Psychologist's Report

Example Pre-Sentence Court Report

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ABSTRACT

This is an example pre-sentence court report for matters in the District or Supreme Court

Insert Date

Psychologist's Report

Insert Client Name

Date of Birth: Insert Client Date of Birth

Introduction

1. I am a Registered Psychologist in the State of Queensland and a Member of the Australian Psychological Society (MAPS). I have worked as a Psychologist in government organisations, in small and large private consultancy firms and in private practice. I have also worked as a Psychologist in both Brisbane and in the United Kingdom (London). I am presently working in private practice in Brisbane, with special interest in Men's (Anger Management) and Adolescent Health (Teenage Depression).

2. This report is based on an interview with at 239 Stafford Road, Stafford on the and preceding and subsequent therapy sessions on I have also had reference to:

- Police QP9s for the current charges; and
- A copy of criminal history

Family and Social Background

3. has 2 brothers (.........) and 1 sister (...........) and was brought up by his mother (........) and father (............ died aged 72 in and died aged

62 in (Client name) is currently in regular contact with his sister and he reports that their relationship is very close.

- 4. His father was a career soldier and the 'family moved around a lot' when was growing up. This took a huge toll on the family, especially his mother. She developed significant psychological problems in the final 15-20 years of her life, namely agoraphobia (phobia of going outside). For 5 years, she would rarely go outside the family house, drank excessively, talked to the plants and would only go out of the house to go to church. One day came home to find 'in a state'. She was playing "I'm Sailing" by Rod Steward at full volume and was in the process of cutting her hair off, covered herself with Vitamin E cream, lying in a puddle of water, trying to electrocute herself. She was immediately taken to Royal Brisbane Hospital and admitted to the Psychiatric unit for the next few months. (Client name) wasn't particularly close to his mother but he remembers being particularly affected by her mental health issues, more than others in the family were.
- **5.** remembers having a distant relationship with his father. He recalls only being able to talk with him from the age of 15 onwards about superficial topics such as beer and football. was an alcoholic but never violent and would often drink drive. At 16 years, while at boarding school in Townsville, bought his 1st car and started drinking heavily. His behaviour led to him being placed in his father's care in Darwin. When, over the course of the next 10 months, there were additional alcohol-related incidents, his dad 'disowned him at this stage'. 'He was very hurt'. Later in life, he was able to reconnect with his dad, visiting him most weekends before his father died of cancer of the neck and head in 1999 while living on the Sunshine Coast.

6. Until very recently, was no longer in contact with his 2 brothers and
drifted away from the family a number of years ago after having a
teenage pregnancy with his girlfriend. He now has 4 children ceased
contact with this year due to the shame and embarrassment of criminal
charges that have been brought against him. ' is the success story of the
family' with a lot of common sense, someone who always saved his money. He is
a who has helped out in the past when he 'hit rock bottom'
after having problems with drugs. 'He paid all my bills. Kept my rent paid. He
devised as financial strategy for me.' With the help of his brother, was able
to save \$15,000. However, 18 months ago 'hit rock bottom again' due in
part to his addiction to amphetamines. This time he rejected his brother's offer
of financial support and they haven't spoken since. He feels that "it's not for his
family to put up with. I blew the chance that he gave me last time." On my
recommendation, to assist in his rehabilitation, has now approached to
resume their relationship.
7 is still very close to his sister However, 'she is at arms length at
the moment because of the new criminal charges.' She is concerned that is
going to commit suicide. He has been able to open up to her about most things in
his life expect for the indecent act for which he was previously convicted for. He
understands now that it is his guilt and shame, stemming from the indecent act
and amphetamines possession that is the problem. Like is very
emotional, caring and compassionate and doesn't have any children.
8 was sexually abused as a 6-year old in 1963 by the next-door neighbour
of his grandparents in
20s who had glandular problems and diabetes. He convinced to play with

Work history

10. has been a hard worker all of his life. For example, he used to own a business and 'felt like I worked 24/7'. His business partner was his wife (at the time) who he had to buy out once the marriage ended. 'I got the business and she got the house.' After losing significant contracts from the state government due to the decline in the economy, started losing money in his business. One day after failing to renew his car insurance,; had a car accident costing him \$25,000 and he was forced to apply for Bankruptcy in

11. He has worked as a on building sites between 19..-19... In 1980 he joined the as a and for 6 years until 1986. Upon discharge from the in 19.., worked in a number of cafés and snack bars in Brisbane CBD until 1994 when he opened his own business. In 19... he filed for bankruptcy and the company folded. In September 1998 he was employed as a by and worked in a permanent capacity for 10 years until December 2009, when he was 'let go' due to the economic downturn. He rejoined on a casual employment contract in May 2010 and is working there presently.

Drug and alcohol use

- 12. started drinking at age 13. He left school into the building trade and the army, where alcohol use was prevalent amongst his peers. Alcohol remained a problematic part of his life for many years. In the 1980s, he committed 3 drink driving offences. He abstained from drinking alcohol at the start of his 2nd marriage in 1999. This coincided with a period in his life where and his wife were active church members. Since then he has largely managed to drink responsibly. He started smoking marijuana at aged 17. smoked socially, on and off until recent times.
- **13.** In 2002, after the break-up of his 2nd marriage he started using amphetamines (i.e., speed and ecstasy). To support his amphetamines habit, he resorted to stealing meat from Woolworths to resell it. He was convicted for this conduct on 3 occasions in 2004 and 2006. He reports that the shame of losing his marriage led him into taking amphetamines.

- **14. I am aware that** criminal behaviour on occurred whilst he was 'on ice' (amphetamine). His drug convictions from June and August 2009 related to consumption of marijuana. And, as he told police when arrested with the stealing offence, he had been using amphetamines for an extended period of time leading up to his arrest.
- 15. When he was charged with stealing and possession of amphetamines, he felt that rehabilitation was the answer to ending his offending and saving his health. He had by then breached court-ordered probation and a suspended sentence. He had also suffered serious illness and developed long-standing health problems. took steps to be admitted into Moonyah Rehabilitation centre. However, this coincided with an offer of re-employment with, which could not have been taken up if he was at an in-house rehabilitation centre. Instead he sought help from psychologist (myself), GP, sister and close friends to aid with his rehabilitation, with the hope of keeping his employment with and current place of residence. He has been 'clean' since March 2010.

Health, including mental health history

16. has suffered from depression for the past 20 years. He has been on anti-depressants (i.e., Prozac, Effexor) for the past 10 years. He previously sought treatment from a Psychiatrist between for his depression. He has ongoing heart and related problems, stemming from an extended period of pneumonia in February 2010.

Clinical Assessment

- 17. personality presently reflects moderate to high levels of conscientiousness (please refer to Appendix 2 for a full summary of his personality test findings). He has always been an extremely hard worker throughout his life, often working 7 days per week over extended periods of time, which ultimately led to burnout.
- 18. He has low to moderate levels of neuroticism. His results on the 16PF personality test confirm this finding (please refer to Appendix 2 for a full summary of his personality test). He presents as a relatively relaxed and easy going individual. However, through talking with him it is clear that he is a very sensitive individual who has been adversely affected by the negative events in his life.
- 19. is relatively gregarious and has an outgoing personality. He excels when in the company of others and this is reflected in his living and working arrangements. Currently he lives with international students and has chosen to work in sociable working environments (e.g.,), which reflects his personality. His offending behaviour in the past has been linked in part to his perceived social isolation.
- **20.** He has high levels of agreeableness and openness to experience. Those people whom he surrounds himself with, be it friends or family, have had a huge influence on his life. His drug habit in the past has been maintained in part

through the people that he has 'hung around'. is extremely susceptible to other people's influence, be it in a positive or negative way.

21. A Depression, Anxiety and Stress scale was administered. Please refer to Appendix 1. He has moderate to low levels of depression, anxiety and stress. Due to the events in his life and family history of mental illness, he has had to deal with unstable levels of depression, anxiety and stress for most of his life. Up until recently he hasn't sought help and self-medicated through different illicit drugs, namely amphetamines.

Rehabilitation

- 22. For to be successfully rehabilitated he needs to be living in a safe and structured environment and surrounded by a group of close friends and family who will provide valuable social support for him. It is advisable that he gets back into close contact with his brother It is important that he confides in him about his present situation and the criminal charges that he is now facing.

 Through doing this will be able to overcome his guilt and shame and be able to successfully devise a rehabilitation strategy together with his brother. has recently informed me that he has phoned his brother, where they spoke at length and they both intend to meet up in the near future.
- 23. An important initial goal for him is to stop taking amphetamines. has made strong progress in regards to his drug taking behaviour. He has been 'clean' since beginning therapy in March 2010. His brother and sister will also need to be part of his long-term drug rehabilitation and monitoring

program. Depending on his progress, he may need to enter a formal drug detoxification program as well.

24. needs to seek professional psychological or psychiatric help to deal with the different issues in his life, namely his addiction to amphetamines as well as his sexual deviance behaviour. It is recommended that he see a mental health professional at least weekly for an extended period of time. He would really benefit from (1) talking about his problems with an unbiased third party (2) being held accountable for his actions (3) setting goals and action plans (4) being monitored by a trained mental health professional.

25. is currently on probation/suspended sentence for 'an indecent act in a place with intent to insult or offend any person'. As part of his rehabilitation, he has sought treatment from myself as a psychologist since March this year and has attended .. sessions in total. He is making strong progress, both in regards to his drug addiction and his rehabilitation from 'sexual deviance behaviour'. As far as I am aware, he has not re-offended in regards to his past 'sexual deviance behaviour'. His motivation to change and not to reoffend is quite strong as evidenced by his strong attendance record and his comments in the sessions and recent actions. stated that as a 12-year old, 'masturbation was a common, often spoke about and accepted practice' amongst his friends at the time. This socialisation may have informed his past offending behaviour. He realises now that his past behaviour was not acceptable and is extremely motivated to change for the better.

Conclusion

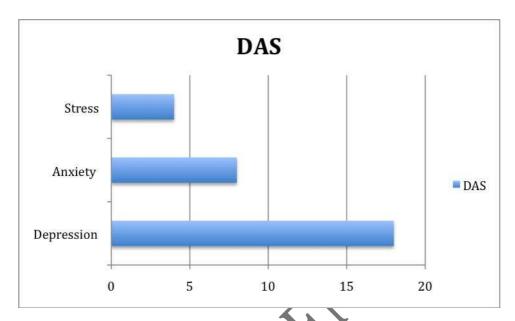
26. There is a very strong link between offending behaviour, negative social influences (e.g., child abuse) and his past history of drug abuse. He is a good and reasonable but very impressionable man. From his presentation to me, he appears to have put his past drug abuse behind him. He now has steady employment and is slowly reconnecting with family and surrounding himself with positive social influences.

27. Family is very important for and his successful rehabilitation will require their support. He currently has a strong relationship with his sister. In the near future, will need to reconnect with his 2 brothers, especially This will allow him to open up about his past child abuse and his addiction to amphetamines as well as the current charges that he is now facing. This will help him to deal with the guilt and shame that he is currently feeling.

Mark Korduba

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Appendix 1: Depression, Anxiety & Stress Scale

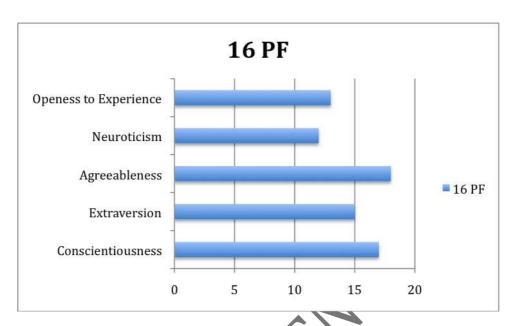


Graph 1: Results on the Depression, Anxiety & Stress Scale

Table 1: Scoring Key for Depression, Anxiety & Stress Scale

Depression	Anxiety	Stress
0-9	0-7	0-14
10-13	8-9	15-18
14-20	10-14	19-25
21-27	15-19	26-33
28+	20+	34+
	0-9 10-13 14-20 21-27	0-9 0-7 10-13 8-9 14-20 10-14 21-27 15-19

Appendix 2: 16 PF Personality Test



Graph 2: Results on the 16PF Personality Test

Table 2: Scoring key for 16PF Personality Test

	Low	Medium	High	
Openness to Experience	5-10	11-15	16-20	
Neuroticism	5-10	11-15	16-20	
Agreeableness	5-10	11-15	16-20	
Extraversion	5-10	11-15	16-20	
Conscientiousness	5-10	11-15	16-20	