**CONFIDENTIAL PSYCHOLOGICAL REPORT**

The contents of the report are confidential

**ADDRESSED TO THE COURT**

**PREPARED ON:**

Mrs. Alexandra Joyce

**By**

**Mrs. Ilaria Giovanelli**

**ADDRESSED TO THE COURT**

|  |  |
| --- | --- |
| CLAIMANT NAME: | Mrs. Alexandra Joyce |
| ADDRESS: | Maestyle, Rhydcymerau, LLANDEILO SA19 7RW |
| DATE OF BIRTH: | 05/02/1988 |
| INCIDENT DATE: | 14/03/2022 |
| DATE OF ASSESSMENT ON: | 27/07/2022 |
| MEDICAL AGENCY: | Apex Rehabilitation Services |
| AGENCY REFERENCE: |  |
| SOLICITOR: | Accident Injury Solicitors |
| SOLICITOR REFERENCE: | 1042801/LJH |
| OCCUPATION: | director of curriculum |
| ID PROVIDED: | passport |
| DOCUMENTATION PROVIDED: | Instruction Letter, Medical Report and Medical Records |
| DATE OF REPORT: | 27/07/2022 |

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1. MANDATE

This report is entirely independent and is based on the instruction received from the Instructing Party: Apex Rehabilitation Services

The instructing party has requested examination to be conducted with a review of Medical Records (if requested to do so) and report to include the nature and extent of the claimant’s psychological injuries or symptoms, treatment received, effects on lifestyle and whether any further treatment is appropriate.

The report is produced for Court purposes and is prepared on the basis of information provided by the claimant, my examination, any relevant documentation at the time of the examination and my own professional opinion.

1. PROFESSIONAL PROFILE

I am a psychology graduate since 2004. I have been working in different settings in Portugal, Spain, and UK as a Clinical Psychologist. Also, I did a post-graduation program in Clinical neuropsychology at University of Salamanca in 2006. I am a Practitioner Clinical Psychologist registered with the HCPC since November 2021.

1. BACKGROUND INFORMATION

Mrs. Joyce was referred for a psychological assessment.

I have been asked to address the following issues:

To provide an assessment of Mrs. Joyce’s psychological injuries to establish the extent and duration of any continuing disability.

To comment specifically on any areas of continuing complaint or disability or impact on daily living.

To also consider if there is continuing disability and to, therefore, comment upon the level of suffering or inconvenience caused and, if able, to give a view as to when the complaint or disability is likely to resolve.

1. INJURY DETAILS

Mrs Joyce reported that she was involved in a road traffic accident. The accident occurred on the morning of 14/03/2022.Mrs Joyce was the driver of a car. She was wearing a seat belt. At the time of the accident, the car was stationary at a junction. The car was hit by a van from the rear. The impact occurred at a medium speed. Air bags were fitted but did not deploy. She was not able to brace herself before the accident. She was looking straight ahead at the time of the impact. She was jolted on impact. Mrs Joyce was able to exit the vehicle unaided. This accident caused damage to the car.

1. TREATMENT RECEIVED

Mrs. Joyce did not receive any treatment at the scene of the accident. She took painkillers and uses mobilizing exercises. The treatment is ongoing

1. CURRENT SITUATION

**Cognitive, Emotional, Social, Physical**

Mrs. Joyce reported being nervous when she is driving on the country roads. She is fine driving on the motorway. She noticed that she is much slower in driving and can get jumpy easily. She is more conscious of other cars. She experienced a few panic attacks when there were other people in the car. She referred to her anxiety as being specific to traveling, but it has no impact in other areas. Her mood is fine.

1. CONSEQUENTIAL EFFECTS

In my opinion, the above-mentioned symptoms are reasonable and are attributable to the index incident

1. PAST PSYCHIATRIC HISTORY

No and she has anxiety two years ago.

1. FAMILY HISTORY

Mrs. Joyce is a director of curriculum. She lives with her husband and daughter.

1. REVIEW OF ALL RECORDS

Provided.

1. CLINICAL EXAMINATION

Where appropriate the psychological problems are classified using the DSM-5 criteria [APA: Diagnostic & Statistical Manual of Mental Disorders (2013)]. This section is based on the Mrs. Joyce's self-report.

**PTSD Symptoms. 309.81 (F43.10)**

The criteria for Post-Traumatic Stress Disorder were considered.

* + 1. Exposure to a traumatic event, involving actual or threat of death or serious injury and response of intense fear, helplessness or horror (Criterion A). **This criterion is not met.**
    2. Presence of intrusive symptoms such as memories and flashbacks of the traumatic event (Criterion B). **This criterion is not met.**
    3. Persistent avoidance of stimuli associated with the accident or numbing of general responsiveness (Criterion C). **This criterion is not met.**
    4. Negative alterations in cognitions and mood associated with the traumatic event beginning or worsening after the traumatic event (Criterion D). **This criterion is not met.**
    5. Marked alterations in arousal and reactivity associated with the traumatic event (Criterion E). **This criterion is not met.**
    6. Duration of the disturbance (Criteria B, C, D and E) is more than 1 month. **This criterion is not met.**
    7. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning. **This criterion is not met.**
    8. The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition. **This criterion is not met.**
    9. Overall, the symptoms as described **do not meet** the criteria for Post-Traumatic Stress Disorder.

**Depressive Disorders**

The DSM-5 criteria for Depressive disorders were considered.

* + 1. Persistent Low Mood. **This criterion is met**.
    2. Diminished interest in activity. **This criterion is met.**
    3. Fatigue every day. **This criterion is met**.
    4. Diminished ability to concentrate. **This criterion is met.**
    5. Feelings of worthlessness. **This criterion is met.**
    6. Loss of motivation. **This criterion is met**.
    7. Loss of confidence. **This criterion is met**.
    8. Sleep disturbance. **This criterion is met**.
    9. Overall, the symptoms as described **meet** the criteria for a Depressive Disorder as disclosed by the Mrs. Joyce.

1. ASSESSMENT FINDINGS

The psychometric test results highlight minimal depression levels of distress (PHQ-9) and mild anxiety (GAD-7). The impact appears to have a psychological impact (IES-R) upon Mrs. Joyce particularly causing mild levels of avoidance, hyperarousal and intrusive behaviors.

1. DISCUSSION AND OPINION

Mrs. Joyce current psychological symptoms mildly affected her emotional function.

1. CONCLUSIONS AND RECOMMENDATIONS

Mrs. Joyce provided her passport, the photographic ID provided was a true likeness of the injured party and I am happy to verify the injured party’s identity.

The treatment should be delivered by a Clinical Psychologist or a suitably qualified therapist. The treating therapist will advise on treatment duration and the specific intervention required. Mrs. Joyce is aware that I am making this recommendation and has intimated her willingness to engage with the same.

If Mrs. Joyce’s psychological difficulties have not been resolved, a re-examination may be necessary.

1. REFERENCES

American Psychiatric Association (2013) Diagnostic and Statistical Manual of Mental Disorders. Fifth Edition DSM-5.

Asukai, N. Kato, H. et al. (2002). Reliability and validity of the Japanese-language version of the Impact of event scale-revised (IES-R-J). Journal of Nervous and Mental Disease. 190 (3): 175-182.

Coffey, S.F. & Berglind, G. (2006). Screening for PTSD in motor vehicle accident survivors using PSS-SR and IES. Journal of Traumatic Stress. 19 (1): 119-128.

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Hutchins, E. & Devilly, G.J. (2005). Impact of Events Scale. Victim's Web Site. http://www.swin.edu.au/victims/resources/assessment/ptsd/ies.html

Kawamura, N. Yoshiharu, K. & Nozomu, A. (2001) Suppression of Cellular Immunity in Men with a Past History of Post-Traumatic Stress Disorder. American Journal of Psychiatry. 158: 484-486

Kroenke K, Spitzer RL, Williams JBW, Löwe B. An ultra-brief screening scale for anxiety and depression: the PHQ-4. Under review.

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Kroenke K, Spitzer RL, Williams JBW. The Patient Health Questionnaire-2: validity of a two-item depression screener. Med Care 2003; 41:1284-1292.

Kroenke K, Spitzer RL, Williams JBW. The PHQ-15: Validity of a new measure for evaluating somatic symptom severity. Psychosom Med 2002;64:258-266.

Kroenke K, Spitzer RL, Williams JBW. The PHQ-9: Validity of a brief depression severity measure. J Gen Intern Med 2001;16:606-613.

Kroenke K, Spitzer RL. The PHQ-9: a new depression diagnostic and severity measure. Psychiatric Annals 2002;32:509-521. [also includes validation data on PHQ-8]

Löwe B, Kroenke K, Herzog W, Gräfe K. Measuring depression outcome with a short self-report instrument: sensitivity to change of the Patient Health Questionnaire (PHQ-9). J Affective Disorders 2004;78:131-140.

Löwe B, Unutzer J, Callahan CM, Perkins AJ, Kroenke K. Monitoring depression treatment outcomes with the Patient Health Questionnaire-9. Med Care 2004;42:1194-1201.

Neal, L.A., Walter, B., Rollins, J., et al. (1994). Convergent Validity of Measures of Post-Traumatic Stress Disorder in a Mixed Military and Civilian Population. Journal of Traumatic Stress. 7 (3): 447-455.

Spitzer RL, Kroenke K, Williams JBW, for the Patient Health Questionnaire Primary Care Study Group. Validation and utility of a self-report version of PRIME-MD: the PHQ Primary Care Study. JAMA 1999;282:1737-1744.

Spitzer RL, Kroenke K, Williams JBW, Löwe B. A brief measure for assessing generalized anxiety disorder: the GAD-7. Arch Intern Med 2006;166:1092-1097.

Spitzer RL, Williams JBW, Kroenke K, et al. Validity and utility of the Patient Health Questionnaire in assessment of 3000 obstetrics-gynecologic patients. Am J Obstet Gynecol 2000; 183:759-769

Weiss, D.S., & Marmar, C.R. (1997). The Impact of Event Scale-Revised. In J.P. Wilson & T.M. Keane (Eds.), Assessing Psychological Trauma and PTSD (pp.399-411). New York: Guilford.

Zilberg, N.J., Weiss, D.S., \*Horowitz, M.J. (1982) Impact of Events Scale: A Cross-Validation Study and some Empirical Evidence Supporting a Conceptual Model of Stress Response Syndromes. J Consulting and Clinical Psychology, 50, 407-414.

1. DECLARATION

I understand that my duty is to the court; I have complied and will continue to comply in accordance with the court’s direction.

I am aware of the requirements of part 35 and practice direction 35, this protocol and the practice direction on pre-action conduct.

Civil Procedure Rule 35.3 states that it is the duty of experts to help the Court on matters within their expertise. This duty overrides any obligation from whom experts have received instructions, or by whom they are paid.

I have done my best, in preparing this report, to be accurate and complete. I have mentioned all the matters which I regard as relevant to the opinions I have expressed. All of the matters on which I have expressed an opinion lie within my field of expertise.

I have drawn to the attention of the Court all matters, of which I am aware, which might adversely affect my opinion.

Wherever I have no personal knowledge, I have indicated the source of factual information.

I have not included anything in this report which has been suggested to me by anyone, including the lawyers instructing me, without forming my own independent view of the matter.

Where, in my view, there is a range of reasonable opinion, I have indicated the extent of that range in the report.

At the time of signing the report, I consider it to be complete and accurate. I will notify those instructing me if, for any reason, I subsequently consider that the report requires any correction or qualification.

I understand that this report will be the evidence that I will give under oath, subject to any correction or qualification I may make before swearing to its veracity.

I have attached to this report a statement setting out the substance of all facts and instructions given to me which are material to the opinions expressed in this report or upon which those opinions are based.

1. STATEMENT OF TRUTH

I confirm that I have made clear which facts and matters referred to in this report are within my own knowledge and which are not. Those that are within my own knowledge I confirm to be true. The opinions I have expressed represent my true and complete professional opinions on the matters to which they refer.

I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

**Signed:**

Text

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**Dated: 27/07/2022**

**Dr. Jorge Barreira**

**BSc (Hons) DClinPsy**

**HCPC: PYL040397**

APPENDIX 1

**Education**

* 18/01/2022 – CURRENT – 11 Tennyson Avenue New Malden, Surrey, London

CERTIFICATION IN CLINICAL HYPNOTHERAPY – Wissam Ward

* 10/10/2020 – CURRENT – 54 St James Street, Liverpool, United Kingdom

POA FOR HCPC APPROVED AND CONCLUDED – Health Care Professions Council – Dynamic Neuropsychology LTD

* 18/10/2013 – 15/05/2015 FREQUENCY OF THE MEDICAL SCHOOL  
  Health Sciences Faculty of the University of Beira Interior
* 18/10/2006 – 18/10/2007 – Salamanca, Spain  
  POSGRADUATE IN CLINICAL NEUROPSYCHOLOGY – Faculty of Psychology of the University of Salamanca
* 18/10/1999 – 18/10/2004 – Coimbra, Portugal  
  DEGREE IN PSYCHOLOGY – Faculty of Psychology, University of Coimbra

**Experience**

* 01/12/2021 – CURRENT – London, United Kingdom

CLINICAL PSYCHOLOGIST HOME BASED – PSYCH HEALTH LTD

* 10/10/2020 – 10/11/2021 – Liverpool

CLINICAL PSYCHOLOGIST IN TRAINING – DYNAMIC NEUROPSYCHOLOGY

* 20/05/2020 – 16/10/2021 – Oxford

HEALTHCARE ASSISTANT MENTAL HEALTH – OXFORD HEALTH FUNDATION TRUST NHS

* 15/04/2016 – 20/05/2020 – Chesham, Dunstable, Aylesbury, Inverness, Glasgow, Oxford, United Kingdom

HEALTH CARE ASSISTANT – SIMPLY TOGETHER; PRIME CARE SUPPORT LTD; AMEGREEN COMPLEX HOME CARE; NEWCROSS HEALTH CARE; ACQUIRE

* 03/03/2008 – 18/05/2010 – LISBON, Portugal

MILITARY CLINICAL PSYCHOLOGIST – MINISTRY OF DEFENCE - CENTER OF APPLIED PSYCHOLOGY OF THE PORTUGUESE ARMY

* 03/03/2005 – 30/11/2005 PSYCHOLOGIST (TRAINEE) – ACADEMIC DEPARTMENT OF THE UNIVERSITY OF COIMBRA

**Licenses & certifications**

* Practitioner Psychologist

The Health and Care Professions Council

Issued Nov 2021 · No Expiration Date

Credential ID PYL040397

* Chartered Member

The British Psychological Society

Issued Jun 2021 · No Expiration Date

Credential ID 524578

* The Care Certificate

Oxford Health NHS Foundation Trust

Issued May 2021 · No Expiration Date

* Full Member

Ordem dos Psicólogos Portugueses

Issued Dec 2009 · No Expiration Date