

Sydney Clinical  
Psychologist Centre  
Keeping you in mind

Mr James Maher & Mr Michael Kukulies-Smith  
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Suite 4, Melbourne Building  
55 Northbourne Avenue  
GPO Box 487  
Canberra ACT 2601  
6th August 2013

CONFIDENTIAL NEUROPSYCHOLOGICAL REPORT

In The Matter of:

POLICE v BAILIFF

Dear Mr Maher & Mr Kukulies-Smith

Re: ALEXNDER MARCEL ANDRE SEBASTIAN BARKER BAILIFF

Date of Birth: 5:54pm Tuesday August 1970

Address: Matthew Talbot House, Talbot Place, WOLLOOMOOLOO

Your Reference: MKS130100

Date of Assessment: 2nd August 2013

Thank you for referring Mr Bailiff to me on 2nd August 2013 for a neuropsychological assessment.

Mr Bailiff was punctual and variously cooperative throughout the examination. He communicated his consent for the examination to proceed.

Mr Bailiff had no document or photo identity card to substantiate his identity.

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1. The verbal report of Mr Bailiff and his pattern of responding on the standardized assessment procedure as outlined below.
2. Police Facts Sheet
3. Criminal Record
4. Psychological Report of Professor Susan Hayes dated 11th June 2013.
5. Psychiatric Report of Dr Graham J. George 24th August 2003, and 23rd July 2004, 29th May 2006, 22nd May 2009, 7th August 2009 and 29th April 2011.
6. Psychological Report from Ms. Cinzia Gagliardi and Mr Ray Lynes dated 17th June 2005

and 11th November 2004.

7. Psychiatric Report of Dr Stephen H. Allnutt dated 10th April 2012.

## SOCIODEMOGRAPHIC DATA

Nationality: Australian

Parents Nationality: Australian

Age: 42-years-of-age

Marital Status: Single

Siblings: 32-year-old brother, deceased sister

Children: Nil

## PRE-INCIDENT HISTORY OF FUNCTIONING

### Education & Employment History

Mr Bailiff reported that he attended Chum Creek Primary School

Mr Bailiff reported that he attended Grey Street Primary School for 12-months.

Mr Bailiff reported that he attended St Bridget's Primary School for 2 years.

Mr Bailiff reported that he attended Mount Lilydale College until year 9 at school.

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Mr Bailiff reported that he had year off from school due to the motor vehicle accident.

Mr Bailiff reported that he worked at Shoprite Super Market in 1986 for 6-months and lived in Booth Park for 1 week, and then returned to living with his mother.

Mr Bailiff reported that he completed Year 10 at Christian Brothers in Burwood.

Mr Bailiff reported that he completed Year 11 and Year 12 at Copland College in Melba and achieved the equivalent of the HSC.

Mr Bailiff reported that he gained entry to ANU Bachelor of Arts but he deferred.

Mr Bailiff reported that at 19-years-of-age he had an idea and was offered \$1000000 for his idea. [Village Roadshow]

Mr Bailiff reported that he went to ANU for 2-years. He reported that he "intellectualized, reaction formatted and projected" and that he "let the [students] do whatever they wanted to me". He reported that he took action against the high court justice who was the Patron of the ANU Debating Society, and took a High Court Writ against him.

Mr Bailiff reported that his compensation case closed for \$750,000.

## Social Functioning

Mr Bailiff reported that he grew up in Healesville, Victoria. He was living with his mother, sister and brother until he was 15-years-of-age.

Mr Bailiff reported that his father left when he was 10 years of age.

Mr Bailiff reported that his sister would protect him from bullies at school and also from his mother.

Mr Bailiff reported that he was "an introvert" and was an "extremely" shy child.

Mr Bailiff reported that he had been taken to refuges in King Cross between the ages of 15- and 16-years-of-age when he had either run away from home or his mother had put him in there.

Mr Bailiff reported that he lived with his father from mid-1987 in Canberra.

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Mr Bailiff that he formed The Australian National University Scrabble Society.

Mr Bailiff reported that when he was at ANU he was given a hard time by students.

Mr Bailiff reported that at 21-years-of age he ran off into the bush, and was found by the mounted police.

Mr bailiff reported that his mother had her friend drop him at Mathew Talbot Refuge after he spent \$1000 on cigarettes for her birthday.

### Recreational Functioning

Mr Bailiff reported that he would isolate and read for recreation when he was a child. He reported that he tried to escape his mother.

### Medical History

Mr Bailiff reported that he was born 8 weeks premature.

Mr Bailiff reported that he was asleep in the back of the car, and that his last memory prior to the motor vehicle accident was getting into the back of the car and that they were driving to Sydney. He reported that he was in a coma for 1-month. He reported that he "did not know who I was, or what I was doing" after the motor vehicle accident. He reported that e lost his sister in the motor vehicle accident. He reported that he lost his sister in the motor vehicle accident and felt guilty about this from that time.

Mr Bailiff reported that he had vestibulopathy.

### Psychiatric History

Mr Bailiff reported that his mother assaulted him during his childhood when under the influence of drugs and alcohol.

Mr Bailiff reported that in mid-1986 he ran away from home and walked across the harbor bridge and he was contemplating suicide and walked up and down the pilons and but thought his sister would not want him to jump.

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Mr Bailiff reported that he assaulted his step-father after he had hit the bed where he was sleeping, causing injury, and that he was released due to self defence.

Mr Bailiff reported that when he was 22-years-of-age he formed "Saint Vanessa", an entity to protect him.

## CURRENT STATUS

Mr Bailiff reported that he did not feel nervous or anxious often.

Mr Bailiff reported that Angela Magnocavallo was sleeping with his solicitor Bernard Collaery.

Mr Bailiff reported that he was sad about his sister's death.

Mr Bailiff reported that he fell asleep easily, slept continuously, and woke in the morning feeling refreshed.

Mr Bailiff reported that he attended his own activities of daily living. He reported that he lived in a hostel in which meals were cooked, but he could cook if he needed to. He reported that he washed his own clothes.

Mr Bailiff reported that he was sexually interested in Angela, but not otherwise interested in her.

Mr Bailiff reported that his thinking was "disciplined", and that his thinking was "clear" but he had poor short term memory. He endorsed that his thoughts raced, denied thought blocking. He responded ambiguously with regard to enquiries thought insertion or stealing.

Mr Bailiff reported that he did not have any special powers but had abilities that he took for granted. At a different point in examination Mr Bailiff reported that he was the cause of the Pope's Apology to China, Pope's Apology

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to Aboriginals of Oceania, and got the entire world involved from Australia. He reported that he had special powers that were beyond the conceptualization, and by "intellectualized, reaction formation and projection" he would get compensation for the Australian aboriginals who would get their land back. He reported as a result he would not feel guilty and he would get his sister back who was dead because he would not swap seats with her. He reported that this is why he took steps to protect the chief justice of the high court.

Mr Bailiff reported that he had stigmatisms and wore glasses. He reported that his

hearing, taste, touch and smell were intact.

Mr Bailiff reported that he was not taking any medications.

## STANDARDIZED TESTING

### Symptom Validity Testing

#### The 21-item Test

The 21-item test is a test of memory malingering (Spreeen & Strauss, 1998). A list of words is read to the examinee and they are required to recall the words from memory. A forced choice trial is then conducted where the test taker is presented with the list word paired with a foil word and asked to report the word from the list. Cutoffs for malingering and chance level responding have been developed. The forced choice trial of this test is insensitive to brain injury.

Mr Bailiff's pattern of responding was in the "at chance" range (10/21) on the forced choice trial, he got two wrong targets he correctly recalled on the free recall trial, and he made an improbable four consecutive errors. This was inconsistent with genuine responding and consistent with efforts to appear overly symptomatic.

#### The Test of Memory Maligering (TOMM)

The TOMM is a forced choice recognition task for everyday objects. It consists of 50-items presented over 2-trials with 3-recall tasks. Research has shown that performance on the TOMM is relatively insensitive to neurological impairment; that this, accurate performances should occur on this test despite impaired range performances on standardized tests of learning and retention. The TOMM is sensitive to motivational defects and could accurately identify between people who were asked to simulate cognitive impairment versus the performance of those with actual impairment.

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Mr Bailiff's pattern of responding (T1 = 32, T2 = 48, T3 =50) was consistent with adequate effort.

### Intellectual Functioning

#### The Wechsler Adult Intelligence Scale - IV

The Wechsler Adult Intelligence Scale-IV is the latest edition of the Wechsler-Bellevue

Intelligence Scales. It has excellent reliability and validity and is considered "gold standard" for measuring intellectual functioning (Sattler & Ryan, 2009). It consists of 15-subtests, with 10-core subtests and 5-supplemental subtests.

Mr Bailiff's pattern of responding produced an average range Full Scale Intelligence Quotient (FSIQ = 92, 30th %ile), with average Verbal Comprehension Index (VCI = 1-2, 55th %ile) and Perceptual Reasoning Index (PRI = 98, 45th %ile), and low average verbal Working Memory Index (WMI = 89, 23rd %ile), and borderline impaired range Processing Speed Index (PSI = 79, 8th %ile).

His VCI was significantly better than his WMI and PSI and the magnitude of these differences were uncommon but not unusual and occurred in 15.7% and 8% of the normative sample respectively. His PRI was significantly better than his PSI and this was uncommon but not unusual and occurred in 10.7% of the normative sample respectively.

### Block Design

The WAIS-IV Block Design subtest requires examinees to construct two dimensional designs using 3-dimensional blocks. It assesses visual processing, visualization designs using 3-dimensional blocks. It assesses visual processing, visualization, visual-spatial construction ability, reasoning, organization and visual motor coordination, abstract non-verbal reasoning and fine motor coordination. That is it assesses analysis and synthesis of abstract visual information and visual-motor construction ability. This was a significant strength occurred in only 2-5% of the normative sample.

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### Similarities

The WAIS-IV Similarities test requires examinees to explain how two words are conceptually similar. It requires the ability to meaningfully organize, abstract and find relationships that are not at first obvious.

Mr Bailiff's performance was in the average range (37th %ile). This was consistent with adequate ability to meaningfully organize and abstract verbal concepts.

### Digit Span

The WAIS-IV Digit Span test requires examinees to repeat back a string of digits forward,

backward and in numeric order. It assesses rote immediate auditory verbal memory and the backwards and numeric conditions assess sequencing and mental control.

Mr Bailiff's performance overall was in the below average range (16th %ile). Performance for digits backwards was in the below average range (5th %ile), and performance for digit sequencing was in the average range (37th %ile) consistent with adequate ability to mentally manipulate auditory information.

### Matrix Reasoning

The WAIS-IV Matrix Reasoning test requires examinees to select the correct solution from an array of options to solve a visual puzzle. It assesses analogic reasoning, attention to detail, analogic reasoning, attention to visual detail and concentration.

### Vocabulary

The WAIS-IV Vocabulary test requires examinees to explain the meaning of successively more difficult words. It assesses word knowledge, learning ability, fund of information, richness of ideas, memory, concept formation and language development.

Mr Bailiff's performance was in the average range (63rd %ile). This was consistent with adequate word knowledge, learning ability, fund of

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information, richness of ideas, memory, concept formation and language development. This was a strength occurred in 15-25% of the normative sample.

### Arithmetic

The WAIS-IV Arithmetic test requires examinees to answer successively more difficult arithmetic questions. It assesses ability to focus on relevant information in working memory, and apply numeric operations.

Mr Bailiff's performance was in the average range (37th %ile). This was consistent with adequate ability to identify relevant information, hold relevant information in working memory, and apply numeric operations.

### Symbol Search

The WAIS-IV Symbol Search test requires examinees to look at two symbols and indicate if either of these symbols is present in an array of five symbols. It assesses perceptual discrimination, speed, accuracy, attention, concentration and short term memory.

Mr Bailiff's performance was in the below average range (16th %ile). This was consistent with poor perceptual discrimination, speed, accuracy, attention, concentration and short term memory.

### Information

The WAIS-IV Information test requires examinees to answer questions that sample a broad range of general knowledge including science, geography, history and calendar information. It assesses acquired knowledge reflecting natural endowment, education and cultural opportunities, experiences and interests.

Mr Bailiff's performance was in the average range (63rd %ile). This was consistent with adequate general knowledge and ability to benefit from education and cultural opportunities and interests.

### Visual Puzzles

The WAIS-IV Visual Puzzles test requires examinees to identify 3-constituent parts of a unified figure from 6-choices. It assesses nonverbal fluid reasoning,

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mental transformation, analysis, synthesis, speed of spatial visual-perceptual processing and visual discrimination.

Mr Bailiff's performance was in the average range (25th %ile). This was consistent with adequate nonverbal fluid reasoning, mental reasoning, mental transformation, analysis, synthesis, speed of spatial visual-perceptual processing and visual discrimination.

### Coding

The WAIS-IV Coding tet requires examinees to code a string of digits with associated symbols according to a key at the top of the page. It assesses adaption to an unfamiliar task, speed ad accuracy of visual-motor coordination, speed of mental operation, attention, visual acuity, visual scanning and tracking, short-term memory, new learning, and clerical speed.

Mr Bailiff's performance was in the below average range (5th %ile). This was consistent with poor visual-motor coordination, speed of mental operation, attention, visual acuity,



visual scanning and tracking, short-term memory, new learning, and clerical speed. This was a significant weakness in his profile, and such a weakness occurred in 5-10% of the normative sample.

## Comprehension

The WAIS-IV Comprehension test is a supplemental test that requires examinees to answer a series of questions relating to the laws, health and social mores. It assesses the ability to understand problems and apply appropriate practical information and draw on previous experiences.

Mr Bailiff's performance was in the average range (25th %ile). This was consistent with adequate ability to understand problems and apply appropriate practical information and draw on previous experiences.

## Memory Functioning

### Wechsler Memory Scale-IV

The Wechsler Memory Scale-IV is the latest edition of this test. It has excellent reliability and validity. It consists of 6-primary and 1-optional subtests, and assesses auditory memory, visual working memory, immediate memory and delayed memory.

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Mr Bailiff's cooperation during memory testing was very poor and results are not considered to reflect his actual abilities, but are reported out of completeness. He refused some items in subtests.

Mr Bailiff's performance produced an impaired range Auditory Memory Index score (AMI = 51, .01st %ile). This was consistent with very poor ability to remember orally-presented information.

Mr Bailiff's performance produced a borderline impaired Visual Working Memory Index score (VWMI = 77, 6th %ile). This was consistent with poor to very poor ability to remember and manipulate visually-presented information in short-term memory storage.

Both Mr Bailiff's AMI and VWMI were significantly below scores predicted on the basis of his WAIS-IV performance and these differences were highly unusual and occurred in less than 1% to 2% of the normative sample respectively.

The VMI, IMI and DMI could not be calculated because Mr Bailiff did not cooperate to complete requisite subtests.

## Logical Memory

The WMS-IV Logical Memory test requires examinees to remember, repeat and recall two stories. It assesses auditory associate memory.

Mr Bailiff's pattern of responding, despite encouragement, was to respond with "I don't know" to each prompt resulting in no scoring responses. His score on the recognition trial was in the impaired range (<2 cum. %)

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## Visual Reproduction

The WMS-IV Visual Reproduction test requires examinees to remember and reproduce with pen and paper a series of designs. It has immediate, delayed, copy, recognition and discrimination trials. It assesses memory for progressively more complex visual information, attention to visual information, attention to visual detail and visual discrimination.

Mr Bailiff's performance on the immediate trial was in the average range (9th %tile). This was consistent with poor retention of visual memory, with adequate attention to visual detail and discrimination.

## Spatial Addition

The WMS-IV Spatial Addition subtest requires examinees to view and remember two grids of blue and red circles presented sequentially, and then add or subtract the location of the circles presented sequentially, and then add or subtract the location of the circles based on a set of rules. It assesses visual spatial working memory.

Mr Bailiff's performance was in the below average range (16th %ile). This was consistent with poor visual spatial working memory.

## Symbol Span

The WMS-IV Symbol Span subtest requires examinees to remember a briefly shown string of abstract symbols on a page and then to select the symbols constituting the string in serial order from an array of symbols. It assesses visual working memory.

Mr Bailiff's performance was in the below average range (5th %tile). This was consistent with poor visual working memory.

## Executive Functioning

### The Delis-Kaplan Executive Function System (D-KEFS)

The Delis-Kaplan Executive Function System (D-KEFS) is a comprehensive assessment battery for the assessment of executive functions. Executive functions are higher cognitive functions associated with concept formation, problem solving, planning, creativity, impulse control, inhibition and flexibility of thinking (Delis, Kaplan & Kramer, 2001). These Higher cognitive processes

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are associated with the frontal lobes. It consists of 9-tests and has excellent reliability and validity.

A relevant short form was administered.

### D-KEFS Verbal Fluency Test

The D-KEFS Verbal Fluency (VF) test is a revised version of the Controlled Oral Word Association Test and A Category Naming Test. It requires examinees to come up with words starting with a target letter, then to come up with words from a given category, and finally to come up with words switching between two categories.

Mr Bailiff's performance on the Letter Fluency Condition was in the impaired range (1st %ile). His performance on the Category Switching Task was in the impaired range (2nd %tile). He made an impaired range number of repetition errors (1st %ile) and below average range set-loss errors (5th %ile).

### D-KEFS Color-Word Interference Test

The D-KEFS Color-Word Interference Test is a revised and improved analogue of the Stroop Test. It consists of 4-Conditions: Color Naming, Word Reading, Inhibition, and Inhibition/Switching.

Mr Bailiff's performance on the Color Naming trial was in the below average range (5th %ile). This was consistent with very poor speed of serial processing of the visual array.

Mr Bailiff's performance on the Word Reading trial was in the impaired range (1st %ile). This was consistent with very poor speed of word reading associated with very poor speed of serial processing of the visual array.

Mr Bailiff's performance on the Inhibition trial was in the impaired range (2nd %ile). This was consistent with very poor speed of serial processing of the visual array. The pattern of errors made by Mr Bailiff was in the average range (75 %ile) and was consistent with adequate inhibition and intact self-monitoring.

Mr Bailiff's performance on Inhibition/Switching trial was in the impaired range (1st %ile). He made an average range number of errors (25th %ile). This was consistent with poor speed of serial processing and intact mental set shifting.

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### D-KEFS Twenty Questions Test

The D-KEFS Twenty Questions Test requires examinees to identify a target picture from an array of pictures on the basis of yes/no questions.

Mr Bailiff's performance on the initial abstraction score was in the below average range (5th %ile) This was consistent with poor adjustment to the task and weakly developed categorical reasoning. He generated a below average range of questions to identify the target items (9th %ile) with an impaired range weighted achievement score (1st %ile). This reveals poor efficiency and conceptual reasoning and weak processing of the visual array.

### Clinical Syndrome & Clinical Personality

#### The Millon Clinical Multiaxial Inventory-III (MCMI-III)

The Millon Clinical Multiaxial Inventory-III (2nd Ed.) was completed as an adjunct to the interview. The MCMI-III is 175-item measure of personality and current psychopathology. It is well established inventory and widely used.

It has good test characteristics in that there is good data supporting its reliability (consistency in scores over time) and validity (that it measures the characteristics it purports to measure).

It has a number of scales that check the reliability of the test takers response to access whether the respondent is answering according to principles that distort the data (such as random responding) or conscious attempts to appear a particular way (esp. overly positive or negative.); however it has only moderate ability to identify such exaggerations.

Mr Bailiff's pattern of responding produced a valid and reliable profile. His pattern of responding produced significant elevations on the Narcissistic (BR = 115), Masochistic (BR = 86), and Paranoid (BR = 75) Clinical Personality Pattern Scales. His pattern of responding produced significant elevations on the Bi-Polar: Manic (BR = 86), Anxiety (BR = 77), and Delusional Disorder (BR = 76) of the Clinical Scales.

People with this profile have the basic of assumption in life that they are special. These individuals feel superior to others and have a tendency to exaggerate their abilities and positive attributes, construct rationalisations to inflate their abilities and positive attributes, construct rationalisations to inflate their own self worth and depreciate others who refuse to accept or enhance their own self-image. Such individuals typically view themselves as being intelligent, outgoing, charming and sophisticated and have a need to be conspicuous and to evoke affection and attention from others. They often make good first impressions because they are likely to have their own opinions and have a

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natural ability to draw attention to themselves. They are proud individuals, carry themselves with dignity and may have sense of humour. However, they may have trouble if they do not feel properly recognised or are forced to accept the opinions of others or to compromise. This personality profile has been found to be predominant among claimants for workers compensation and among women who choose a conservative treatment for breast cancer as opposed to a mastectomy and among substance abusers.

Given this personality style, such individuals can be expected to be most comfortable in

situations in which they feel admired or at least respected. If confrontation is used in therapy, the therapist must exercise much tact so as not to injure these clients' narcissism more than they can tolerate. On the other hand, there is also the danger that a therapist would be so supportive of clients' narcissism that he or she gives no negative feedback and does not facilitate growth. Thus, it is important to find ways of helping clients accept their fallibilities and work on their problems without feeling unrecognized or humiliated.

People with this profile on the Clinical Syndrome Scales complain of tension, difficulty relaxing, indecisiveness, and apprehension. Additional complaints include a highly sensitive startle response, hyperalertness, and fears related to the onset of poorly defined difficulties. They may report insomnia, headaches, nausea, cold sweats, upset stomach, palpitations, excessive perspiration, and muscular aches. They are likely to have mood swings that range from elation to depression. When elated they will be restless and distractable, will have an exaggerated sense of self-esteem, and will be restless and distractable, will have an exaggerated sense of self-esteem and general sense of enthusiasm, along with unrealistic goals. Interpersonal relationships will have a demanding, intrusive, and pressured quality. There will be reduced need for sleep, erratic mood swings, and flightive ideas. Extreme elevations indicate a psychotic process characterized by delusions and possibly hallucinations and indicate acutely paranoid states. These individuals will be characterized by irrational but interconnected delusions, persecutory thoughts, and grandiosity. they will be hyper-alert to possible threats. The most frequent mood will be hostile suspiciousness, perhaps to the point of belligerence. They will feel mistreated, jealous, and betrayed.

## FAMILY HISTORY

Mr Bailiff reported that his father was deceased at 60-years-of-age in 2005 of a heart attack. He reported that he was free of mental disorder or condition.

Mr Bailiff reported that his mother was 63-years-of-age, had suffered fractures in the motor vehicle accident, and was using Mogadon, Serapax, Valium,

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marijuana, and alcohol. He reported that his mother would be perpetrator of domestic violence.

Mr Bailiff reported that his brother 32-years-of-age, healthy, and was free of mental disorder or condition but "was extremely traumatized".

Mr Bailiff reported that his sister was deceased at 16-years-of-age in 1985 in the motor vehicle accident. He described that his sister was his "protector".

#### SUBSTANCE USE HISTORY

Mr Bailiff reported that he drank 2-cups of coffee or tea per day.

Mr Bailiff reported that he did not use any substances.

#### FORENSIC HISTORY

Mr Bailiff reported that a woman took a "restraining order" against him because he "had brain damage".

#### MENTAL STATE EXAMINATION

Mr Bailiff was a 42-year-old man of Caucasian descent. He was of average height, moderately obese, with graying black hair and beard. He was bespectacled. There was no evidence of psychosis, mania or dissociation. He was over familiar, with some pressured interpersonal behaviour, pressure of speech, grandiosity, some delusional content of speech and some hyper-religiosity. There was no evidence of dissociation. He has some speech disorder, including occasional concrete interpretation, malapropisms, and perservation of speech. He seemed pre-occupied with the status of people whom he was associated frequently mentioning association with various lawyers, judges, WHO, etc and enquired about the examiners associations with institutions and people.

#### OPINION

##### Summary of Findings

Mr Bailiff was variably cooperative, had his own agenda, and behaved in an entitled way consistent with his narcissistic personality which may be a feature of the psychosis due to organic factors. he gave variable effort on his testing, and especially poor effort on tests of verbal memory. His performance on symptom validity tests revealed malingering of verbal memory, but not visual memory.

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He has attempted to craft a very specific presentation with a degree of sophistication. Overall, intelligence seems to be preserved, but with reduced processing speed and aspects of working memory associated with mental control rather than information span. His executive functioning was in the below average range with impaired category fluency and category reasoning as measured by the 20 questions test; which is usually associated with deeper regions of the brain or the mediating white matter regions rather than cortical injury.

### Diagnosis

Notwithstanding the over-reporting of symptoms, in my opinion Mr Bailiff meets DSM-IV for the following:

AXIS 1: Psychotic Disorder Due to General Medical Condition

Cognitive Disorder Due to Head Injury  
Not Otherwise Specified

AXIS II: Personality Change Due to Head Injury Disinhibited Type,

Narcissistic Personality Disorder

AXIS III: Head Injury

AXIS IV: Legal Difficulties

AXIS V: GAF (Current) = 45

Mr Bailiff was delusional with grandiose themes and hyper-religiosity. Therefore Psychotic Disorder Due to General Medical Condition was coded in AXIS I.

Mr Bailiff's cognitive profile evidenced some consistent difficulty with categorical reasoning and semantic difficulty that would be consistent with cognitive disorder due to head injury that would be consistent with cognitive disorder due to head injury, however given the factitious and motivational difficulties, no further conclusion can be made with certitude, therefore Cognitive Disorder Due to Head Injury Not Otherwise Specified was coded on AXIS I.

Mr Bailiff had poor inhibition of social inhibition of social behaviour including over-



familiarity, pressured speech, failure to adhere to social norms and boundaries, and had poor impulse control. Therefore Personality Change Due to Head Injury was coded on AXIS II.

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Mr Bailiff reported a pre-morbid familial situation involving emotional deprivation, isolation, and abuse by his mother, and that he was an introverted and withdrawn child with a significant degree of social isolation. He reported adolescent trauma including the death of his sister in the motor vehicle accident. He consequently has an overcompensating mode that results in the hallmark behaviour of Narcissistic Personality Disorder including a grandiose sense of self-importance, belief that he is special and entitled to favourable treatment, a sense of entitlement, lack of empathy, and that he should be associated with other high-status people. Furthermore, this specialness is also played out in his impression formation regarding his condition. His efforts to impress as fitting a specific syndrome and by association, over-identifying with the relative who 'wrote the book' on brain injury, are behaviours consistent with the personality type and encompass the factitious overlay in his presentation. Therefore Narcissistic Personality Disorder was coded on AXIS II.

Mr Bailiff reported that he suffered head injury as the result of a motor vehicle accident and therefore was coded on AXIS III.

Mr Bailiff's current functioning was consistent with the DSM-IV descriptor "Serious symptoms (eg. suicidal ideation, severe obsessional rituals, frequent shop lifting) OR any serious impairment in social, occupational or school functioning (eg. no friends, unable to keep a job)" therefore a Global Assessment of Functioning Scale score of 45 was coded on AXIS V.

In response to your specific enquiries from your correspondence dated 31st July 2013:

"We are seeking a report in accordance with Professor Hayes' recommendation and which specifically addresses your recommendations as to a possible treatment regime, including your opinion on the appropriate level of monitoring and supervision required and the availability or otherwise of such treatment within mental health facilities or services in NSW or the ACT."

In my opinion, ideally, Mr Bailiff would benefit from a course of schema therapy for Narcissistic Personality Disorder and with regard to his offending (Murphy, McVey, & Hopping, 2012). Ideally this therapy would occur on a weekly or twice weekly basis for 12-months, and fortnightly to monthly basis thereafter for at least 12-months. Ideally this therapist would be a member of International Society of Schema Therapists and experienced

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with forensic populations. There are several such therapists available in Sydney and who could be sourced via: [www.schematherapytraining.com](http://www.schematherapytraining.com)

Mr Bailiff would benefit from treatment by a psychiatrist with an interest in cerebral disorders, such as Dr Patricia Jungfer who practices out of Burwood in Sydney, to prescribe medication and manage his case. Dr Jungfer practices from Belvedere Consulting Rooms in Burwood 61 2 9745 2811. In my opinion such treatment would best be on a weekly to monthly basis until Mr Bailiff's mental state has been appropriately stabilized. He would then benefit from review on a 6-monthly basis.

Unfortunately, there is little that can be done regarding Mr Bailiff's cognitive impairment per se. It is likely as he ages he will be at increased risk of developing dementing disorders and his risk of premature mortality is higher than non-brain injured people. He is likely to have greater management problems in later life as a natural course of age related decline in cognitive function produces further decline in his currently impairments. Relative to same aged peers he is more likely to require support services earlier and more intensively.

## CODE OF CONDUCT

I acknowledge that I have read the Expert Witness Code of Conduct contained in Schedule 7 of the Uniform Civil Procedure Rules 2005. I agree to be bound by the Code. To the best of my ability this report has been prepared in accordance with this code.

Yours faithfully,

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"Parker QC, Roger, Barrister-at-Law, (61 2 9221 3890), p.127, Chapter 7, Adducing Evidence to Prove or Disprove Brain Damage, Brian Damage Medico-Legal Aspects, Blackwell Press, Sydney, (1994). (My Phaedra complex Philip W. Bates is General Editor, Adjunct Professor, University of Sydney & Sir Owen Dixon Chambers)

"6. The Clinical Picture in Focal Cerebral Disorder Lishman says at p.16 that strictly focal brain damage can be responsible for both acute and chronic organic reactions. He says that a frontal lesion may confer distinctive changes of disposition and temperament. Most characteristic is a disinhibition with expansiveness, overfamiliarity, tactlessness, overtalkativeness, childish excitement or prankish and punning social and ethical control may be diminished with lack of concern for the future and for the consequence of actions. Sexual indiscretions and petty misdemeanours may occur, or gross errors of judgement with regard to financial or interpersonal matters. Sometimes there is a marked indifference, even callousness for the feelings of others. Equally lack of anxiety and insight on the part of the patient into his or her condition. Elevation of mood is often seen, namely and empty and fatuous euphoria rather than a true elation which communicates to the observer. In other cases the principal changes are lack of initiative, spontaneity and a

profound slowing of psychomotor activity. Concentration, attention and ability to carry out a planned activity are impaired by these changes but performances on test of formal intelligence is often surprisingly well preserved once the patients has been secured.

Reference:- Lishman, William Alwyn, Organic Psychiatry, the Psychological Consequences of Cerebral Disorder, Blackwell Scientific Publications Oxford (1987).

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