar –	15/10/2013
7.	Dr Lingam Sam –	General Practitioner –	11/12/2013
8.	Mr John O'Connor –	Consultant Orthopaedic Surgeon –	20/01/2014
9.	Jennifer Fleming –	Clinical Psychologist Registrar –	22/05/2014
10.	Dr Bryant –	2D Gait Assessment –	21/07/2014
11.	Mr Ben Kimberly –	Orthopaedic Surgeon –	05/08/2014
12.	Mr Ben Kimberly –	Orthopaedic Surgeon –	09/09/2014
13.	Dr Sarah Carter –	Podiatrist –	12/09/2014
14.	Dr Lingam Sam –	General Practitioner –	14/12/2014
15.	John O'Connor –	Consultant Orthopaedic Surgeon –	03/06/2015
16.	Lorraine Fortune –	St John Ambulance Western Australia –	19/04/2016
17.	Vanda Schijf –	Chadwick Models–	19/05/2016
18.	Dene Selby –	Modelling & Imaging–	29/05/2016
19.	Jaz Daly –	Model Manager –	07/06/2016
20.	Dr Boon Loke –	Consultant Psychiatrist –	15/07/2016
21.	Kerry Jones –	Occupational Therapist –	16/07/2016
22.	Teresa La Monica –	Specialised Kinesiology Practitioner –	20/07/2016

(2) Academic records

1.	Highgate Primary School	Year 7 Semester 2, 2008
2.	Mount Lawley Senior High School	Year 8 Semester 1, 2009
3.	Mount Lawley Senior High School	Year 8 Semester 2, 2009
4.	Secondary Student Report School of Instrumental Music	Semester 1, 2009
5.	Secondary Student Report School of Instrumental Music	Semester 2, 2009
6.	Mount Lawley Senior High School	Year 9 Semester 1, 2010
7.	Mount Lawley Senior High School	Year 9 Semester 2, 2010
8.	Mount Lawley Senior High School	Year 10 Semester 1, 2011
9.	Mount Lawley Senior High School	Year 10 Semester 2, 2011
10.	Mount Lawley Senior High School	Year 11 Semester 1, 2012
11.	Mount Lawley Senior High School	2012 Senior School Progress Report
12.	Polytechnic West Certificate I in Automotive Course Outline 2012	
13.	Central TAFE Certificate III in Visual Arts and Contemporary Craft issued 11 December 2012	

14. Central TAFE Record of Achievement in Certificate III in Visual Arts and Contemporary Craft completed 07 December 2012
15. Central TAFE Statement of Academic Record in Certificate III in Visual Arts and Contemporary Craft issued 20 December 2012
16. Central TAFE Statement of Academic Record in Certificate IV in Visual Arts issued 18 July 2013
17. Central TAFE Certificate IV in Visual Arts Issued 9 January 2014
18. Central TAFE Diploma of Beauty Therapy issued 22 July 2015
19. Central TAFE Diploma of Beauty Therapy Record of Achievement 2015

REFERRAL INFORMATION

Jane was referred to Psychological and Educational Consultancy Services (PECS) by Mr Justin Example (Personal Injury Lawyer – Lawyers and Co) for a Comprehensive Psychological Assessment to investigate Jane's current level of functioning in the cognitive, educational, and psychological/emotional domains.

CURRENT CONCERNS

From a presented list, Jane identified concerns in the following areas:

- Health
- Academic
- Occupational
- Social Skills
- Learning
- Reading
- Mathematics
- Expressive Language
- Attention
- Anxiety
- Posttraumatic stress
- Depressive
- Self-esteem
- Behavioural
- Memory

BRIEF BACKGROUND INFORMATION

Relevant information reported during the initial interview session:

- Was born with no apparent complications
- Reached all of the major developmental milestones (e.g., walking, speaking, toileting) during the expected age ranges
- Is solely right-handed/right-footed
- No major medical or neurological conditions
- Normal visual and auditory acuity reported; however, this has never been tested
- Has fine and gross motor movement problems
- Has been diagnosed with dysthymia, and is prescribed Fluoxetine (20mg daily)
- It helps her not think about things much
- Had a brain scan after the accident
- Received very good grades in Primary school, and did not have any behavioural problems
- In high school Jane received high grades; however, after her accident her grades were very low
- Jane has reported that she is better at English than maths
- Jane reported the following; "I think my 11-year-old brother is smarter at maths than me"
- Jane left school due to "low attendance due to injury", resulting in her falling behind
- Jane missed school frequently due to operations and doctors' appointments
- Jane has constant pain in her lower back, shoulder pain, and right arm tingles
- She gets pains in her neck despite trying to stretch it out
- Structural Integration has been beneficial to Jane's alignment however there is only so much she can do
- Jane has reported that she constantly wants to sleep and not leave her bed
- She believes that she has bad speech problems, and cannot get words out to express herself
- She is aware of conversations and reacts, but may not hear a thing
- Jane does not believe that she ever genuinely laughs, and doesn't even know what it sounds like
- All Jane thinks about is death, and her accident as if she is trying to figure something out
- She has reported that her hand is annoying her, because her finger keeps cramping
- Jane signed up to TAFE to become a fashion illustrator, but she can't imagine drawing when her finger keeps cramping
- Jane doesn't know what she will do, and doesn't want to do something that she doesn't like
- Jane reported that she has trouble keeping relationships is difficult because she feels like others are judging her
- Jane always plans to go out but cancel, and if she does go out she comes home early
- When Jane goes out she becomes agitated and just want to be alone and not spoken to
- She has difficulties talking to people and getting her words right, and expressing emotions
- She likes to think she doesn't have any emotions
- She cannot concentrate well while reading, and consequently re reads the page multiple times
- Things need to be simplified for Jane
- Jane writes continuously to keep her mind clear of what she needs to do
- When Jane was 14, she was hit by a car (19/04/2010)
- At the time, Jane was waiting for a few minutes to cross the road; she thought she saw a gap in the traffic and crossed, only to be hit by a car
- Jane believed that she did not lose consciousness but reports that she can't remember being hit
- Allegedly, her face went through the windscreen and she was thrown 30 metres into the air
- Fortunately, Jane was wearing a backpack, and she landed on it, which cushioned her fall
- At this time, she became completely numb, and now that time is passing all of her thoughts, memories, and emotions are getting stronger
- Jane said the following; "As I get older, I become closer to death and so do those around me"

- Jane said that she goes on with her life as much as possible, trying to not let it affect her; however, she believes that it has changed her life completely; for example, she could have kept modelling
- Jane has been to a few Clinical Psychologists, who she hasn't really liked – Jane became teary at this point, and reported that talking about this stirs up emotions
- Still gets nightmares; for example, dreams of a car sinking
- When driving, if she sees a pedestrian crossing, she often changes lanes to give them more time
- Jane reports that she did not have any depression or anxiety prior to the accident
- She reports that she suffers from depression, anxiety, and PTSD
- She thinks she blacks the accident out, and hasn't really dealt with it
- She has always tried to hide her emotions and not let people see how she really feels
- She has had three casual jobs – IGA, McDonalds, and at a Barber
- She only lasted a few days at McDonalds and IGA, due to problems with standing for a long time
- At the Barber shop, Jane was put on the spot by having to count money quickly, so she decided she couldn't go back after the first day

Relevant information reported by mother:

- Jane often worries about dying
- She sends messages to her mother indicating that she is afraid and questioning the meaning of life; for example, "My heart and soul hurts when I think I have to lose you one day and not be in this world one day; it's always the same thoughts"
- She has trouble keeping friendships and relationships generally; for example, "And I'm working on not being friends with anyone because they are all assholes", "People are just assholes; everyone I have come to realise, doesn't matter how nice you are. The nicer you are the less they respect you".

Relevant information reported by referrer:

- Jane was born on the 12th of January 1996 and at the time of her accident she was a Year 9 student at Mount Lawley Senior High School
- On the 19th of April 2010, Jane was a pedestrian when she was hit by a motor vehicle while crossing Walter Road, Dianella
- She was taken by ambulance to PMH where she was admitted for 2 weeks
- She suffered a fractured right femur and right humerus, soft tissue injuries to the right knee, and a torn 5th extensor tendon in her right little finger
- Her lower limb injuries have altered her gait
- She has suffered significant physical and emotional trauma which has effectively precluded her from succeeding in a modelling career
- Following the accident Jane had 78 half-day absences in Semester 1 of 2010 and a further 59 half-day absences in Semester 2 of the same year
- Following the accident Jane's academic performance significantly declined and she did not complete her Year 11 studies in 2011
- In 2012, she intended to enrol in an Automotive Pre-Apprenticeship at Polytechnic West but discovered the physical requirements were beyond her capabilities
- In 2014, she enrolled in a Bachelor of Arts at Edith Cowan University but withdrew as she was struggling with depression
- She went on to study at Central TAFE in Visual Arts and achieved a Diploma in Beauty Therapy
- She is currently studying Certificate IV in Design at North Metropolitan TAFE
- Prior to the accident, Jane was also attending Chadwick Models Perth, and since the accident was selected as one of the top 50 contestants of Australia's Next Top Model 2013 and the top 75 contestants for Miss Universe WA 2015

Past testing:

The section outlining the results of the documents reviewed has been removed to reduce the document size considerably.

Past testing:

- Marian Dick (Clinical Psychologist Registrar) – 8 April 2011
  - The extent of the injuries suffered by the client
    - Jane's scores on the DASS were in the severe range for the depression and stress scales, and in the moderate range for the anxiety scale
    - Jane said that she didn't experience depression or stress prior to the accident
    - Jane said that she was having difficulties with the school work before the accident, but they became more pronounced following the accident
    - Her dislike/ avoidance of school is associated with her failure to succeed
    - Jane struggled to re-establish friendships after a significant period away from school
    - She felt like she didn't have any friends that she could talk to
    - Jane reported that modelling was enjoyable, and it was something she excelled at
    - Jane can no longer model, which has impacted her self-image, and self esteem
    - Poor self-esteem has been found to affect confidence and perceived social integration in adolescence, which can impact an adolescent's emotional adjustment
  - Extent of ongoing psychological problems
    - Following 11 sessions Mr Dick, Jane's DASS scores have improved, with her scores now in the moderate range for the depression and anxiety scales, and her score on the stress scale falling within the normal range
    - This indicates that while there has been an improvement, she continues to experience some personal adjustment difficulties
    - It is not felt that Jane is likely to suffer from a permanent psychological disability.
  - Clinical findings:
    - Jane meets the DSM_IV-TR criteria for a diagnosis of a Major Depressive Disorder, single episode
  - Ongoing psychological treatment
    - Jane may benefit from further psychological treatment in the future
    - While Jane does not currently require further therapy, she might be assisted by another one or two series of psychology sessions at a later point
    - It is not uncommon for symptoms to be reactivated in response to reminders of the original trauma, life stressors, or new traumatic events
  - Effect of psychological injuries on future employment
    - Jane has missed substantial schooling; however, with the right support Jane can overcome these difficulties
    - It is not foreseen that Jane's psychological injuries will have a significant effect on Jane's capacity for employment and study pursuits in the future
  - The impact of psychological injuries on social, domestic, and recreational activities
    - Modelling is an important recreational activity to Jane, and is no longer seen as something enjoyable due to her physical injuries
    - This was the only extra-curricular activities she participated in
    - Despite this, it is not likely that her psychological difficulties will prevent any future social, domestic, or recreational activities from being possible

- Dr Vevil De Kauwe (Sports Medicine & Acupuncture) – 10 April 2011
  - Jane apparently lost 70 days of school due to her accident, and is consequently having trouble catching up with the class
  - In choosing a career, other than modelling, her choices may be limited, considering her current performance at school and the need to play 'catch up' with her school work
  - After recent work experience in a hair dresser salon, she discovered that after each day she experienced pain in her right thigh
  - She had to sit down and take short breaks throughout the day to alleviate her discomfort
  - It is recommended that she does an exercise and Pilates programme weekly, for three months, followed by a review regarding progress

- Dr Delise Chong (Clinical Psychologist) – 9 May 2012
    - Symptoms since the accident
        - Jane denied experiencing any nightmares or flashbacks related to the accident
        - She denied having any sleep or appetite disturbances
        - She did not appear to have symptoms indicating hyper-vigilance, but did appear to have low mood
        - Jane said that she prefers to be alone, and dislike talking as people annoy her
    - Interview with Jane's mother
        - Jane has struggled with her school grades since the accident
        - Jane had missed school frequently due to pain and appointments to aid her recovery
        - Jane has always been taciturn
        - She has struggled to hold a part time job due to the pain
        - She had lost friends following the accident, and has had physical altercations
        - Jane made a post on Facebook asking for information on how to commit suicide
        - Jane sent her mother a message saying that she felt sad and wanted to die; her mother then found her in her room crying
    - Summary and recommendations
        - Jane is at high risk and would benefit from ongoing psychological treatment and perhaps medication for depression
        - It is difficult to ascertain the number of sessions Jane would require; however, it is recommended that she receives a minimum of 12 sessions before review

- Mr Ben Kimberly (Orthopaedic Surgeon) – 29 January 2013
    - Jane was reviewed, 3-4 years after the accident
    - She seems to have some influence on her gait with this rotational profile different
    - She has very slight thoracic scoliosis

- Mr Ben Kimberly (Orthopaedic Surgeon) – 4 February 2013
    - Jane was reviewed, 3-4 years after the accident
    - She claims there is some pain in the hip and pain down around the knee with occasional instability and her leg doesn't particularly feel right due to her standing
    - Her rotational deformity may have an impact on her modelling career

- Jennifer Fleming (Clinical Psychologist Registrar) – 15 October 2013
    - Self-reporting issues
        - Jane feels numb and feels like she is in a dream
        - She has difficulty falling asleep, experiences daytime fatigue, has nightmares about dying or people close to her dying, has flashbacks to the accident, and she cannot imagine getting old
        - She reports decreased tolerance for people, because other people make her angry, and she feels detached from her friends
        - She only remembers some parts of her childhood, and she is not more forgetful, and has decreased concentration
        - Jane said that her shoulder pain limits her ability to reach for objects and causing discomfort when trying to sleep, which causes frustration
        - She has pain in her knees and hips which results in limping, triggering distressing memories from being on crutches after the accident
        - Further impairment to her finger, restricts her ability to draw and paint
        - As an art student, her ability to complete art tasks is hampered

- Clinical observation
  - Jane was detached from her emotions, and demonstrated a blunt affect
  - At times she was on task, but questions often had to be repeated
  - During these times, she described feeling like she was day dreaming
  - At times Jane became teary, but was unable to describe what she was feeling
- Diagnoses and ongoing symptoms for Post-Traumatic Stress Disorder
  - Criteria A – "Jane was struck by a vehicle as a pedestrian and broke her arm and leg as a result. She directly experienced an event where she was exposed to potential serious injury or death"
  - Criteria B – "Jane reports flashbacks and intrusive images of being hit by the car. She also reports nightmares about dying and people close to her dying"
  - Criteria C – "Jane reports not wanting to talk about the car accident, and spending substantial time in her bedroom watching movies so she does not have to think about anything. Her refusal to initially engage in therapy after an initial referral in March 2013 is further indicative of her avoidance of trauma-related stimuli"
  - Criteria D – "Jane reports a number of altered cognitions and emotions following the accident. These include difficulty recalling aspects of the accident, foreshortened view of her future (inability to perceive herself growing old), feeling like she and her family are cursed and "someone was meant to die", detachment from friends and subsequent decreased social engagement, and a general sense of not having any emotions"
  - Criteria E – "Jane reports increased irritability for example reporting she stormed out of an arts class after another student took a paintbrush from her. She reports, and was observed to have, significantly impaired concentration further demonstrated by her difficulty retaining information learned at university and completion of university assignments. Jane also reports difficulty falling asleep stating some nights she cannot fall asleep until 3-4am"
  - Criteria F – "Jane was unable to report a specific length of time these symptoms have been present; however, noted onset followed the accident"
  - Criteria G – "Jane noted mostly feeling "nothing" but was observed clinically to be distressed when describing the impact of the accident on friendship groups and her modelling. Jane's level of emotional detachment is likely to have a significant impairment on her general functioning (social, work, and study)"
  - Criteria H – "Jane denies substance use and no medical conditions have been reported"
  - Specifiers – "Jane meets additional criteria for depersonalization and derealisation"
- Pre-existing psychological conditions
  - Jane reported experiencing a number of stressful events in the previous 12 months, including the death of her step-father to brain cancer, learning of the suicide of a friend, and her mother being diagnosed with multiple-sclerosis
- Causation
  - "Jane reports her symptoms commenced following the motor vehicle accident. This is consistent with my clinical assessment and the clinical presentation of PTSD and I therefore conclude experiencing the motor vehicle accident caused Jane's current symptoms of PTSD"

- Impact of symptoms on her work capacity and social life
  - Jane reported prior to the accident she did modelling; however, reports that she was penalized after the accident due to body posture and limping, and consequently quit modelling
  - Jane reported feeling numb about her discontinuation of modelling, but demonstrated enjoyable past times
  - Her high level of dissociating detachment and blunted emotions reduce the likelihood of her being able to learn to drive, from enjoying social activities, and affect her ability to maintain conversations and activities
  - Jane reports that people annoy her, and has a history of becoming aggressive with peers since the accident
  - As a result, she reports losing a number of friends and having limited social interaction
- Treatment:
  - 12 sessions are recommended prior to review
  - Recovery from PTSD often takes at least 12 months
  - If Jane continues to engage in treatment, her prognosis regarding recovery from PTSD is good

- Dr Lingam Sam (General Practitioner) – 11 December 2013
  - Jane had post-traumatic stress, anxiety, depression, and possibly embarrassment and complex feeling
  - She has ongoing post traumatic stress, psychological disturbances, and insomnia
  - She is most of the time depressed, expressionless, and anxious
  - She was interested in modelling, but was not successful
  - She had a boyfriend but she could not continue the relationship
  - She had to leave school because she had several days of absenteeism due to disabilities
  - She doesn't have any friends
  - She has indicated to her mother about some stress and possible suicidal thoughts
  - She has ongoing problems, such as physical disability and pain
  - The limp and the gait is embarrassing for her to walk and is very tall for her age
  - She is not fit to do any manual work because of her ongoing physical and psychological disabilities
  - She is not fit to do any manual work sitting too long or standing or walking
  - It will be necessary for Jane to leave the workforce earlier than expected due to her injuries
  - She will get accelerated degenerative arthritic condition in the joints and parts of the body, possible 20 years earlier than the normal age
  - She is limited in looking after herself; for example, domestic duties, shopping, and transport

- Mr John O'Connor (Consultant Orthopaedic Surgeon) – 20 January 2014
  - Description of injuries
    - Jane sustained two major injuries of the right side of her body due to the accident
    - The major injuries were fracture of the right femur which was treated with reduction with an intermedullary rod and transfixing screw, and a fracture of the right humerus which was treated conservatively
    - Superficial grazes and abrasions healed without event
    - She had a minor injury to her right fifth finger and a laceration to her scalp which was sutured and had not caused any ongoing problems
  - Clinical findings and diagnosis
    - Jane has mild persistent mal rotation of her right femur with approximately 20 degrees of internal rotation deformity of the fracture site
    - She has significant restriction of right should function
  - Opinion of injuries
    - Mr O'Connor stated that she is of the opinion that "her complaints and symptoms are directly caused by the motor vehicle crash"
  - Impact on lifestyle
    - Jane has psychological problems that may interfere with her social and recreational pursuits to some extent.
    - With this taken into account, she may not be able to lead a normal lifestyle
    - Jane does not require any assistance, and she is not unfit for work
    - Jane can perform work of a light physical nature, sedentary or clerical duties
  - Opinion of modelling career
    - "I think it is unlikely that Jane's injuries sustained in the crash would hamper her ambition to become a model to any significant extent. She has a minor gait abnormality which I believe she can consciously compensate for and is of a relatively minor nature but could possibly be sufficient enough to prevent her reaching the upper echelons in the modelling profession."
  - Likelihood of permanent disability
    - Right lower limb = 5% loss of function of the leg at or above the knee
    - Shoulder = 6% loss of shoulder function of the arm at or above the elbow

- Jennifer Fleming (Clinical Psychologist Registrar) – 22 May 2014
  - Symptom improvement
    - Jane has been observed to have increased her tolerance for emotional experiences
    - She reports a wider range of emotional experiences than when first presented for treatment
    - She has reduced the amount she dissociates as a coping mechanism for blocking strong emotion
    - Jane is now more future orientated, setting herself longer-term goals; for example, casual employment and further study
  - Impact of ongoing symptoms on her work capacity and social life
    - Jane has difficulty with tasks that involve sustained intellectual attention or concentration
    - After commencing university, she reported not understanding her units and failing her subjects
    - She remains passionate about modelling; however, reports being rejected from modelling agencies as a result of her posture following injuries sustained in the accident
    - Jane continues to have reduced social interaction; however, this has improved over the duration of the treatment

- Psychological treatment
  - Jane has completed 13 sessions of psychological treatment
  - Treatments have focused on psychoeducation on post-traumatic stress disorder and trauma symptomology, arousal reduction strategies, emotion tolerance, and sleep hygiene
  - Jane has not been willing to engage in trauma exposure techniques
- Future treatment
  - Jane will most likely require further psychological intervention for PTSD when she is ready
  - Given Jane's current functioning, her tendency to dissociate, and her difficulty and distress engaging with her traumatic memories, it is estimated she will require a further 1 to 3 years duration of psychological treatment on a fortnightly to 3-weekly basis
  - The timing of this will depend on Jane's willingness to engage in treatment

- Dr Bryant (2D Gait Assessment) – 21 July 2014
  - Summary Findings
    - Moderate unilateral pelvic is evident during walking and is greater during running
    - Right hip joint demonstrates excessive femoral anterversion
    - Unilateral excessive femoral adduction is evident during running
    - Bilateral valgus (knock-knee) posture is evident during walking
    - Bilateral excessive valgus (knock-knee) posture is evident during running
    - Bilateral excessive rear-foot pronation is evident in barefoot static and dynamic conditions
    - Excessive bilateral rearfoot pronation is also evident during running
    - Bilateral plantarflexed fifth metatarsal is evident from the plantar hyperkeratotic (callous) skin
  - Summary Recommendations
    - A specific strengthening programme for the hip abductors, hip adductors, hip flexors, and external rotators is required
    - A stretching programme, specifically for the internal rotators
    - Orthotic therapy to control the excessive pronation during walking and running

- Mr. Ben Kimberley (Orthopaedic Surgeon) – 5 August 2014
  - It is likely that Jane will have some difficulties with more physical type activity including sports and fitness type activity such as running
  - The will be some difficulties perusing a modelling career, which will put her at a disadvantage when compared with other people in the same situation from an employment point of view
  - Jane need to undergo further treatment with rehabilitation and exercise, and to have orthotics made up

- Mr Ben Kimberley (Orthopaedic Surgeon) – 9 September 2014
  - Mr Kimberly stated the following; "I believe the percentage disability her is probably 5% of full active use of the shoulder
  - It is fairly likely that as a result of the mal-union of the should with rotational displacement that degenerative changes may ensue at some stage (within 10-15 years)

- Dr Sarah Carter (Podiatrist) – 12 September 2014
    - Moderate unilateral pelvic is evident during walking and is greater during running
    - Right hip joint demonstrates excessive femoral anterversion
    - Unilateral excessive femoral adduction is evident during running
    - Bilateral valgus (knock-knee) posture is evident during walking
    - Bilateral excessive valgus (knock-knee) posture is evident during running
    - Bilateral (both right and left side) excessive rear-foot pronation is evident in barefoot static and dynamic conditions
    - Excessive bilateral rear foot pronation is also evident during running
    - Bilateral plantarflexed fifth metatarsal is evident from the plantar hyperkeratotic (callous) skin

- Dr Lingam Sam (General Practitioner) – 14 December 2014
    - Injuries suffered
        - Fracture injuries of the right femur – and complains of pain at that location
        - Pelvic tilt which causes an abnormal gait in walking and standing
        - Rotation of the right femur
        - Excessive skin hanging over the right knew, which looks fatter and is not visually attractive in her modelling work
        - Right shoulder injury – struggles to lift and weight more than 2kg, and is unable to hold any objects by the right arm for longer than 2 minutes
        - Right hand little finger injury – right hand is always sore and very cold to touch
        - She has a bold patch scaring on her head which is cosmetically disfiguring
        - She has a scar on her nose which is seen obviously – she uses makeup to cover it up because she is self-conscious of it
        - She has scarring in her right leg due to the operation – she is unable to wear dresses necessary for her modelling career because scars are visible
        - Her right knee and hip gives her pain and discomfort
        - She has ongoing posttraumatic stress, depression, anxiety, and suicidal thoughts – several times she wrote notes to her mother saying that she wants to end her life
        - Despite having psychological counselling, she still suffers from ongoing stress, depression, and inferiority complex
    - Permanent injuries
        - Right lower limb injury – possibly 14% permanent loss of function of the whole body
        - Right shoulder injury – 5% permanent loss of function of the whole body
        - Back and pelvic injury – 10% permanent loss of function of the whole body
        - Scarring of the forehead, nose, right arm, and right femur – 7% permanent loss of function of whole body
        - 4% loss of function to the right little finger
        - 20% permanent loss of psychological function
    - Clinical findings related to injuries
        - Right lower limb twisted and tilted and the movements in the hip, knee are restricted with pain
        - Right shoulder and arm pain, restricted movements with pain
        - Right little finger is stiff and restricted with passive and active movements
        - Her walking and standing has a tilt in gait
        - The scars are obvious in the head, nose and femur area
        - The back is very tender in the lower back and very much restricted with movements and stiff

- Treatments thus far
  - Surgical treatment to the hip, right femur, and right little finger
  - Psychological counselling
  - Podiatrist
  - Physiotherapy treatment
  - Medications: Tramadol, Voltaren tablet, cream, Endon, and anti-depressants
- Future treatments (potentially)
  - Physiotherapy treatment
  - Pain killers and anti-depressants
  - Psychological counselling
- Impact of Injuries on future
  - She is not able to stand up, sit down and bend over comfortable for longer than 20 minutes because of pain in hip, back, and neck
  - She is pursuing a modelling career which involves a lot of standing, dancing, and other activities
  - She is very determined to pursue modelling which is going to be very difficult
  - She also wants to be a Make Up Artist which again needs a lot of standing, moving, and bending, which she may not be able to do
  - Her professional, academic, career is reduced because of the injuries and the time spent in bed and on medications and did not achieve higher educational standards
  - She may not be very successful in Modelling and Make-up artist in this competitive market
  - She will be forced to retire from the workforce earlier than expected due to the injuries by about 15-20 years
  - She will experience earlier than expected onset of degenerative changes due to the injuries especially in the right lower limb, right shoulder, upper limb, and in the back
  - It is possible that she may need surgery in the future for the right hip area, right lower limb, and right shoulder
  - She suffered severely in the educational, social, domestic, and recreational activities because of the injuries and she will also suffer like this in the future
  - She doesn't part take in sports and lost a lot of friends and doesn't enjoy any activities including educational and other extracurricular activities
  - As the result of the injuries she is restricted very much with household duties; which is now provided by her mother, brother, grandparents, and uncle
  - She is unable to do the vacuum cleaning, hanging clothes, lifting any weights, carrying shopping bags, cooking, and other household chores

- John O'Connor (Consultant Orthopaedic Surgeon) – 3 June 2015
    - She is due to have surgery for bunions on her feet in August of this year
    - Her bunions are unrelated to the motor vehicle accident
    - It is believed that all the metal has been removed from her right femur
    - Jane has ongoing symptoms in the right shoulder; such that she has restricted shoulder movement, and experiences pain at night time
    - Jane remains somewhat compromised by the inability to function normally with her right upper limb, and this tends to compromise her success in this competitive industry
    - Clinical examination confirmed reduced should range of motion
    - The internal rotational deformity of the femur was believed to be at the fracture site
    - An MRI of the right shoulder performed on 29 May 2014 confirmed the post-traumatic deformity of the proximal shaft of the right humerus, with there being angular and rotational malalignment
    - Mr. O'Connor stated the following; "I am of the opinion that her complaints and symptoms were directly caused by the motor vehicle accident"
    - Jane will be restricted in competing in the open workforce should she be required to work with her arms at or above shoulder level
    - Mr O'Connor concluded the following "I believe that Miss Smith has a permanent disability as a consequence of the motor vehicle accident. I have previously assessed a permanent disability in the right lower limb of 5% loss of function of the leg above the knee. I have also assessed permanent disability of the right shoulder of 6% loss of should function of the arm at or above the elbow"

- Lorraine Fortune (St John Ambulance Western Australia) – 19 April 2016
    - Patient Care Record (note, the below is not a comprehensive account)
        - Jane was a 14-year-old pedestrian
        - She ran in front of a vehicle that was going approximately 60km/h
        - She hit the car bonnet and then windscreen
        - Jane had a backpack on her back that cushioned that base of skull
        - She was found lying supine with her right leg deformed and bent back to her ear
        - She had a slight alteration in sensation

- Vanda Schijf (Academy Co-ordinator, Chadwick Models Perth)
    - Vanda stated the following; "Unfortunately, I could not confidently say to you that with Jane having had the accident, that it prevented her from any modelling prospects, as at the time whilst she had a good height and a pretty face, she did not yet have the skill level and polish required for a model to be successful. She was also much too young to sign to the agency"

- Dene Selby (Modelling & Imaging)
    - After meeting with Jane, Dene concluded the following; "When Jane came to my studio on Friday June 3, 2016, my first impression was Jane's natural attractiveness and height that is essential for international modelling. Jane also displayed calmness and maturity that helps individuals to stand out in this industry. I asked Jane to model for me and it was immediately apparent that she knew what to do, but wasn't able to execute a graceful or rhythmical walk. It is obvious that her injuries have created a gait unsuitable for modelling, rendering her unlikely to be chosen for any professional work. With regard to Jane's shoulder injury, as one shoulder is misaligned and comes forward creating a round shouldered appearance on one side, the lack of symmetry would be problematical for the correct hang and wearing of fashion required for modelling. As a model trainer since 1983, I feel that Jane could have achieved international success, but her injuries and scarring would have prevented any possibility of this

- Jaz Daly (Model Manager) – 7 June 2016
    - Jane has the perfect height and look for a successful modelling career
    - She is beautiful and if she were to do regular training I could see her doing quite well within the industry
    - It is visible that Jane's walking gate is affected and that could be an issue with runway modelling as it can be very specific with the walk
    - Her right arm does not flow like her left one
    - If Jane were able to train regularly and perfect her walk, Jane would be able to have a successful career
    - Jane would no doubt be able to work nationally and internationally in may countries around the world if her walk was able to be critiqued and if she could work on her body
    - To become internationally recognised, Jane would have to work very hard to perfect her body, flow, and walk
    - In addition, her scars may be an issue
    - It she was to maintain her weight she would be able to also do photographic and advertising modelling
    - If Jane began working at 16 years old she could have made approximately $50,000 at 16/17, and approximately $80,000-$100,000 each year after that and potentially more

- Dr Boon Loke (Consultant Psychiatrist) – 15 July 2016
    - Mental State Examination Findings
        - She appeared depressed and anxious
        - She indicated that she did not like to talk about herself
        - She was alert and her cognition was grossly intact
    - Psychiatric Diagnosis
        - Jane has developed dysthymia (persistent depressive disorder) following the accident of 19 April 2010
        - She fulfils the DSM-5 diagnostic criteria A, B(3), B(5), C, E, F, G, and H for persistent depressive disorder
    - Treatment and Progress
        - A course of CBT and a trial of Prozac (fluoxetine, an SSRI antidepressant medication), starting at 20mg each morning was recommended
    - Impacts
        - Jane had amnesia of the accident and subsequent pains
        - Multiple surgeries and length physical rehabilitation adversely affected her scholastic achievements
        - The depressive symptoms have adversely affected her schooling and further studies
        - The symptoms of dysthymia adversely affected her capacity to complete a university degree in Art
        - She struggles to attend classes because of dysthymia
        - One can conclude that her dysthymia has caused underachievement
        - Unless her depressive symptoms can be brought into remission with treatment, Jane will continue to have restricted social, domestic, and recreational activities in the future

- Kerry Jones (Optima Occupational Therapy) – 16 July 2016
  - Vocational Background
    - After Jane was discharged from the hospital, she was dependent on a wheelchair for mobility, which imposed limitation on her ability to get to school
    - Her exposure to bullying which resulted in Jane punching a girl, earnt her a two-day school suspension
    - Jane felt herself falling behind academically, leading to her decision to leave school
    - Jane enrolled in a Bachelor of Arts course at Edith Cowan University but found the level of study and research required too demanding on a background of continuing depressive illness and decreased ability to concentrate
    - Jane's responsibilities to care for her mother would in all probability have contributed to the anxiety experienced by her
    - In 2015, Jane completed a Diploma in Beauty Therapy; however, the physical demands of Beauty Therapy (e.g., prolonged standing during facials, and sustained stooping over massage tables), led to back and hand pain, which in combination led her to end her pursuit of this career
  - Physical Presentation/Assessment Outcomes
    - Overall, Kerry was impressed with Jane's level of physical capacity and evident level of associated function
    - There remains based on medical advice reviewed however the potential for longer term degenerative change and therefore a conservative approach to performance of sedentary/light activity in the future is imperative from a joint preservation perspective
  - Cognitive/Behavioural Presentation/Assessment Outcomes
    - Jane's demeanour was bright in the interview, until the discussion concerning her mother's dependence, of which she became slightly labile
    - Jane has goals and aspirations, but her commitment and loyalty is to her mother and brother with doubles as a burden on her in terms of pursuing her own dreams
    - Jane does not want to travel with the risk of her mother dying in her absence
    - Kerry strongly believes that cultural influences are at play in this regard in determining the role to be played by the eldest daughter
    - Jane displayed no evidence of cognitive impairment; her responses were always appropriate and accurate, and recall remained intact
    - Jane's way of relaxing, is staying in bed until four to five o'clock in the afternoon
    - Kerry made the following summary; "The circumstances outlined in my opinion suggest that the history of depression and anxiety is reactive to residual disability thwarting vocational options such as modelling, themes of loss associated with death of a close family member, her mothers' and brothers' dependency on her and an inability because of the current circumstances to realise vocational and recreational options that would otherwise be available to her. Any notion that the condition from which Ms Smith suffers is solely as a result of outcomes arising from the accident in question is in my view wrong with secondary factors compounding the PTSD originally arising from the accident ion question"
  - Pain Presentation/ Assessment Outcomes
    - Jane's pain is persisting; however, the treatment for this has been placed in the hands of Ms Kathy Menon (Structural Integration)

- Self-Care/ Showering/Toileting – Activities of Daily Living
  - Jane reports a sense of fatigue standing in the shower
  - There is a high probability that Jane will be exposed to risk of degenerative change in her hip and should
  - She should avoid moderate to heavy lifting, confining herself to sedentary/light activity, up to five kilograms on an infrequent basis
  - She should also avoid activities that demand operation of the right arm above shoulder height
  - Using the appropriate seating and mobility aids will play an important part in the prevention or minimisation of highly probable and foreseeable degeneration in her condition
  - I was concluded that from 40 years of age onwards, Jane be provided a helping hand reaching device to enable pick-up of light items from floor level whilst standing upright, a long show horn and a long-handled shower brush to aid in reach to the lower extremities during their respective application
- Dressing – Activities of Daily Living
  - Based on the prospect of having a hip replacement (40+ years of age), Jane will benefit from using a long-handled dressing stick to assist dressing of the lower extremities whilst avoiding or minimising hip flexion and requirements for crossing of her legs movements, likely to become problematic in light of her condition
  - Jane will have to adapt her fashion choices to clothes that are easy to apply
- Mobility/Posture/Postural Tolerance – Activities of Daily Living
  - Jane faces the limitation imposed on her catwalk gait utilised in modelling, that goes without saying is impacted by the biomechanical limitations imposed by the injuries sustained by her in the accident in question
  - Based on the likely premature onset of disability influencing movement and posture, it is recommended that Jane applies the use of an electric shop rider buggy from 40 years of age onwards as a means of community access
  - The foreseeable onset of and progression of mobility restrictions is likely to create both short term and long-term dependence on mobility aids
  - The residential location and amenities will become unsuitable to her needs in the future because of the steep stair access
- Sleep Pattern/Fatigue – Activities of Daily Living
  - Jane appears to suffer disturbed sleep which appears to associate with her patterns of withdrawal during periods such as semester breaks, where she withdraws and oversleeps
  - The level of care that Jane is required to administer to family members reliant on her is a compelling factor in her remaining at home
  - The reclusiveness in Jane's bedroom is suspected to be a response to the demands and the deprivation of lifestyle that would have otherwise be enjoyed by a twenty-year old girl, particularly in the social world of modelling
  - It is suspected that the diagnosis of depression and anxiety is in part reactive to the circumstance in which she finds herself, where cultural expectations are high
  - Jane also confronts altered sensation in her right arm when lying on that side
- Communication – Activities of Daily Living
  - It was concluded that the critical difference between her failure to study at ECU, and her success studying at TAFE may be attributed to the latter being in immediate proximity of the family home, rendering her capable of responding rapidly to urgent care demands for assistance from her mother

- Domestic Activities and Home Maintenance – Activities of Daily Living
  - Jane is responsible for helping her mother in the following ways; getting her mother at of bed, shopping, assisting cooking and washing, supervision of mobility when climbing the stairs, assisting self-care (e.g., showering), and transport of brother to and from school
  - The responsibilities that have been placed on Jane may fall outside her capacity
- Recreation/ Leisure Activities – Activities of Daily Living
  - Jane's engagement in amateur modelling has come to an end as a result of adverse feedback from judges relating to her catwalk presentation post-accident
  - The residual bio-mechanical limitations that Jane now faces influence her gait and posture, which directly influence her catwalk gait
- Child Care – Activities of Daily Living
  - Jane may have difficulties with manual handling demands associated with the birth of a child
- Vocational Management – Activities of Daily Living
  - Jane's vocational options have been severely narrowed as a result of the injuries sustained in the accident in question
  - She should avoid prolonged standing, siting, elevated use of the right arm above shoulder height, and impose lifting restrictions consistent with a Sedentary/Light demand rating

- Teresa La Monica (Registered Specialised Kinesiology Practitioner) – 20 July 2016
  - Jane presented with strong emotional issues relating to her injury, family history, and subsequent pain from the accident
  - She presented with difficulty with her altered mood state and was not communicative during her early sessions

School reports indicated the following Grades:

Year 7 (Highgate Primary School-2008):

Semester 1 – School of Instrumental Music:

- Guitar **B**

Semester 2:

- English **B**
- Mathematics **B**
- Science **B**
- Society and Environment **B**
- The Arts – Music **B**
- The Arts – Visual Arts **A**
- Health and Physical Education – Health **B**
- Health and Physical Education – Physical Activity **B**
- Languages – Indonesian **B**
- Technology and Enterprise **B**

Number of half day absences **47**

Year 8 (Mount Lawley Senior High School-2009):

Semester 1 – School of Instrumental Music:

- Guitar **C**

Semester 1:

- English **C**
- Mathematics **B**
- Science **B**
- Society and Environment **B**
- The Arts – Drama **B**
- The Arts – Music **B**
- Health and Physical Education – Health **A**
- Health and Physical Education – Physical Activity **B**
- Languages – Italian **A**
- Technology and Enterprise – Information Technology **A**

Number of half day absences **30**

Semester 2 – School of Instrumental Music:

- Guitar **C**

Semester 2:

- English **C**
- Mathematics **B**
- Science **B**
- Society and Environment **B**
- The Arts – Media **B**
- The Arts – Music **C**
- The Arts – Visual Arts **A**
- Health and Physical Education – Health **A**
- Health and Physical Education – Physical Activity **B**
- Languages – Italian **A**
- Technology and Enterprise – Design and Technology **B**
- Technology and Enterprise – Home Economics **B**

Number of half day absences **18**

The accident occurred in Semester 1, Year 9 (19th of April 2010)

Year 9 (Mount Lawley Senior High School-2010):

Semester 1:

• English	**B**
• Mathematics	**C**
• Science	**C**
• Society and Environment	**C**
• The Arts – Media	**Not Assessed**
• The Arts – Music	**Not Assessed**
• Health and Physical Education – Health	**B**
• Health and Physical Education – Physical Activity	**C**
• Languages – Italian	**D**
• Technology and Enterprise – Home Economics	**A**
Number of half day absences	**78**

Semester 1 – Exams:

• Mathematics	**25%**
• English	**70%**
• Science	**0%**
• Society & Environment	**49%**
• Language – Italian	**35%**

Semester 1 – Letter of Commendation:

- "Jane's progress and application have improved markedly this year. Her contribution to the community magazine is commendable".

Semester 2:

• English	**C**
• Mathematics	**D**
• Science	**C**
• Society and Environment	**C**
• The Arts – Drama	**D**
• The Arts – Music	**Not Assessed**
• The Arts – Arts	**A**
• Health and Physical Education – Health	**C**
• Health and Physical Education – Physical Activity	**D**
• Languages – Italian	**D**
• Technology and Enterprise – Design and Technology	**Not Assessed**
• Technology and Enterprise – Information Technology	**C**
Number of half day absences	**59**

Year 10 (Mount Lawley Senior High School-2011):

Semester 1:

• English	**C**
• Mathematics 1A	**B**
• Science	**D**
• Society and Environment	**C**
• The Arts – Media	**C**
• Health and Physical Education – Health	**C**
• Health and Physical Education – Physical Activity	**C**
• Languages – Italian	**C**
• Technology and Enterprise – Home Economics	**E**
Number of half day absences	**52**

Semester 2:

• English	**C**
• Mathematics 1A	**B**
• Science	**C**
• Society and Environment	**C**
• The Arts – Visual Arts	**B**
• Health and Physical Education – Health	**C**
• Health and Physical Education – Physical Activity	**Not Assessed**
• Languages – Italian	**D**
• Technology and Enterprise – Design and Technology	**D**
Number of half day absences	**64**

Year 10 Progress Report:

• English	**Good Achievement**
• Mathematics 1A	**Satisfactory Achievement**
• Science	**Excellent Achievement**
• Society and Environment	**Good Achievement**
• The Arts – Media	**Satisfactory Achievement**
• Health and Physical Education – Health	**Good Achievement**
• Health and Physical Education – Physical Activity	**Satisfactory Achievement**
• Languages – Italian	**Limited Achievement**
• Technology and Enterprise – International Foods	**Good Achievement**

Academic Summary:
The above academic timeline clearly indicates that it was at the time of the accident that Jane went from being a strong student (almost entirely Bs and As) to being a weak student (Cs and Ds) with considerable absenteeism.

Jane ceased high school half way through Year 11.

Year 11 (Mount Lawley Senior High School-2012):

Semester 1:

• CII Community Services	**Not Assessed**
• Children, Family, and Community 1A/B	**D**
• Drama 1A/B	**D**
• English 1A/B	**A**
• Food Science and Technology 1A/B: Hospitality	**E**
• Visual Arts 1A/B	**C**
Number of half day absences	**44**

Year 11 Progress Report:

• Children, Family, and Community 1A/B	**Satisfactory Achievement**
• CII Community Services	**Satisfactory Achievement**
• Drama 1A/B	**Good Achievement**
• English 1A/B	**Excellent Achievement**
• Food Science and Technology 1A/B: Hospitality	**Satisfactory Achievement**
• Visual Arts 1A/B	**Good Achievement**

Post High School Education:

- Pre-Apprenticeship – Place offered
  - Course Name: Family of Trades – Automotive
  - Qualification Name: Certificate I in Automotive
- Qualifications obtained
  - Certificate III in Visual Arts and Contemporary Craft
  - Diploma of Beauty Therapy

Please note that only a brief overview was obtained due to Jane already having provided more detailed background information to the referrer.

See checklists for more behavioural information.

GLOBAL SCREENING ASSESSMENT

Screening Tests Administered:

Test	*Date of Administration*
adult psychprofiler (APP; Langsford, Houghton, & Douglas 2014)	15/11/2016

APP Outline:
The APP utilises two separate screening forms; the Self-report Form (SRF: 177 items) and Observer-report Form (ORF: 177 items) for the simultaneous screening of the 17 most prevalent disorders in adults aged 18 years and above (see next page for list of disorders included). The APP comprises screening criteria that closely resemble the diagnostic criteria of the *Diagnostic and Statistical Manual of Mental Disorders–Fifth Edition* (DSM-5: American Psychiatric Association: APA, 2013).

Disorders included in the APP:

Anxiety Disorders:
- ✯ Generalised Anxiety Disorder
- ✯ Panic Disorder
- ✯ Specific Phobia

Attention-Deficit/Hyperactivity Disorder:
- ✯ Attention-Deficit/Hyperactivity Disorder

Autism Spectrum Disorder:
- ✯ Autism Spectrum Disorder

Bipolar and Related Disorders:
- ✯ Bipolar Disorder

Communication Disorders:
- ✯ Language Disorder
- ✯ Speech Sound Disorder

Depressive Disorders:
- ✯ Persistent Depressive Disorder
- ✯ Major Depressive Disorder

Feeding and Eating Disorders:
- ✯ Anorexia Nervosa
- ✯ Bulimia Nervosa

Obsessive-Compulsive and Related Disorders:
- ✯ Obsessive-Compulsive Disorder

Personality Disorders:
- ✯ Antisocial Personality Disorder

Schizophrenia Spectrum and Other Psychotic Disorders:
- ✯ Schizophrenia

Specific Learning Disorders:
- ✯ Specific Learning Disorder

Trauma and Stressor-Related Disorders:
- ✯ Posttraumatic Stress Disorder

APP Results:
In order to provide more comprehensive information, both Jane and her mother completed separate APP Forms.

Jane self-reported positive screens for:

- Generalised Anxiety Disorder
- Panic Disorder
- Specific Phobia
- Attention-Deficit/Hyperactivity Disorder: Predominantly Inattentive Presentation
- Bipolar II Disorder
- Language Disorder
- Persistent Depressive Disorder
- Major Depressive Disorder
- Antisocial Personality Disorder
- Specific Learning Disorder – with Impairment in Reading
- Specific Learning Disorder – with Impairment in Mathematics Disorder
- Posttraumatic Stress Disorder

Jane's observer reported positive screens on Jane's behalf for:

- Generalised Anxiety Disorder
- Panic Disorder
- Specific Phobia
- Attention-Deficit/Hyperactivity Disorder: Predominantly Inattentive Presentation
- Bipolar II Disorder
- Language Disorder
- Persistent Depressive Disorder
- Major Depressive Disorder
- Antisocial Personality Disorder
- Posttraumatic Stress Disorder

Please note that any indication of a positive screen on the APP does not constitute a formal diagnosis. A positive screen merely indicates that the individual has met sufficient criteria for a disorder to warrant further investigation.

Please refer to the APP Report(s) for the individual behaviours which were responsible for the positive screens elicited.

DSM-5 Generalised Anxiety Disorder Criteria: American Psychiatric Association (2013)

The belowDSM-5 information is collected using both a checklist and semi-structured interview methodology.

	DSM-5 Criteria	Met	Not Met
A	Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance)	✓	☐

	DSM-5 Criteria	Met	Not Met
B	The individual finds it difficult to control the worry	✓	☐

	DSM-5 Criteria	Met	Not Met
C	The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past 6 months)	✓	☐
C1	Restlessness or feeling keyed up or on edge	☐	✓
C2	Being easily fatigued	✓	☐
C3	Difficulty concentrating or mind going blank	✓	☐
C4	Irritability	✓	☐
C5	Muscle tension	✓	☐
C6	Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep)	☐	✓

	DSM-5 Criteria	Met	Not Met
D	The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning	✓	☐

	DSM-5 Criteria	Met	Not Met
E	The disturbance is not attributable to the physiological effects of a substance or another medical condition	✓	☐

	DSM-5 Criteria	Met	Not Met
F	The disturbance is not better explained by another mental disorder	☐	✓

Below is additional anxiety-related information pertaining to thoughts and feelings.

	Thoughts and Feelings	Yes, and for 6 months or more
1	**Impending doom:** I experience apprehension or a sense of something terrible is about to happen.	✓
2	**Terrified:** I experience feelings of terror or being deeply afraid.	✓
3	**Nervous:** I feel uneasy or apprehensive.	✓
4	**Fear of losing control:** I experience fears that I am on the verge of losing control.	✓
5	**Fear of dying:** I worry about major physical illnesses, heart attacks or dying.	✓
6	**Scared:** I experience feelings of fright or alarm.	✓
7	**Trapped:** I feel trapped with no way out.	☐
8	**Isolated-Lonely:** I experience fears of being alone, isolated, or abandoned.	✓
9	**Insecurity:** I experience fears about looking foolish or inadequate in front of others.	✓
10	**Criticized:** I experience fears about being criticised or met with disapproval.	✓
11	**Rejected:** I experience fears of being rejected in social situations.	✓

Below is additional anxiety-related information pertaining to Jane's physical symptoms:

	Physical Symptoms	Yes, and for 6 months or more
1	**Numbness or tingling:** I experience tingling or numbness in my toes or fingers.	☐
2	**Temperature changes:** I experience hot flashes or cold chills.	✓
3	**Wobbliness in legs:** I experience rubbery or 'jelly' legs.	☐
4	**Dizziness:** I feel dizzy or light-headed.	✓
5	**Heart palpitations:** I experience skipping, racing, or pounding of the heart.	✓
6	**Unsteady:** I feel off balance and unsteady on my feet.	✓
7	**Choking:** I experience choking or smothering sensations.	☐
8	**Trembling:** I experience shaking hands or body trembling.	✓
9	**Difficulty breathing:** I experience pain, pressure or tightness in the chest which makes it difficult for me to breath.	✓
10	**Stomach complaints:** I experience indigestion, nausea, butterflies, or discomfort in the stomach.	✓
11	**Face flushed:** I experience redness in the face.	☐
12	**Sweating:** I experience sweating not brought on by heat.	✓
13	**Bowel issues:** I experience diarrhoea or a feeling of needing to go to the toilet more frequently than what I consider to be normal.	☐
14	**Panic attacks:** I experience sudden unexpected panic spells (e.g., intense periods of fear and worry).	✓

Additional qualitative information provided in relation to worry;

"There is constant worry. Every day, every night it becomes stronger. Death is always on my mind. I try to block it and forget but it is always there and always will be. I have a sensation that my chest and my soul is being ripped out. I worry that people re judging me and my every move. People think I'm stupid but they do not realise what I have been through. The make fun of me, things I say, the way I talk. My heart pounds so fast and hard sometimes I can feel it escaping my chest. I hate expressing emotions and talking about them. Being confronted, it becomes too much, I shut them off and just cry. I cry but I don't think".

SUMMARY OF CRITERIA:

Criteria A: **Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).**

This criterion is rated as having been Met.

Criteria B: **The individual finds it difficult to control the worry.**

This criterion is rated as having been Met.

Criteria C: **The anxiety and worry are associated with three (or more) of the six symptoms (with at least some symptoms having been present for more days than not for the past 6 months).**

This criterion is rated as having been Met.

Criteria D: **The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.**

This criterion is rated as having been Met.

Criteria E: **The disturbance is not attributable to the physiological effects of a substance or another medical condition.**

This criterion is rated as having been Met.

Criteria F: **The disturbance is not better explained by another mental disorder.**

This criterion is rated as having Partially Met. Jane has been diagnosed with Post Traumatic Stress Disorder

DSM-5 CONCLUSION:

Jane meets the DSM-5 criteria for a diagnosis of General Anxiety Disorder.

DSM-5 Major Depressive Disorder Criteria: American Psychiatric Association (2013)

The below DSM-5 information is collected using both a checklist and semi-structured interview methodology.

	DSM-5 Criteria	Met	Not Met
A	Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.	✓	☐
A1	Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful).	✓	☐
A2	Markedly diminished interest of pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).	✓	☐
A3	Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day.	✓	☐
A4	Insomnia or hypersomnia nearly every day.	✓	☐
A5	Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).	☐	✓
A6	Fatigue or loss of energy nearly every day.	✓	☐
A7	Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guild about being sick).	✓	☐
A8	Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).	✓	☐
A9	Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.	✓	☐

	DSM-5 Criteria	Met	Not Met
B	The symptoms cause clinically significant distress or impairment in social, occupational, or other important area of functioning.	✓	☐

	DSM-5 Criteria	Met	Not Met
C	The episode is not attributable to the physiological effects of a substance or to another medical condition.	✓	☐

	DSM-5 Criteria	Met	Not Met
D	The occurrence of the major depressive episode is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified and unspecified schizophrenia spectrum and other psychotic disorders.	✓	☐

	DSM-5 Criteria	Met	Not Met
E	There has never been a manic episode or a hypomanic episode.	☐	✓

DSM-5	Specifiers
Severity	Moderate – Severe
With psychotic features	No
Remission	Unspecified
With	Anxious distress

Below is additional depression-related information pertaining to Jane's thoughts and feelings:

	Qualitative – Thoughts and Feelings	Yes, during the same 2-week period
1	**Sadness:** I feel sad, unhappy or empty for most of the day	✓
2.	**Pessimism:** I feel discouraged, the future looks hopeless	✓
3	**Helplessness:** I feel like I am helpless to change my life to ensure a happy future	✓
4	**Past failure:** I feel like a failure and worry a lot over minor past failings	☐
5	**Guilty feelings:** I have feelings of shame or excessive inappropriate guilt	☐
6	**Punishment feelings:** I feel I am being punished	☐
7	**Self-dislike:** I don't really like the person I am	✓
8	**Self-concept:** I lack confidence and/or have poor self esteem	✓
9	**Self-criticalness:** I get self-critical and blame myself for everything	☐
10	**Indecisiveness:** I have trouble making up my mind about things and making decisions	✓
11	**Worthlessness:** I have feelings of worthlessness, inadequacy and/or inferiority	✓
12	**Poor self image:** I don't like the way I look	☐

Below is additional depression-related information pertaining to Jane's physical symptoms:

	Qualitative – Physical Symptoms	Yes, during the same 2-week period
1	**Crying:** I experience crying spells or tearfulness	✓
2	**Agitation:** I get physically agitated and restless (e.g., an inability to sit still, pacing, hand-wringing)	☐
3	**Loss of energy:** I have little energy and have to push myself to do things I need to do	✓
4	**Changes in sleeping patterns:** I experience insomnia and find it hard to get a good night's sleep, or I am excessively tired and sleep too much (hypersomnia)	✓
5	**Irritability and frustration:** I am irritable and have a tendency to respond to events with angry outbursts or blaming of others, or have an exaggerated sense of frustration over minor matters)	✓

6	**Changes in appetite:** I experience a significant decrease or increase in appetite	✓
7	**Changes in weight:** I experience a significant weight loss or gain (even when not dieting or heavy exercising)	☐
8	**Ailments:** I experience a churning stomach, headaches, sore neck and shoulders, and/or body aches and pains (e.g., joint, muscular)	✓
9	**Tiredness or fatigue:** I feel tired out or weary for no good reason	✓

Below is additional depression-related information pertaining to Jane's activities and personal relationships:

	Qualitative – Activities and Personal Relationships	**Yes, during the same 2-week period**
1	**Loss of pleasure:** I have experienced a loss of pleasure or satisfaction in all, or almost all, activities/things I used to enjoy	✓
2	**Social withdrawal:** I have stopped going out, or neglect previously pleasurable activities	✓
3	**Loss of interest:** I have experienced a diminished interest in all, or almost all, activities (e.g., career, hobbies, family and/or friends)	☐
4	**Loss of interest in sex:** My interest in sex is reduced	✓
5	**Loneliness:** I am spending less time with family or friends	✓
6	**Avoidance:** I have been avoiding work or other activities because I do not feel up to it	✓
7	**Illicit Substance Use:** I rely on illicit drugs (e.g., amphetamines, marijuana) to feel good or "normal"	☐
8	**Alcohol Use:** I rely on alcohol to feel good or "normal"	☐
9	**Medication Use:** I rely on prescription or over-the-counter medicines (e.g., sleeping tablets or sedatives) to feel good or "normal"	✓

Below is additional depression-related information pertaining to Jane's cognitions:

	Qualitative – Cognitions	**Yes, during the same 2-week period**
1	**Concentration difficulty:** I find it hard to concentrate	✓
2	**Slowness:** I feel that my thinking, movements or speech have become slower	✓
3	**Short-term Memory Loss:** I have trouble remembering information from only a short while ago	✓
4	**Long-term Memory Loss:** I have trouble remembering information from long ago (e.g., childhood memories, phone numbers)	✓

Below is additional depression-related information pertaining to Jane's suicidal urges.

	Qualitative – Suicidal Urges	Yes, during the same 2-week period
1	**Suicidal thoughts or wishes:** I have recurrent thoughts of death or of committing suicide (e.g., life is not worth living, thinking I might be better off dead)	Sometimes

Additional information provided in relation to mood

"I often like to be alone and not speak or be spoken too. People at TAFE may ask me questions and drag them on, and I become agitated. Leave me alone and let me concentrate on my work. I am not the teacher. People just in general, make me mad. They don't know that their life can be taken from them in less than a second".

SUMMARY OF CRITERIA:

Criteria A: **Five (or more) of the symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.**

This criterion is rated as having been Met.

Criteria B: **The symptoms cause clinically significant distress or impairment in social, occupational, or other important area of functioning.**

This criterion is rated as having been Met.

Criteria C: **The episode is not attributable to the physiological effects of a substance or to another medical condition.**

This criterion is rated as having been Met.

Criteria D: **The occurrence of the major depressive episode is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified and unspecified schizophrenia spectrum and other psychotic disorders.**

This criterion is rated as having been Met.

Criteria E: **There has never been a manic episode or a hypomanic episode.**

This criterion is rated as having been Not Met.

Specifier: **Moderate – Severe severity**

Specifier: **Without psychotic features**

Specifier: **Unspecified**

Specifier: **With anxious distress**

DSM-5 CONCLUSION:

Jane meets the DSM-5 criteria for a diagnosis of Major Depressive Disorder with moderate – severe severity, and anxious distress. There is also intermittent suicide ideation.

DSM-5 Persistent Depressive Disorder Criteria: American Psychiatric Association (2013)

The belowDSM-5 information is collected using both a checklist and semi-structured interview methodology.

	DSM-5 Criteria	Met	Not Met
A	Depressed mood for most of the day, for more days than not, as indicated by either subjective account or observation by others, for at least 2 years.	✓	☐

	DSM-5 Criteria	Met	Not Met
B	Presence, while depressed, of two (or more) of the following	✓	☐
B1	Poor appetite or overeating	✓	☐
B2	Insomnia or hypersomnia	✓	☐
B3	Low energy or fatigue	✓	☐
B4	Low self-esteem	✓	☐
B5	Poor concentration or difficulty making decisions	✓	☐
B6	Feelings of hopelessness	✓	☐

	DSM-5 Criteria	Met	Not Met
C	During the 2-year period of the disturbance, the individual has never been without symptoms in Criteria A and B for more than 2 months at a time	✓	☐

	DSM-5 Criteria	Met	Not Met
D	Criteria for a major depressive disorder may be continuously present for 2 years	✓	☐

	DSM-5 Criteria	Met	Not Met
E	There has never been a manic episode or a hypomanic episode, and criteria have never been met for cyclothymic disorder	✓	☐

	DSM-5 Criteria	Met	Not Met
F	The disturbance is not better explained by a persistent schizoaffective disorder, schizophrenia, delusional disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorder	✓	☐

	DSM-5 Criteria	Met	Not Met
G	The symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., Hypothyroidism)	✓	☐

	DSM-5 Criteria	Met	Not Met
H	The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.	✓	☐

DSM-5	Specifiers
Severity	Moderate
Onset	Early
Remission	No Remission
With	Anxious distress
With (In the most recent 2 years of PDD)	With persistent major depressive episode

Below is additional depression-related information pertaining to Jane's thoughts and feelings:

	Qualitative – Thoughts and Feelings	Yes, during last <u>two years</u>
1	**Sadness:** I feel sad, unhappy or empty for most of the day	✓
2.	**Pessimism:** I feel discouraged, the future looks hopeless	☐
3	**Helplessness:** I feel like I am helpless to change my life to ensure a happy future	✓
4	**Past failure:** I feel like a failure and worry a lot over minor past failings	☐
5	**Guilty feelings:** I have feelings of shame or excessive inappropriate guilt	☐
6	**Punishment feelings:** I feel I am being punished	✓
7	**Self-dislike:** I don't really like the person I am	✓
8	**Self-concept:** I lack confidence and/or have poor self esteem	✓
9	**Self-criticalness:** I get self-critical and blame myself for everything	✓
10	**Indecisiveness:** I have trouble making up my mind about things and making decisions	✓
11	**Worthlessness:** I have feelings of worthlessness, inadequacy and/or inferiority	✓
12	**Poor self-image:** I don't like the way I look	✓

Below is additional depression-related information pertaining to Jane's physical symptoms:

	Qualitative – Physical Symptoms	Yes, during last <u>two years</u>
1	**Crying:** I experience crying spells or tearfulness	✓
2	**Agitation:** I get physically agitated and restless (e.g., an inability to sit still, pacing, hand-wringing)	☐
3	**Loss of energy:** I have little energy and have to push myself to do things I need to do	✓
4	**Changes in sleeping patterns:** I experience insomnia and find it hard to get a good night's sleep, or I am excessively tired and sleep too much (hypersomnia)	✓

5	**Irritability and frustration:** I am irritable and have a tendency to respond to events with angry outbursts or blaming of others, or have an exaggerated sense of frustration over minor matters)	✓
6	**Changes in appetite:** I experience a significant decrease or increase in appetite	✓
7	**Changes in weight:** I experience a significant weight loss or gain (even when not dieting or heavy exercising)	☐
8	**Ailments:** I experience a churning stomach, headaches, sore neck and shoulders, and/or body aches and pains (e.g., joint, muscular)	✓
9	**Tiredness or fatigue:** I feel tired out or weary for no good reason	✓

Below is additional depression-related information pertaining to Jane's activities and personal relationships:

	Qualitative – Activities and Personal Relationships	**Yes, during last <u>two years</u>**
1	**Loss of pleasure:** I have experienced a loss of pleasure or satisfaction in all, or almost all, activities/things I used to enjoy	✓
2	**Social withdrawal:** I have stopped going out, or neglect previously pleasurable activities	✓
3	**Loss of interest:** I have experienced a diminished interest in all, or almost all, activities (e.g., career, hobbies, family and/or friends)	✓
4	**Loss of interest in sex:** My interest in sex is reduced	✓
5	**Loneliness:** I am spending less time with family or friends	✓
6	**Avoidance:** I have been avoiding work or other activities because I do not feel up to it	✓
7	**Illicit Substance Use:** I rely on illicit drugs (e.g., amphetamines, marijuana) to feel good or "normal"	☐
8	**Alcohol Use:** I rely on alcohol to feel good or "normal"	☐
9	**Medication Use:** I rely on prescription or over-the-counter medicines (e.g., sleeping tablets or sedatives) to feel good or "normal"	☐

Below is additional depression-related information pertaining to Jane's cognitions:

	Qualitative – Cognitions	Yes, during last <u>two years</u>
1	**Concentration difficulty:** I find it hard to concentrate	✓
2	**Slowness:** I feel that my thinking, movements or speech have become slower	☐
3	**Short-term Memory Loss:** I have trouble remembering information from only a short while ago	✓
4	**Long-term Memory Loss:** I have trouble remembering information from long ago (e.g., childhood memories, phone numbers)	☐

Below is additional depression-related information pertaining to Jane's suicidal urges:

	Qualitative – Suicidal Urges	Yes, during last <u>two years</u>
1	**Suicidal thoughts or wishes:** I have recurrent thoughts of death or of committing suicide (e.g., life is not worth living, thinking I might be better off dead)	☐

EXAMPLES OF QUALITATIVE INFORMATION PROVIDED:

- Jane believes that constantly thinking of herself and people around her dying, makes her question her existence
- She always wants to be alone and not talk to anyone
- Jane doesn't want anyone to know how she feels, because she thinks it is embarrassing
- Jane sleeps at least 10 hours per night
- She has no faith in humanity, and everyone seems to annoy her
- Jane isn't sure if it is just her or the whole word
- She is constantly bullied
- Jane has no ability to talk to people, she just jumbled up her own words if she tries

SUMMARY OF CRITERIA:

Criteria A: **Depressed mood for most of the day, for more days than not, as indicated by either subjective account or observation by others, for at least 2 years.**

This criterion is rated as having been Met.

Criteria B: **Presence, while depressed, of two (or more) symptoms.**

This criterion is rated as having been Met.

Criteria C: **During the 2-year period of the disturbance, the individual has never been without symptoms in Criteria A and B for more than 2 months at a time**

This criterion is rated as having been Met.

Criteria D: **Criteria for a major depressive disorder may be continuously present for 2 years**

This criterion is rated as having been Met.

Criteria E: **There has never been a manic episode or a hypomanic episode, and criteria have never been met for cyclothymic disorder**

This criterion is rated as having been Met.

Criteria F: **The disturbance is not better explained by a persistent schizoaffective disorder, schizophrenia, delusional disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorder**

This criterion is rated as having been Met.

Criteria G: **The symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., Hypothyroidism)**

This criterion is rated as having been Met.

Criteria H: **The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.**

This criterion is rated as having been Met.

Specifier: **Moderate severity**

Specifier: **Early onset**

Specifier: **No remission**

Specifier: **With anxious distress**

Specifier: **With persistent major depressive episode**

DSM-5 CONCLUSION:

Jane meets the DSM-5 criteria for a diagnosis of Persistent Depressive Disorder with moderate severity, early onset, anxious distress, and persistent major depressive episode.

DSM-5 PTSD CRITERIA American Psychiatric Association (2013)

The belowDSM-5 information is collected using both a checklist and semi-structured interview methodology.

Criteria A. Have you been exposed to an actual or threatened traumatic event(s) (e.g. serious injury, threatened death, or sexual violence) in one (or more) of the following ways:

	DSM-5 Criteria	Yes	No
A1	Directly experiencing the traumatic event(s).	✓	☐
A2	Witnessing, in person, the event(s) as it occurred to others.	✓	☐
A3	Learning that the traumatic event(s) occurred to a close family member or close friend. (In case of actual or threatened death of a family member or close friend, the event(s) must have been violent or accidental).	✓	☐
A4	Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g. first responders collecting human remains; police officers repeatedly exposed to details of child abuse).	☐	✓

What was the event? Jane was hit by a car

What was the date of the traumatic event? 19/04/2010

Criteria B. How often does the traumatic event produce intrusion symptomology in any of the following ways?:

	DSM-5 Criteria	Never or Rarely	Sometimes	Often	Very Often
B1	Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).	☐	☐	☐	✓
B2	Recurrent distressing dreams in which the content and/or effect of the dream are related to the traumatic event(s).	☐	☐	✓	☐
B3	Dissociative reactions (e.g. flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring.	☐	☐	✓	☐
B4	Intense or prolonged psychological distress at exposure to internal or external cues that symbolise or resemble an aspect of the traumatic event(s).	☐	☐	✓	☐
B5	Marked physiological reactions to internal or external cues that symbolise or resemble an aspect of the traumatic event(s).	☐	☐	✓	☐

Criteria C. How often do you have any persistent avoidance of stimuli associated with the traumatic event(s) beginning after the traumatic event(s) occurred, as evidenced by one or both of the following?:

	DSM-5 Criteria	Never or Rarely	Sometimes	Often	Very Often
C1	Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).	☐	✓	☐	☐
C2	Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts or feelings about or closely associated with traumatic event(s).	☐	✓	☐	☐

Criteria D. **How often do you experience any negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by any of the following?:**

	DSM-5 Criteria	Never or Rarely	Sometimes	Often	Very Often
D1	Inability to remember an important aspect of the traumatic event(s).	☐	☐	✓	☐
D2	Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g. "I am bad", "No one can be trusted", "The world is completely dangerous", "My whole nervous system is permanently ruined").	☐	☐	☐	✓
D3	Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.	✓	☐	☐	☐
D4	Persistent negative emotional state (e.g. fear, horror, anger, guilt, or shame).	☐	☐	✓	☐
D5	Markedly diminished interest or participation in significant activities.	☐	☐	☐	✓
D6	Feelings of detachment or estrangement from others.	☐	☐	☐	✓
D7	Persistent inability to experience positive emotions (e.g. inability to experience happiness, satisfaction, or loving feelings).	☐	☐	✓	☐

Criteria E. **How often do you experience any marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by any of the following?:**

	DSM-5 Criteria	Never or Rarely	Sometimes	Often	Very Often
E1	Irritable behaviour and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.	✓	☐	☐	☐
E2	Reckless or self-destructive behaviour.	☐	✓	☐	☐
E3	Hypervigilance.	☐	☐	☐	☐
E4	Exaggerated startle response.	✓	☐	☐	☐
E5	Problems with concentration.	☐	☐	☐	✓
E6	Sleep disturbance (e.g. difficulty falling or staying asleep or restless sleep).	☐	✓	☐	☐

Criteria F. **What has been the duration of the disturbances you identified in Criteria B-E?**
Criteria B – Years
Criteria C – Years
Criteria D – Years
Criteria E – Years

Criteria G. **Do the disturbances causes clinically significant distress or impairment in social, occupational, or other important areas of functioning?**
Yes

Criteria H. **Are the disturbances attributable to the physiological effects of a substance (e.g., medication, alcohol) or other medical condition?**
No

Specifier. How often do you experience any persistent or recurrent symptoms of either of the following?:

	DSM-5 Criteria	Never or Rarely	Sometimes	Often	Very Often
S1	Persistent or recurrent experiences of feeling detached from, and as if one were an outside observer of, one's mental processes or body (e.g. feeling as though one were in a dream; feeling a sense of unreality of self or body or of time moving slowly).	☐	☐	✓	☐
S2	Persistent or recurrent experiences of unreality of surroundings (e.g. the world around the individual is experienced as unreal, dreamlike, distant or distorted).	☐	☐	✓	☐

EXAMPLES OF QUALITATIVE INFORMATION PROVIDED:

- Jane always looks at things as being a dream, and she often can't remember what is in a dream, and what is reality
- She if detached from herself; such that, she feels like it is all happening to someone else
- In conversations, Jane doesn't really pay attention or concentrate
- Jane sleeps ten hours, and is still tired
- She doesn't have any relationships with friends or family
- Jane is not motivated to meet people or go out and socialise
- If she goes out, she will want to go home straight away, and often feels like crying
- Jane reported that she always gets flashbacks when she passes the place of the accident
- Jane still has visions and dreams of the accident a few times a month
- She constantly thinks of death, and worries about losing everyone around her
- She thinks about death scenario's in everyday things
- If Jane sees people going to cross the road while she is driving, she will go into the other lane
- Jane doesn't like being close to the car in front of her while driving, because she has difficulty seeing the road
- She is hypervigilant when crossing the road, and will only cross when the "green man" is green
- At times, other people would get angry at her for refusing to cross if the "green man" wasn't green
- Jane doesn't remember the accident, but remembers the accident soon after, and started thinking that she was dead, about to die, or going to be a quadriplegic, and then felt sorry for her mother
- Jane thinks about death on "good" days
- She tried modelling after the accident, but was constantly criticised and over looked, dur to not being able to walk properly
- Jane does not like going to appointments – "I've been to too many over the years"
- When asked who she could contact to do something social, she began teary and said she had "no one apart from her mum"
- Jane started smoking regularly after the accident – 10 a day (Winfield blue 12mg)
- Jane gets headaches when she is really sad
- Jane does not have full movement in her right shoulder and right leg
- Jane has seen two separate psychologists previously

SUMMARY OF CRITERIA:

Criteria A: **Has been exposed to an actual or threatened traumatic event.**
This criterion is rated as having been Met.

Criteria B: **Presence of one or more intrusion symptoms associated with the traumatic event, beginning after the traumatic even occurred.**
This criterion is rated as having been Met.

Criteria C: **Persistent avoidance of stimuli associated with the traumatic event, beginning after the traumatic even occurred.**
This criterion is rated as having been Met.

Criteria D: **Negative alterations in cognitions and mood associated with the traumatic event, beginning after the traumatic even occurred.**
This criterion is rated as having been Met.

Criteria E: **Marked alterations in arousal and reactivity associated with the traumatic event, beginning or worsening after the traumatic even occurred.**
This criterion is rated as having been Met.

Criteria F: **Duration of the disturbance (Criteria B-E) is more than one month.**
This criterion is rated as having been Met.

Criteria G: **Do the disturbances causes clinically significant distress or impairment in social, occupational, or other important areas of functioning?**
This criterion is rated as having been Met.

Criteria H: **The disturbances are not attributable to the physiological effects of a substance (e.g., medication, alcohol) or other medical condition.**
This criterion is rated as having been Met.

Specifier 1. **Depersonalisation: Persistent or recurrent experiences of feeling detached from, and as if one were an outside observer of, one's mental processes or body.**
This criterion is rated as having been Met.

Specifier 2. **Derealisation: Persistent or recurrent experiences of unreality of surroundings.**
This criterion is rated as having been Met.

Specification is with dissociative symptoms involving both depersonalisation and derealisation.

DSM-5 CONCLUSION:

From the information obtained, Jane meets the DSM-5 diagnosis of Posttraumatic Stress Disorder with dissociative symptoms involving both depersonalisation and derealisation.

PERSONALITY ASSESSMENT

Personality Assessments Administered:

Test	*Date of Administration*
Neuroticism, Extraversion, Openness Personality Inventory -3 (NEO-PI-3, 2010)	29/11/2016

NEO-PI-3 Overview:

The NEO Personality Inventory-3 measures five broad domains or factors of personality, and six more specific traits or factors within each domain.

The responses that an individual gives to the statements about their thoughts, feelings, and goals can be compared to those of others to provide a description of their personality.

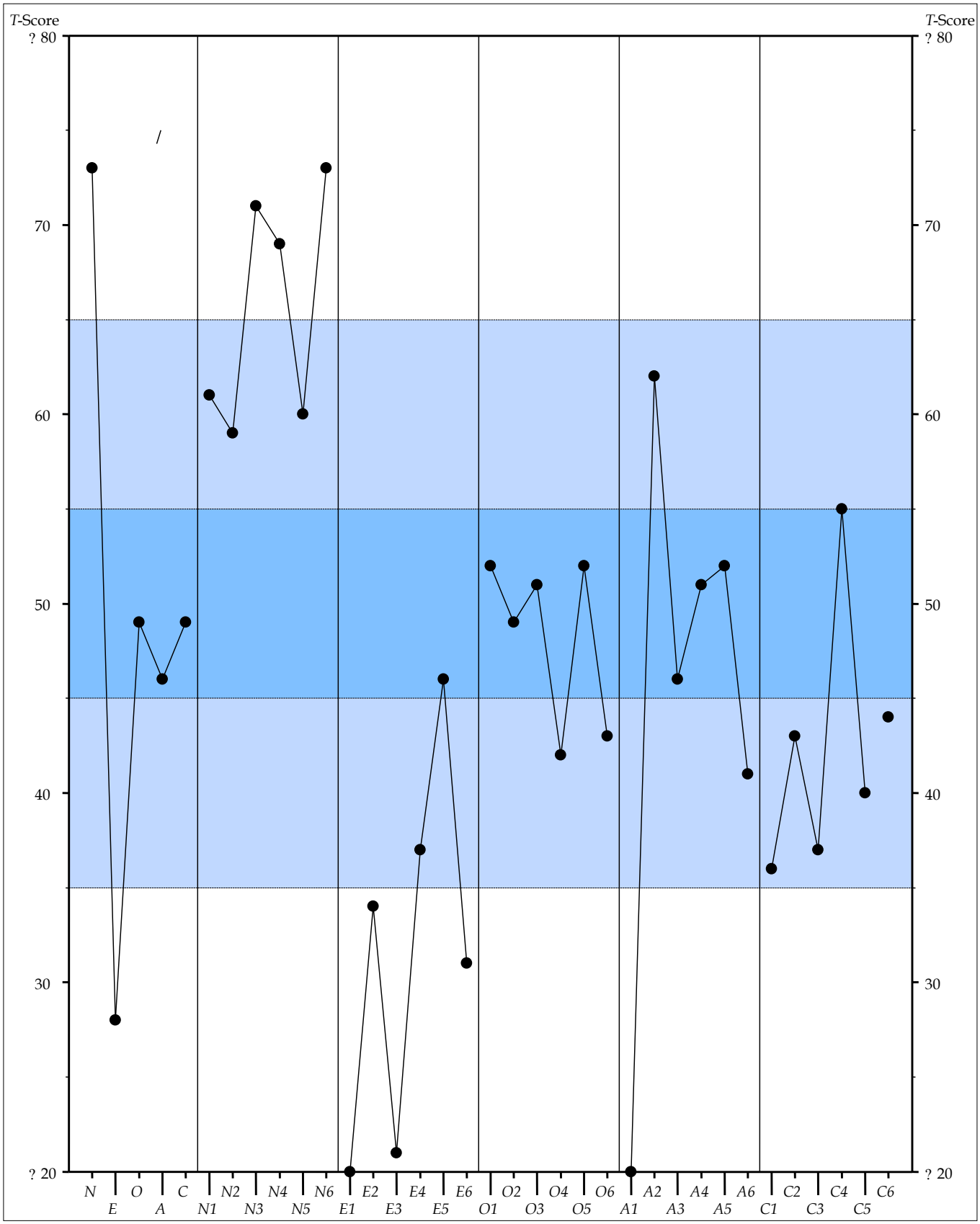
NEO-PI-3 Domains:

The N Domain	Traits in the *N Domain* reflect different ways of reacting emotionally to distressing circumstances. Low scorers are resilient, rarely experiencing negative emotions; high scorers often have strong emotional reactions
The E Domain	The *E Domain* measures traits related to energy and enthusiasm, especially when dealing with people. Low scorers are serious and introverted; high scorers are outgoing extraverts.
The O Domain	The facets of the *O Domain* measure responses to various kinds of experience. Low scorers are down-to-earth and conventional; they prefer the familiar and the tried-and-true. High scorers are imaginative and open-minded.
The A Domain	This *A Domain* is concerned with styles of interpersonal interaction. Low scorers are hard-headed and competitive; high scores compassionate and cooperative.
The C Domain	Traits in the *C Domain* describe differences in motivation and persistence. Low scorers are easygoing and not inclined to make plans or schedules. High scorers are conscientious and well organized.

NEO-PI-3 Declaration:

Jane has read though all of the NEO-PI-3 results and has endorsed as true all of the included results and personality traits.

NEO-PI-3 Graphical Presentation of Results:



NEO-PI-3 Tabular Presentation of Results:

Scale	Raw Score	*T* Score	Range
Factors			
(N) Neuroticism	---	73	Very High
(E) Extraversion	---	28	Very Low
(O) Openness	---	49	Average
(A) Agreeableness	---	46	Average
(C) Conscientiousness	---	49	Average
Neuroticism Facets			
(N1) Anxiety	22	61	High
(N2) Angry Hostility	18	59	High
(N3) Depression	25	71	Very High
(N4) Self-Consciousness	23	69	Very High
(N5) Impulsiveness	20	60	High
(N6) Vulnerability	21	73	Very High
Extraversion Facets			
(E1) Warmth	9	20	Very Low
(E2) Tenaciousness	9	34	Very Low
(E3) Assertiveness	2	21	Very Low
(E4) Activity	12	37	Low
(E5) Excitement-Seeking	15	46	Average
(E6) Positive Emotions	11	31	Very Low
Openness Facets			
(O1) Fantasy	18	52	Average
(O2) Aesthetics	16	49	Average
(O3) Feelings	21	51	Average
(O4) Actions	13	42	Low
(O5) Ideas	19	52	Average
(O6) Values	17	43	Low
Agreeableness Facets			
(A1) Trust	4	16	Very Low
(A2) Straightforwardness	26	62	High
(A3) Altruism	22	46	Average
(A4) Compliance	17	51	Average
(A5) Modesty	20	52	Average
(A6) Tender-Mindedness	17	41	Low
Conscientiousness Facets			
(C1) Competence	16	36	Low
(C2) Order	16	43	Low
(C3) Dutifulness	17	37	Low
(C4) Achievement Striving	22	55	Average
(C5) Self-Discipline	16	40	Low
(C6) Deliberation	15	44	Low

NEO-PI-3 Global Summary:

The most distinctive feature of Jane's personality is her standing on the factor of Neuroticism. Individuals scoring in this range are prone to experience a high level of negative emotion and frequent episodes of psychological distress. They are moody, overly sensitive, and dissatisfied with many aspects of their lives. They are generally low in self-esteem and may have unrealistic ideas and expectations. They are worriers who typically feel insecure about themselves and their plans. Friends and neighbors of such individuals might characterize them as nervous, self-conscious, high-strung, and vulnerable in comparison with the average person (It is important to recall that Neuroticism is a general personality dimension, and high Neuroticism scores in themselves do not imply that the individual is suffering from any psychological disorder).

Jane is very low in Extraversion. Such people are quite introverted, preferring to do most things alone or with small groups of people. They avoid large, loud parties and do not enjoy meeting new people. They are usually quiet and unassertive in group interactions. They rarely experience strong positive feelings like joy or excitement. Those who know such people would probably describe them as reserved, serious, retiring, and loners. The fact that these individuals are introverted does not necessarily mean that they lack social skills – many introverts function very well in social situations, although they might prefer to avoid them. Note also that introversion does not imply introspection; these individuals are likely to be thoughtful and reflective only if they are also high in Openness.

Next, consider Jane's level of Agreeableness. People who score in this range are about as good-natured as the average person. They can be sympathetic, but can also be firm. They are trusting but not gullible, and ready to compete as well as to cooperate with others.

Jane is average in Openness. Average scorers like her value both the new and the familiar, and have an average degree of sensitivity to inner feelings. They are willing to consider new ideas on occasion, but they do not seek out novelty for its own sake.

Finally, Jane scores in the average range in Conscientiousness. Women who score in this range have a normal level of need for achievement. They are able to set work/school aside in pursuit of pleasure or recreation. They are moderately well organized and fairly reliable, and have an average amount of self-discipline.

NEO-PI-3 Detailed Interpretation of Facets of N, E, O, A, and C:

Neuroticism:

Jane is anxious, generally apprehensive, and prone to worry. She often feels frustrated, irritable, and angry at others and she is prone to feeling sad, lonely, and dejected. Embarrassment or shyness when dealing with people, especially strangers, is often a problem for her. She reports being poor at controlling her impulses and desires and she is unable to handle stress well.

Jane experiences the following problems related to Neuroticism:

- Chronic negative effects, including anxiety, fearfulness, tension, irritability, anger, dejection, hopelessness, guilt, and shame
- Difficulty in inhibiting impulses (e.g., eating, drinking, smoking, spending money)
- Irrational beliefs (e.g., unrealistic expectations, perfectionistic demands on self, unwarranted pessimism)
- Unfounded somatic complaints
- Helplessness and dependence on others for emotional support and decision making
- Inability to accept criticism
- Emotional instability; mood swings
- Dissociative, psychotic, anxiety, or mood disorder symptomatology when experiencing stress.
- Inability to cope with stress; responds with panic, helplessness, and dismay to even minor stressors.
- Emotional instability.
- Interpersonal neediness or dependency.
- Psychosomatic complaints.
- Unstable relationships
- Suicidal thoughts.
- Chronic feelings of gloom, hopelessness, and pessimism.
- Sense of worthlessness, helplessness, and excessive guilt.
- Excessive complaints.
- Self-punitive thoughts and behaviors.
- Loneliness, perceived lack of social support.
- Lack of satisfaction or meaning in life.
- Excessive optimism and activity used to mask depression.
- Intense feelings of chagrin and embarrassment; feeling mortified, humiliated, ashamed, or disgraced in the presence of others.
- Avoidance of social situations and poor social skills.
- Distorted body image; excessive concerns about body appearance.
- Sense of being an imposter.
- Speech anxiety; stage fright.
- "Nerves:" chronically anxious, tense, or jittery.
- Excessive worry, inhibition, and uncertainty.
- Extreme efforts to avoid dangers that adversely affect decisions and actions.
- Excessive eating, drinking, smoking or spending.
- Susceptibility to cons, tricks, and poor business decisions.
- Poor inhibition of impulse, leading to binge eating, gambling, excessive use of drugs and alcohol.
- Poor emotional control leading to self-mutilation or suicide attempts.
- Sexual promiscuity.
- Inability to modify behavior regardless of consequences.
- Episodes of intense and poorly controlled rage and fury.
- Hypersensitivity and touchiness; overreacting with anger to annoyances, criticisms, rejections, or frustrations.
- Hostility that provokes arguments, disputes, and conflicts.

Extraversion:

Jane is somewhat formal and distant in her relationships with others and she rarely enjoys large and noisy crowds or parties. She is reluctant to assert herself and prefers to stay in the background in meetings and group discussions. Jane has a low level of energy and prefers a "slow and steady" pace. Excitement, stimulation, and thrills have some appeal to her, but she is less prone to experience feelings of joy and happiness than most women.

Jane experiences the following problems related to Extroversion:

- Social isolation, interpersonal detachment, and lack of support networks.
- Flattened affect; lack of joy and zest for life.
- Reluctance to assert self or assume leadership roles, even when qualified.
- Social inhibition and shyness.
- Lack of an active and satisfying sexual life.
- Difficulty developing or sustaining personal, intimate relationships.
- Pervasive indifference to other people; lack of personal interest in others.
- Difficulty expressing feelings.
- Lack of social support.
- Little influence or authority at work and for decisions that affect own personal life.
- Difficulty assuming leadership roles.
- Difficulty expressing wishes and setting limits.
- Inability to stand up for own rights; easily bullied.
- Inability to enjoy self at happy social events.
- No sense of humor.
- Undue pessimism.
- Social isolation; no apparent social support network due to social withdrawal.
- Idle, sedentary, and passive behavior; appears apathetic, inert, and lethargic.
- Lack of energy to pursue goals.

Openness:

In experiential style, Jane is somewhat open. She has an average imagination and only occasionally daydreams or fantasizes. She is like most people in her appreciation of beauty in music, art, poetry, and nature, and her feelings and emotional reactions are normal in variety and intensity. She seldom enjoys new and different activities and has a low need for variety in her life. She has only a moderate level of intellectual curiosity and she is conservative in her social, political, and moral beliefs.

Jane experiences the following problems related to Openness:

- Unwillingness to alter normal routine even when it interferes with goal pursuits.
- Inability to adapt to change and technological innovation.
- Lack of hobbies.
- Dogmatism and closed-mindedness with respect to moral, ethical, or religious belief system.
- Intolerance of alternative belief systems.
- Prejudice and bigotry.
- Excessive conventionality.

Agreeableness:

Jane tends to be cynical, sceptical, and suspicious, and has a low opinion of human nature. She is very candid and sincere and would find it difficult to deceive or manipulate others, and she is reasonably considerate of others and responsive to requests for help. This individual holds her own in conflicts with others, but she is also willing to forgive and forget. She views herself as an average person, neither better nor worse than others. Compared to other people, she is hard-headed and tough-minded, and her social and political attitudes reflect her pragmatic realism.

Jane experiences the following problems related to Agreeableness:

- Paranoia and mistrust of most persons; readily perceives malevolent intentions within benign, innocent remarks or behaviors.
- Unfounded beliefs or expectations of being mistreated, used, exploited, or victimized.
- Sexual possessiveness or jealousy.
- Indiscriminate disclosure of personal secrets, insecurities, and vulnerabilities, thereby exposing self to exploitation, loss, or victimization.
- Inability to be cunning, secretive, or shrewd in business or personal matters.
- Inability to sympathize with others.
- Heartless rationality.

Conscientiousness:

Jane is sometimes inefficient or unprepared, and has not developed her skills and talents fully. She can be sloppy and disorganized, and she is sometimes less dependable and reliable and more likely to bend the rules than she should be. She has a moderately high need for achievement, but she can also set work/school aside for recreation. She sometimes finds it difficult to make herself do what she should, and tends to quit when tasks become too difficult. She is occasionally hasty or impetuous and sometimes acts without considering all the consequences.

Jane experiences the following problems related to Conscientiousness:

- Low self-esteem.
- Inability to enjoy challenges and accomplishments.
- Limited skills and underdeveloped potentials.
- Unreliability; breaks promises and fails to meet commitments.
- Unethical or immoral behavior.
- Disregard for rules (e.g., illegal parking, speeding).
- Chronic pattern or history of unpaid debts.
- Difficulty concentrating and maintaining attention.
- Poor academic or job performance due to unfinished tasks.
- Difficulty budgeting money.
- Poor health habits.
- Inability to change maladaptive behaviors.
- Disorganization in personal and professional life; items and time lost.
- Job performance or academic achievement impaired by sloppy work.
- Hasty and careless decision making.
- Impetuous actions with harmful long-term consequences.

Personality Correlates: Some Possible Implications:

Coping and Defences

In coping with the stresses of everyday life, Jane is likely to react with ineffective responses, such as hostile reactions toward others, self-blame, or escapist fantasies. She is likely to use both faith and humor in responding to threats, losses, and challenges. In addition, she is somewhat less likely to use positive thinking and direct action in dealing with problems.

Somatic Complaints

Jane may be overly sensitive in monitoring and responding to physical problems and illnesses. In medical evaluations, it may be particularly important to seek objective confirmation of symptom reports where possible.

Psychological Well-being

Although her mood and satisfaction with various aspects of her life will vary with the circumstances, in the long run Jane is likely to be more sensitive to life's problems than its rewards, and so be relatively unhappy.

Cognitive Processes

Jane is likely to be about average in the complexity and differentiation of her thoughts, values, and moral judgments as compared to others of her level of intelligence and education. She would also probably score in the average range on measures of ego development.

Interpersonal Characteristics

Many theories propose a circular arrangement of interpersonal traits around the axes of Love and Status. Within such systems, Jane would likely be described as modest, submissive, cold, unfeeling, and especially aloof and reserved. Her traits are associated with low standing on the interpersonal dimensions of Love and Status.

Needs and Motives

Research in personality has identified a widely used list of psychological needs. Individuals differ in the degree to which these needs characterize their motivational structure. Jane is likely to show high levels of the following needs: aggression and succorance (support and sympathy). Jane is likely to show low levels of the following needs: affiliation, change, cognitive structure, endurance (persistence), nurturance, order, and play.

Summary

Jane reports that she did not display almost all of the negative personality traits prior to the accident.

COGNITIVE ASSESSMENT

Cognitive Tests Administered:

Test	*Date of Administration*
Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV, 2008)	17/11/2016

WAIS-IV Overview:

The Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV) is a test designed to measure intelligence in older adolescents and adults (aged 17 years and above). It is composed of 10 core subtests and five supplemental subtests, with the 10 core subtests comprising the Full-Scale IQ. The WAIS-IV has been language adapted for Australia and New Zealand.

WAIS-IV Indexes:

The **Verbal Comprehension Index (VCI)** is a measure of verbal acquired knowledge and verbal reasoning incorporating the 3 core Verbal subtests of Information, Similarities, and Vocabulary and one supplemental subtest Comprehension.

The **Perceptual Reasoning Index (PRI)** is a measure of fluid reasoning, spatial processing, attentiveness to detail, and visual-motor integration comprising the 3 core Performance subtests of Visual Puzzles, Block Design, and Matrix Reasoning and two supplemental subtests; Figure Weights and Picture Completion.

The **Working Memory Index (WMI)** comprises the two core subtests of Arithmetic, Digit Span, and one supplemental subtest; Letter-Number Sequencing. The subtests provide a range of verbally presented tasks that require the individual to attend to information, to hold briefly and process that information in memory, and then to formulate a response.

The **Processing Speed Index (PSI)** is an indication of an individual's ability to process simple or routine visual information quickly and efficiently and to quickly perform tasks based on that information. Good speed of simple information processing may free cognitive resources for the processing of more complex information and ease new learning. The PSI comprises two core subtests; Coding and Symbol Search and one supplemental subtest; Cancellation.

The **General Ability Index (GAI)** is an optional summary score that is less sensitive to the influence of working memory and processing speed. As working memory and processing speed are vital to a comprehensive evaluation of cognitive ability, it should be noted that the GAI does not have the breadth of coverage as the FSIQ. GAI is not considered to be valid if there is an 18+ difference between the VCI and PRI.

The **Full-Scale IQ (FSIQ)** score is the overall summary score that estimates an individual’s general level of intellectual functioning. It is usually considered to be the score that is most representative of global intellectual functioning. FSIQ is not considered to be valid if there is an 18+ difference between the VCI, PRI, WMI or PSI.

Examiner's Details:

EXAMINER:	Dr Shane Langsford
QUALIFICATIONS:	BPsych, BEd (First Class Hons), PhD
TEST SITE:	Psychological & Educational Consultancy Services – Subiaco Office

Test Behaviour:

Jane was observed as being quiet, and demonstrated a flattened affect. She smiled at times, but this was in a strained/pained way.

The Arithmetic subtest was substituted for the Letter-Number Sequencing subtest, due to Jane's poor knowledge of maths problems, as demonstrated by her performance on the WIAT-II.

Jane expressed that she used to read frequently prior to the accident, but since then has stopped.

It is my opinion that the scores that Jane achieved on the WAIS-IV are indicative of her general cognitive ability at this particular time.

Psychological Test Results:

Age at Testing: 20 years

Table 1: WAIS-IV Summary Scores

WAIS-IV Scale	IQ Score	Percentile Rank	95% Confidence Interval	Intellectual Classification
Verbal Comprehension Index (VCI)	89	23	84-95	Low Average
Perceptual Reasoning Index (PRI)	**119**	**90**	**112-124**	**High Average**
Working Memory Index (WMI)	108	70	101-114	Average
Processing Speed Index (PSI)	105	63	96-113	Average
Full Scale IQ (FSIQ)				**Not Valid**
General Ability Index (GAI)				**Not Valid**

Index scores have a mean Composite Score of 100 (50th percentile) and a standard deviation of 15.
Percentile Rank refers to Jane's standing among 100 adults of similar age.
Therefore, a Percentile Rank of 50 indicates that Jane performed exactly at the average level for her chronological age.
GAI is not considered to be valid if there is an 18+ difference between the VCI and PRI.
FSIQ is not considered to be valid if there is an 18+ difference between the VCI, PRI, WMI or PSI.

Table 2: WAIS-IV Discrepancy Summaries

WAIS-IV Index	Difference	Critical Cutoff	Exceeds .05 Statistical Significance	Base Rate
Verbal Comprehension – Perceptual Reasoning	**-30**	**9.29**	**Yes**	**1.5**
Verbal Comprehension – Working Memory	**-19**	**10.18**	**Yes**	**7.7**
Verbal Comprehension – Processing Speed	**-16**	**10.99**	**Yes**	**15**
Perceptual Reasoning — Working Memory	**11**	**10.99**	**Yes**	**19.6**
Perceptual Reasoning – Processing Speed	**14**	**11.75**	**Yes**	**16.4**
Working Memory — Processing Speed	3	12.46	No	42.1
Full Scale IQ – General Ability Index	3	3.50	No	33.8

Statistical Significance (Critical Values) at the .05 level
Base rate refers to the clinical significance (vs Ability Sample) - <15% = clinically significant

Below is a set of characteristic difficulties relevant to lower ability in each Index. These are generic difficulties and are not provided as an illustration of Jane's individual difficulties.

Verbal Comprehension weaknesses can cause difficulty learning and performing to ability in exams/performing in the work place by:

- Trouble understanding verbal directions and/or instructions. This will be more so with complex language, or when multiple steps are included in an instruction.
- Struggling in written exams, especially when also faced with added time pressures.
- Being seen as a 'poor listener'. These individuals can appear to be easily distracted and inattentive at times, especially when faced with high verbal task demands.
- Being more likely to be working in environments that are more practical, hands-on or require knowledge of maths, science, artistic skills etc.
- Improved learning and skill acquisition from charts, visual materials, diagrams, videos, or hands-on on the job training.
- Difficulty in terms of reading comprehension – they may need to re-read a given text in order to fully understand the meaning (i.e. filling out forms or completing paperwork may be particularly time consuming).
- Difficulty in understanding abstract concepts, particularly when asked to perform tasks that rely heavily on verbal abstract reasoning.
- Difficulty in understanding social conventions (i.e. what should you do if you find a wallet in a store).

Working Memory weaknesses can cause difficulty learning and performing to ability in exams/performing in the work place by:

- Difficulty absorbing instructions, particularly if they contain more than one step.
- Wide ranging difficulties in both maths and reading, both of which are activities that place high demand on working memory ability.
- These individuals will be slower than their peers in being able to pick up new skills, or in developing new concepts.
- Difficulty performing mental maths calculations, being able to recall names or phone numbers without prompts.
- Frequent errors across tasks that involve the individual needing to recall small amounts of information, while at the same time performing another task.
- Difficulty performing tasks with a number of steps, they may miss out steps or make mistakes in terms of not carefully paying attention to the details.
- Appearing to have a relatively short attention span, they may appear inattentive or distractible.

Processing Speed weaknesses can cause difficulty learning and performing to ability in exams/performing in the work place by:

- Difficulty processing large amounts of information, or being able to understand long, complex instructions.
- Poorer performances when given deadlines or are under time pressure. They simply need longer to complete a given task.
- Written work is very time consuming, it takes these individuals a long time to write. They are likely to have a preference for using a computer to complete the majority of their work.
- Easy to fatigue; these individuals need to use more cognitive resources to complete the same amount of work as their peers.
- Difficulty following conversations, or keeping track of the plot in books/movies

Table 3: WAIS-IV Subtest Scaled Scores

Subtests	Scaled Score	Percentile Rank
Verbal Comprehension Index		
Similarities	10	50
Vocabulary	6	9
Information	8	25
Perceptual Reasoning Index		
Block Design	13	84
Matrix Reasoning	14	91
Visual Puzzles	13	84
Working Memory Index		
Digit Span	13	84
Arithmetic	5	5
*Letter-Number Sequencing	10	50
Processing Speed Index		
Symbol Search	12	75
Coding	10	50

See Addendum for complete subtest descriptions **Non-core subtest*

Table 4: Differences Between VCI Subtest Scores and Mean of VCI Subtest Scores

VCI Subtests	Scaled Score	VCI Mean	Difference From Mean	.05 Critical Value	Strength or Weakness
Similarities	10	8.00	2	1.91	Strength
Vocabulary	6	8.00	-2	1.58	Weakness
Information	8	8.00	0	1.64	

Statistical Significance (Critical Values) at the .05 level

Table 5: Differences Between PRI Subtest Scores and Mean of PRI Subtest Scores

PRI Subtests	Scaled Score	PRI Mean	Difference From Mean	.05 Critical Value	Strength or Weakness
Block Design	13	13.33	-0.33	2.05	
Matrix Reasoning	14	13.33	0.67	1.92	
Visual Puzzles	13	13.33	-0.33	1.99	

Statistical Significance (Critical Values) at the .05 level

Table 6: WMI and PSI Subtest Discrepancies from PRI Index Subtest Mean

Please note, the statistics provided in this table are not standard WAIS-IV analyses and are provided as a guide only

Subtest	Subtest Scaled Score	PRI Mean Score	Difference From PRI Mean	Nominal Critical Cut-off	Strength or Weakness
Working Memory					
Digit Span	13	13.33	-0.33	2.50	
Arithmetic	5	13.33	-8.33	2.50	Weakness
*Letter-Number Sequencing	10	13.33	-3.33	2.50	Weakness
Processing Speed					
Symbol Search	12	13.33	-1.33	2.50	
Coding	10	13.33	-3.33	2.50	Weakness

See Table 1 for complete subtest descriptions **Non-core subtest*

EDUCATIONAL ASSESSMENT

Educational Achievement Tests Administered:

Tests	*Date of Administration*
(1) Wechsler Individual Achievement Test-Second Edition (WIAT-II)	17/11/2016

WIAT Overview:
The WIAT-II Australian is a comprehensive yet flexible tool designed to assess academic achievement in children and adults. The assessment is a rich source of information about an individual's achievement skills, learning disability diagnosis, special education placement, curriculum planning, and clinical appraisal. The WIAT-II Australian has been normed versus the Australian population, has been adapted to Australian Language, and takes from 30 to 90 minutes to administer.

WIAT-II Subtests:

READING	
Word Reading	The individual reads from a list of words that get progressively more difficult.
Reading Comprehension	The individual reads sentences and short passages and then answers questions about the main idea, specific details, or the order of events. she or she is also asked to make inferences, draw conclusions, or define unfamiliar words by using context clues.
Pseudoword Decoding	The individual uses their phonetic knowledge to sound nonsense or unfamiliar words.
MATHEMATICS	
Numerical Operations	The individual solves a word or stated problem requiring addition, subtraction, multiplication, and division using whole numbers, fractions, and decimals.
Mathematics Reasoning	The individual solves a word or stated problem requiring single or multiple steps related to time, money, measurement, geometry, probability, and reading and interpreting graphs.
WRITTEN LANGUAGE	
Spelling	The individual spells a target word based on its meaning as it is used in a sentence.
Written Expression	The individual writes words, sentences and either a paragraph or short essay in response to a topic. Writing is evaluated or organization, vocabulary, theme development, and mechanics such as spelling and punctuation.
ORAL LANGUAGE	
Listening Comprehension	The individual listens to a word or sentence and matches it to a picture or looks at a picture and responds with the corresponding word.

Examiner's Details:
EXAMINER: Dr Shane Langsford
QUALIFICATIONS: BPsych, BEd (First Class Hons), PhD
TEST SITE: Psychological & Educational Consultancy Services – Subiaco Office

Test Behaviour:
Jane was observed as being quiet throughout the assessment.

It is my opinion that the scores that Jane achieved on the WIAT-II are indicative of her general academic ability at this particular point in time.

WIAT-II Results:

Grade Level at Testing: Left half way through Year 11
Age Level at Testing: 20 years

Table 1: WIAT-II Summary Statistics

WIAT-II Subtest	Standard Score	95% Interval	Percentile	Age Equivalent	Grade Equivalent
READING					
Word Reading	100	94- 106	50		
Reading Comprehension	84	78- 90	14		8:5
Pseudoword Decoding	97	91- 103	42		
Reading Composite	**91**	**87- 95**	**27**		
MATHEMATICS					
Numerical Operations	80	74- 86	9		5:5
Maths Reasoning	84	76- 92	14		6:8
Mathematics Composite	**82**	**77- 87**	**12**		
WRITTEN LANGUAGE					
Spelling	105	97- 113	63		
Written Expression	105	91- 119	63		
Written Language Composite	**103**	**94- 112**	**58**		
ORAL LANGUAGE					
Listening Comprehension	83	71- 95	13		6:8

Subtest scores have a mean Standard Score of 100 (50th percentile) and a standard deviation of 15.
Percentile Rank refers to Jane's standing among 100 adults of similar age.
Therefore, a Percentile Rank of 50 indicates that Jane performed exactly at the average level for her chronological age.

Comparison of Cognitive Ability and Educational Achievement
Because of Jane's unusually diverse cognitive abilities, the combined WISC-IV Full Scale IQ score is not the best representation of her general cognitive ability.

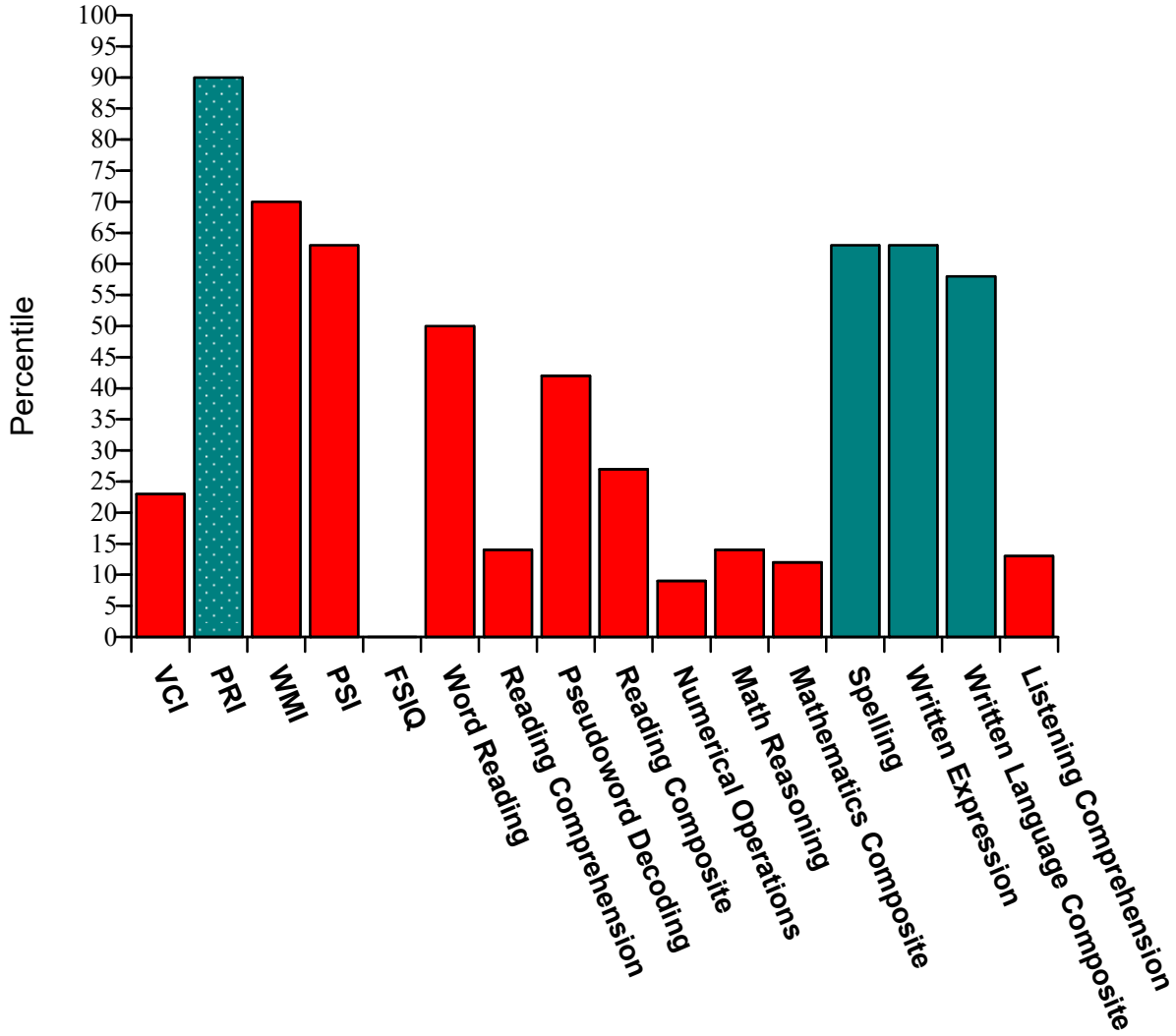
Therefore, Jane's scores on the WIAT-II were compared using her PRI score as the comparative cognitive measure.

Table 2: Comparative Analyses Between the WAIS-IV PRI and WIAT-II

WIAT-II Subtest	WAIS-IV Predicted Score	WIAT-II Actual Score	Difference	Critical Cut-off Required For Significance	Strength or Weakness	Base Rate
READING						
Word Reading	109	100	9	7.29	Weakness	25%
Reading Comprehension	111	84	27	8.15	Weakness	1-2%
Pseudoword Decoding	106	97	9	5.54	Weakness	>25%
Reading Composite	**111**	**91**	**20**	**5.55**	**Weakness**	**5-10%**
MATHEMATICS						
Numerical Operations	113	80	33	8.41	Weakness	<1%
Maths Reasoning	113	84	29	8.97	Weakness	<1%
Mathematics Composite	**114**	**82**	**32**	**6.95**	**Weakness**	**<1%**
WRITTEN LANGUAGE						
Spelling	108	105	3	8.78		>25%
Written Expression	110	105	5	11.14		>25%
Written Language Composite	**110**	**103**	**7**	**7.97**	**Low**	**>25%**
ORAL LANGUAGE						
Listening Comprehension	111	83	28	13.67	Weakness	1-2%

Statistical Significance (Critical Values) at the .05 level.
Base Rates are not reported when the achievement score equals or exceeds the ability score.

Figure 1: WAIS-IV / WIAT-II Index / Subtest Strengths and Weaknesses



Please note: *A percentile of 50 is representative of average for the given age group.*

WAIS-IV:

Jane's scores on the WAIS-IV were compared to her WAIS-IV PRI score (green spotted bar), which was identified as her most appropriate true ability cognitive measure.

Green bars indicate where the WAIS-IV Index score is not below the WAIS-IV true ability cognitive measure.

Orange bars indicate where the WAIS-IV Index score is below the WAIS-IV true ability cognitive measure, but not quite meeting statistical significance.

Red bars indicate where the WAIS-IV Index score is significantly below the WAIS-IV true ability cognitive measure, thus indicating a clinically significant weakness in that area.

WIAT-II:
Green bars indicate where the WIAT-II actual score is not below the WAIS-IV predicted score.

Orange bars indicate where the WIAT-II actual score is below the WAIS-IV predicted score, but not quite meeting statistical significance

Red bars indicate where the WIAT-II Index score is significantly below the WAIS-IV predicted score, thus being deemed by the test authors as indicating a clinically significant weakness in that area.

OCCUPATIONAL AND TRAINING POTENTIAL

"The IQ (Intelligence Quotient) tells us the likely type of job an individual will find. However, IQ as a singular measure of any individual's future prospects lacks the wider factors required to more accurately determine this outcome.

Non-intellective factors together with other life history information, such as basic human motivations, attitudes and personality, actual life success, persistence, drive, mental health and many other factors are important and should never be forgotten". (The Psychological Corporation, 1997)

Please note, in addition to the above, empirical research of IQ versus education and occupation achievement is scarce, and often dated, so the below tables are provided as guides only.

AVERAGE IQ AND PERCENTAGE OF HIGHSCHOOL DROP OUTS (Hunter and Hunter, 1984)	
AVERAGE IQ	**% of drop out**
130 (i.e. 2 Standard Deviations above the mean)	0
115 (i.e. 1 Standard Deviations above the mean)	0
100 (i.e. average intelligence)	6
85 (i.e. 1 Standard Deviations below the mean)	35
70 (i.e. 2 Standard Deviations below the mean)	35

Source: Hunter J. E. and Hunter R. F. Validity and utility of alternative predictors of job performance. *Psychological Bulletin*. 1984; 96: 72–98. doi: 10.1037/0033-2909.96.1.72.

YEARS OF EDUCATION COMPLETED AND AVERAGE IQ (Matarazzo & Herman, 1984)	
YEARS OF EDUCATION COMPLETED	**AVERAGE IQ**
Less than 8 years of education	86.4
9-11 years of education	96.4
12 years of education	100.1
13-15 years of education	107.4
16 or more years of education	115.3

Source: Matarazzo, J. D., & Herman, D. O. (1984). Relationship of education and IQ in the WAIS-R standardization sample. *Journal of Consulting and Clinical Psychology*, *52*(4), 631-634. doi:10.1037/0022-006x.52.4.631

AVERAGE IQ OF VARIOUS OCCUPATIONAL GROUPS: (Kaufman, 2009)	
OCCUPATIONAL GROUPS	**FSIQ**
Professional and technical	112
Managers and administrators	104
Clerical workers; sales workers; skilled workers, craftsmen, and foremen	101
Semi-skilled workers (operatives, service workers, including private household)	92
Unskilled workers	87

Source: Kaufman, A. S. (2009). *IQ testing 101*. New York, NY: Springer Pub. Co.

AVERAGE IQ OF VARIOUS OCCUPATIONAL GROUPS: (Eysenck, 2012)		
OCCUPATIONAL GROUPS	**ADULT FSIQ**	**CHILD FSIQ**
Professional	140	121
Semi Professional	130	115
Clerical	115	108
Skilled	108	105
Semi-Skilled	98	99
Unskilled	85	93

Source: Eysenck, M. W. (2012). *The measurement of intelligence*. Springer Science and Business Media.

AVERAGE ADULT FSIQs ASSOCIATED WITH REAL-LIFE ACCOMPLISHMENTS: (Kaufman & Lichtenberger, 2002; Kaufman, 2009)	
	FSIQ
MDs, JDs, or PhDs	125+
College graduates	115
1–3 years of college	105-110
Clerical and sales workers	100-105
High school graduates, skilled workers (e.g., electricians, cabinetmakers)	100
1–3 years of high school (completed 9–11 years of school)	95
Semi-skilled workers (e.g., truck drivers, factory workers)	90-95
Elementary school graduates (completed eighth grade)	90
Elementary school dropouts (completed 0–7 years of school)	80-85
Have 50/50 chance of reaching high school	75

Source: Kaufman, A. S., & Lichtenberger, E. O. (2002). *Assessing Adolescent and Adult Intelligence*. Kaufman, A. S. (2009). *IQ testing 101*. New York, NY: Springer Pub. Co.

TRAINING POTENTIAL: (Gottfredson, 2010)	
TRAINING POTENTIAL	**FSIQ**
Able to gather and synthesize information easily; can infer information and conclusions from on-the-job situations.	116 and above
Above average individuals; can be trained with typical college format; able to learn much on their own; e.g. independent study or reading assignments.	113-120
Able to learn routines quickly; train with combination of written materials with actual on the job experience.	100-113
Successful in elementary settings and would benefit from programmed or mastery learning approaches; important to allow enough time and "hands on" (on the job) experience previous to work.	93-104
Need to be "explicitly taught" most of what they must learn; successful approach is to use apprenticeship programme; may not benefit from "book learning" training.	80-95
Unlikely to benefit from formalised training setting; successful using simple tools under consistent supervision.	83 and below

Source: Gottfredson, L. S. (2010). Lessons in academic freedom as lived experience. *Personality and Individual Differences*, *49*(4), 272-280. doi:10.1016/j.paid.2010.01.001

Summary:

Jane's very strong cognitive profile (PRI = 119/90th percentile; WMI = 108/70th percentile; PSI = 105/63rd percentile) illustrates that she is a very intelligent individual who has the natural capacity to have attended and graduated from University and engaged in a professional career. Further support for this is her pre-accident grades of As and Bs.

However, Jane's current educational profile (Word Reading = 100/50th percentile; Reading Comprehension= 84/14th percentile; Pseudo word Decoding= 97/42nd percentile; Numerical Operations = 80/9th percentile; Maths Reasoning= 84/14th; Spelling = 105/63rd percentile; Written Expression= 105=63rd percentile; Listening Comprehension= 83/13th percentile), is significantly below that expected of someone of her intellect and suggests that she may now have difficulty with the academic demands of such work.

OBSERVATIONS AND CLINICAL PRESENTATION

Rapport:

- The examiner was able to establish good rapport with Jane

General Appearance:

- Jane's physical appearance was neat

Psychomotor Behaviour:

- Jane's coordination of movements and posture were observed to be normal

Mood/Affect:

- Was observed as having flat affect
- Jane's affect /mood was consistent throughout the assessment
- At times, Jane smiled; however, this appeared strained/pained

Speech:

- Jane was quiet throughout the assessment

Cognitive:

- No obvious behaviours were observed that suggest cognitive deficiencies

Attention:

- Jane put in a reasonable amount of effort throughout the assessment
- Jane's level of concentration/attention was observed as being sufficient during testing

SUMMARY

Reason for Referral:
Jane was referred to Psychological and Educational Consultancy Services (PECS) by Mr Justin Example (Personal Injury Lawyer - Lawyers and Co) for a Comprehensive Psychological Assessment to investigate Jane's current level of functioning in the cognitive, educational, and psychological/emotional domains.

Current Concerns:
From a presented list, Jane identified concerns in the following areas:

- Health
- Academic
- Occupational
- Social Skills
- Learning
- Reading
- Mathematics
- Expressive Language
- Attention
- Anxiety
- Posttraumatic stress
- Depressive
- Self-esteem
- Behavioural
- Memory

Academic Summary:
The academic timeline clearly indicates that it was at the time of the accident that Jane went from being a strong student (almost entirely Bs and As), to being a weak student (Cs and Ds) with considerable absenteeism.

Jane ceased high school half way through Year 11.

Global Screening:
Jane self-reported positive screens for:

- Generalised Anxiety Disorder
- Panic Disorder
- Specific Phobia
- Attention-Deficit/Hyperactivity Disorder: Predominantly Inattentive Presentation
- Bipolar II Disorder
- Language Disorder
- Persistent Depressive Disorder
- Major Depressive Disorder
- Antisocial Personality Disorder
- Specific Learning Disorder – with Impairment in Reading
- Specific Learning Disorder – with Impairment in Mathematics Disorder
- Posttraumatic Stress Disorder

Jane's observer reported positive screens on Jane's behalf for:

- Generalised Anxiety Disorder
- Panic Disorder
- Specific Phobia
- Attention-Deficit/Hyperactivity Disorder: Predominantly Inattentive Presentation
- Bipolar II Disorder
- Language Disorder
- Persistent Depressive Disorder
- Major Depressive Disorder
- Antisocial Personality Disorder
- Posttraumatic Stress Disorder

General Anxiety Disorder Assessment:
Jane meets the DSM-5 criteria for a diagnosis of General Anxiety Disorder

Major Depressive Disorder Assessment:
Jane meets the DSM-5 criteria for a diagnosis of Major Depressive Disorder with moderate – severe severity, and anxious distress. There is also intermittent suicide ideation.

Persistent Depressive Disorder Assessment:
Jane meets the DSM-5 criteria for a diagnosis of Persistent Depressive Disorder with moderate severity, early onset, anxious distress, and persistent major depressive episode.

Posttraumatic Stress Disorder Assessment:
From the information obtained, Jane meets the DSM-5 diagnosis of Posttraumatic Stress Disorder with dissociative symptoms involving both depersonalisation and derealisation.

Personality Assessment:
Jane's NEO results indicate that she is suffering from personality disturbance, in particular in the areas of Neuroticism and Extroversion.

Within the Neuroticism scale, Jane obtained clinically elevated scores in Anxiety, Angry Hostility, Depression, Self-Consciousness, Impulsivity, and Vulnerability.

Within the Extroversion scale, Jane obtained clinically depreciated scores in Warmth, Tenaciousness, Assertiveness, Activity, and Positive Emotions.

These personality results are commensurate with an individual suffering from Anxiety, Depression, and/or Posttraumatic Stress Disorder.

Jane reported that almost all of these negative personality traits were not present prior to the accident.

Cognitive Assessment:
Because of Jane's unusually diverse cognitive abilities, the combined WAIS-IV Full Scale IQ score is not a valid representation of her general cognitive ability, and therefore was not calculated. Instead, the PRI (90th percentile) was deemed the most appropriate measure of her true cognitive ability.

Jane achieved index scores at the following levels:

- Verbal Comprehension Index (VCI) = 23rd percentile
- Perceptual Reasoning Index (PRI) = 90th percentile
- Working Memory Index (WMI) = 70th percentile
- Processing Speed Index (PSI) = 63rd percentile

Verbal Comprehension, Working Memory, and Processing Speed were identified as significant weaknesses.

Educational Assessment:

READING:

Word Reading	= 50th percentile
Reading Comprehension	= 14th percentile
Pseudoword Decoding	= 42nd percentile
Reading Composite	**= 27th percentile**

MATHEMATICS:

Numerical Operations	= 9th percentile
Mathematics Reasoning	= 14th percentile
Mathematics Composite	**= 12th percentile**

WRITTEN LANGUAGE:

Spelling	= 63rd percentile
Written Expression	= 63rd percentile
Written Language Composite	**= 58th percentile**

ORAL LANGUAGE:

Listening Comprehension	= 13th percentile

On the Listening Comprehension subtest Jane performed particularly poorly on the Expressive Vocabulary portion of the subtest (8 out of 15).

Poor performance on the Expressive Vocabulary items might reflect poor vocabulary development or lack of exposure or experience, but it might also be a result of an Expressive Language Disorder

Occupational and Training Potential:
Jane's very strong cognitive profile (PRI = 119/90th percentile; WMI = 108/70th percentile; PSI = 105/63rd percentile) illustrates that she is a very intelligent individual who has the natural capacity to have attended and graduated from University and engaged in a professional career. Further support for this is her pre-accident grades of As and Bs.

However, Jane's current educational profile (Word Reading = 100/50th percentile; Reading Comprehension= 84/14th percentile; Pseudo word Decoding= 97/42nd percentile; Numerical Operations = 80/9th percentile; Maths Reasoning= 84/14th; Spelling = 105/63rd percentile; Written Expression= 105=63rd percentile; Listening Comprehension= 83/13th percentile), is significantly below that expected of someone of her intellect and suggests that she may now have difficulty with the academic demands of such work.

CONCLUSION/SPECIFIC QUESTIONS – TREWIN AND EXAMPLE LAWYERS

a) Date you initially attended our client;

Jane attended an initial consultation on the 17th of November 2016.

Jane attended a subsequent consultation on the 9th of December 2016.

Both of these consultations were of 3 hours or longer duration, with breaks as necessary.

b) The injuries and symptoms being suffered by our client at that time;

Physical Injuries:

Jane suffered severe physical injuries as a result of the accident, some of which will remain with her permanently.

For detailed information pertaining to the physical injuries sustained, please refer to the reports provided by the medical specialists.

Psychological/Emotional Injuries:

Jane continues to suffer from Posttraumatic Stress Disorder, Generalised Anxiety Disorder, Major Depressive Disorder, and Persistent Depressive Disorder (all meet DSM-5 criteria). These conditions are supported by the personality disturbance illustrated in her NEO results.

Furthermore, Jane appears to have developed difficulties in the areas of reading and mathematics, which were not apparent before the accident, and differ significantly to her cognitive ability and grades achieved pre-accident.

c) The cause of our client's injuries and symptoms;

Jane's psychological/psychiatric symptomology appear to be as a direct result of the accident she endured on the 19th of April 2010.

d) The treatment our client has received from you;

Jane has not received any treatment from myself. My role was to conduct an assessment.

Jane would most certainly benefit from fortnightly counselling; however, she is resistant to the idea.

e) But for the accident and taking into account our client's pre-accident academic results, her intellectual capacity and any other factors you consider relevant, what would have been her likely level of academic achievement in secondary school and, if applicable, university and the likely occupations our client may have undertaken

Jane's pre-accident grades of As and Bs, and strong cognitive profile, illustrates that she is a very intelligent individual who had the natural capacity to have completed Year 12, scored a high TER, attended and graduated from University and enjoyed a professional career in a wide range of possible occupations (e.g., Engineering, Accounting, Psychology, Commerce, teaching, etc etc).

The provided documentation also indicates that Jane possessed all of the requisites required to have enjoyed a long international modelling career.

f) As a result of the accident, what is her likely level of academic achievement and the likely occupations she will undertake;

Jane's current educational profile is significantly below that expected of someone of her intellect and pre-accident grades and suggests that she would most likely now have difficulty with the academic demands of University courses.

As a result of Jane's depreciated academic results, and continued psychological difficulties, following the accident, it would be wise to consider courses/occupations with less academic/cognitive demands.

Jane's current TAFE enrolment is within her diminished capabilities.

g) Whether or not in your opinion she can now or at any time in the future, return to the trajectory she was engaged in prior to the accident from a schooling and career perspective;

It is very unlikely that Jane will ever achieve as highly as she was destined to prior to the accident.

Modelling on the international stage is clearly now no longer a possibility due to her permanent physical injuries.

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Dr Shane Langsford **Date of Report**
Managing Director -PECS
Registered Psychologist
APS College of Educational & Developmental Psychologists Academic Member