

## Complex Trauma Assessment Problems

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<https://www.atlasobscura.com/places/child-eater-bern>

## Abstract

### **Complex Trauma Assessment Problems - Dr. Rainer Hermann Kurz**

This presentation addresses serious assessment issues related to complex trauma in an extreme abuse setting that had life changing consequences. Many of the incidents observed by Becker, Karriker, Overkamp, & Rutz (2008) in their Extreme Abuse Survey (EAS) apply to this case. In a court setting the textbook of Miller (2012) and the Epstein, Schwartz & Schwartz (2011) book of UK case vignettes were drawn upon to explain the 'unbelievable' sequence of events that had unfolded.

[https://www.researchgate.net/profile/Rainer\\_Kurz2](https://www.researchgate.net/profile/Rainer_Kurz2)

# HCPC Fitness?

**There was not a single sentence or idea expressed that would be indicative of 'delusions' or current personality/character issues/problems.**

## Problem 1: Omission of Incident Coverage

The whole case revolves around the alleged attack on the \_\_\_\_\_ - which medically was neither proven nor disproven as 1 month had elapsed which is long enough to heal. The session failed to cover this incident. As a consequence any reporting and interpretation must be based on 'Collusion' i.e. repeating the 'delusions' claims of the other mental health professionals that this Clinical Psychologist presumably was meant to cross-check 'independently'.

Allegation 1: Failure to carry out a truly independent assessment in a setting that will decide about the final destiny of a young family – with a completely one-sided case made (up) that is 100% based on 'denial' of the crimes Ms \_\_\_\_\_ reported.

## Problem 2: Omission of 'Giving birth to a baby at 14' Allegation

I understand that when Ms \_\_\_\_\_ discussed her own abuse including the pregnancy with police one year before the actual attack happened she was advised to disclose the fact that she had a baby at 14 - that disappeared.

In my view that lack of coverage of these two issues entirely invalidates the session, and - given its pivotal role – the entire court proceedings. They prompt me to make this complaint as I am concerned that those involved in the case proceedings may have been 'compromised'. This concern is fuelled by the disclosure involving a 'downstairs neighbour' (implying a paedophile 'ring') in the session I witnessed.

In the vicinity of Ms \_\_\_\_\_ the following three 'mysterious' death occurred in the space of 12 months before the attack on the \_\_\_\_\_:

1. A close friend of the child's nursery teacher was found dead \_\_\_\_\_, and \_\_\_\_\_ nearby went up in flames a few weeks later
2. The god-\_\_\_\_\_ of the boy died when \_\_\_\_\_ house burned down
3. The half-brother's wife died unexpectedly

Criminal intentions to pervert the course of justice can hence not be ruled out.

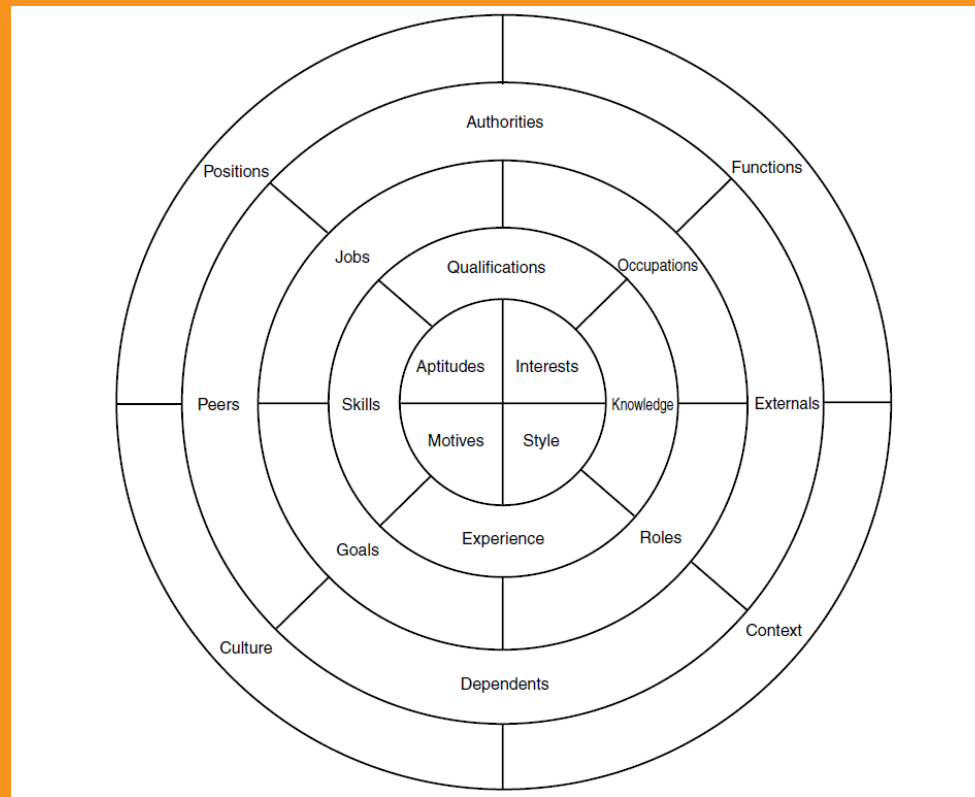
Concern (2012) did not meet the HCPC 'Standards of Acceptance'

# Assessment ABC – I Instruments

## Ability Tests

## Behavioural Styles (Personality) Questionnaires

## Competency Inventories



Kurz, R. & Bartram, D. (2002).  
Competency and individual  
performance: Modelling the world  
of work.

# Ability Testing

e-mail:  
[info@shlgroup.com](mailto:info@shlgroup.com)  
 © SHL Group plc, 1997

For Number Right:



**Below Average** (lower 25%) showing that you had some difficulty in this area. This suggests that you might experience some problems with tasks for which this ability is important.

For Number Attempted:



**Above average** (upper 25%) You attempted more than the average number of questions when compared to people with a similar educational background to yourself.

For Accuracy:



Example: 1 % done:  Minutes left: -

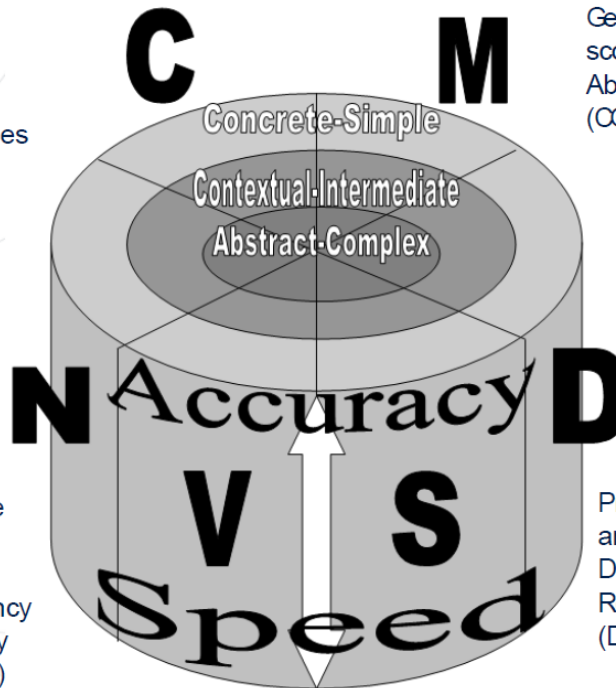
A B C D E

PREVIOUS FINISH HELP OVERVIEW NEXT

OPERA-COMPLEX-DREAM-SPACES Cylindrex

savilleconsulting

Item Type Sub-scores are refinement of Operation Abilities (OPERA) model



General Supra-scores are related to Ability Complexity (COMPLEX) model

Test Taking Style Sub-scores are based on Speed, Accuracy, Efficiency & Speed-Accuracy Balance (SPACES) model

Profile Supra-scores are related to Differential Reasoning Model (DREAM)

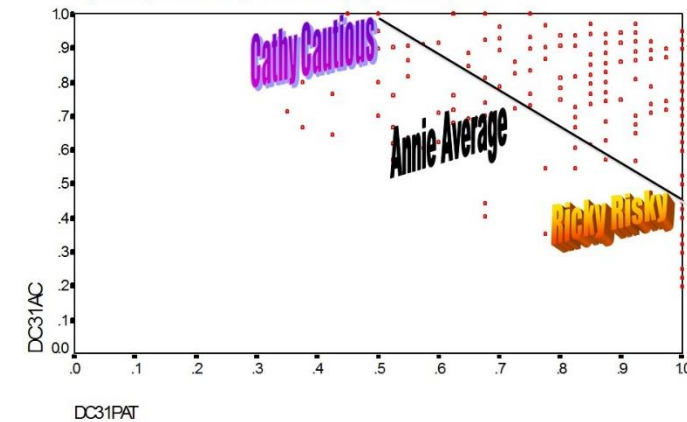
Source: Kurz, 2000

## 6. Ability Map showing Multiple Intelligences (MI) and Differential Reasoning Model (DREAM)

	Sector	MI Area	Aptitude		Attainment	
			Reasoning	Learning	Knowledge	Skill
General	Educational	Verbal	X			
		Numerical	X			
		Clerical	X			
	Practical	Diagrammatic	X			
		Spatial	X			
Distinct	Physical	Mechanical	X			
		Dexterity				
	Social	Sensory-motor				
		Musical-Audit.				
		Aesthetic				
		Intrapersonal				
		Interpersonal				

Diagramming

Speed (DC31PAT) - Accuracy (DC31AC) Plot



# Personality Questionnaires & Competency Inventories

Table 6. Validity coefficients for single scales within each criterion area (20 studies)

	r	Mean expert rating	Personality scale	
Analysis	.27*	1.7	Conceptual	T7
	.21*	1.7	Critical	F6
	.20*	2.1	Data-rational	T2
	.14*	1.8	Forward planning	T9
Planning/organizing	.14*	2.2	Forward planning	T9
	.07	2.0	Conscientious	T11
	.06	1.8	Detail conscious	T10
Creative	.32*	2.4	Innovative	T8
	.28*	1.8	Conceptual	T7
	.08	1.7	Change orientated	T6
Decision making	.19*	2.0	Decisive	F10
	.07	1.7	Critical	F6
Managing staff	.31*	2.0	Controlling	F2
	.17	2.1	Persuasive	R1
	.13	1.9	Socially confident	R6
	-.03	1.9	Behavioural	T4
Persuasiveness	.22*	2.6	Persuasive	R1
	-.07	1.7	Behavioural	T4
Interpersonal	.14	1.4	Outgoing	R4
	.13	1.9	Socially confident	R6
	.07	1.7	Democratic	R8
	.06	1.6	Caring	R9
	-.01	1.8	Behavioural	T4
Communication	.17	1.8	Socially confident	R6
	.15*	1.7	Persuasive	R1
Adaptability	.15*	1.3	Traditional (low score)	T5
	.05	2.0	Change-orientated	T6
Resilience	.14*	1.9	Optimistic	F5
	.14	1.8	Relaxed	F1
	.12	1.9	Tough-minded	F3
	.10	1.4	Emotional control	F4
Energy	.25	2.2	Achieving	F9
Business sense	.13*	1.6	Achieving	F9

\* Lower boundary of credibility interval greater than zero.

Robertson, I.T. & Kinder, A. (1993). Personality and job competences: The criterion-related validity of some personality variables.

Kurz, R. (1999). Automated Prediction of Management Competencies from Personality and Ability Variables. Paper at the Fourth Test User Conference in Scarborough.

IMC Competency	Study	A	B	C	D	E	F	G
Leadership		.23**	.54**	.38**	.28**	.27*	.26**	.13**
Planning & Organising		.45**	.22	.22*	.34**	.37**	.12	.23**
Quality Orientation		.28**	-.09	.08	.20*	.23*	.03	.11**
Persuasiveness		.24**	.28*	.41**	.35**	.37**	.32**	.12**
Specialist Knowledge		.11	.47**	.43**	.20*	.16	.20*	.12**
		-.04	.33*	.24**	.09	.29**	.19*	.16**
Problem Solving		.35**	.19	.37**	.20*	.31**	.14	.19**
		.26**	.27	.15	.17	.39**	.10	.32**
Oral Communication		.41**	.50**	.24*	.34**	.53**	.34**	.15**
Written Communication		.24**	.08	.30**	.07	.18	-.10	.12**
		.37**	.05	.21*	.25**	.21*	.26**	.08*

# The Great 8 Competencies

## Factor Names and Traits

Original Great 8 Terms (Kurz & Bartram, 2002)	4 Clusters & Great 8 Factors (Kurz, 2003)	Aligned Personality Traits
	<b>Solving Problems</b>	
Analysing & Interpreting	Analysing Situations	Openness - Analysis
Creating & Conceptualising	Creating Concepts	Openness - Creativity
	<b>Influencing People</b>	
Interacting & Presenting	Relating to People	Extraversion - Sociability
Leading & Deciding	Controlling Resources	Extraversion - Need for Power
	<b>Giving Support</b>	
Supporting & Co-operating	Respecting People	Agreeableness
Adapting & Coping	Adapting to Demands	Emotional Stability
	<b>Achieving Objectives</b>	
Organizing & Executing	Delivering Results	Conscientiousness - Structure
Enterprising & Performing	Driving Performance	Conscientiousness - Need for Achievement

Kurz (2014). The Structure and Dynamics of Personality Assessment. ABP Presentation at Westminster University..

Kurz (2014). The Structure and Dynamics of Personality, Ability & Competency Assessment. The Psychometrics Forum.

Kurz (2014). Modelling careers – Great 8 competencies, trait constructs & occupational potential. Poster at the IWP Conference in Sheffield.

# Assessment ABC – II Theories

Ability Theory

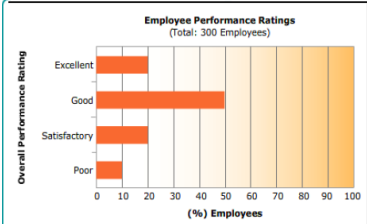
Personality Theory

Competency Theory



Kurz, R. H. (2014). *Relating the Interpersonal Neurobiology of Dan Siegel to Buddhism, Humanism & Healing*. Poster at the European Psychiatry Association Conference in Munich.





Time Left: 1:50 minutes

1 2 3

1 Which Department has less than 100 employees?

Delivery

Sales

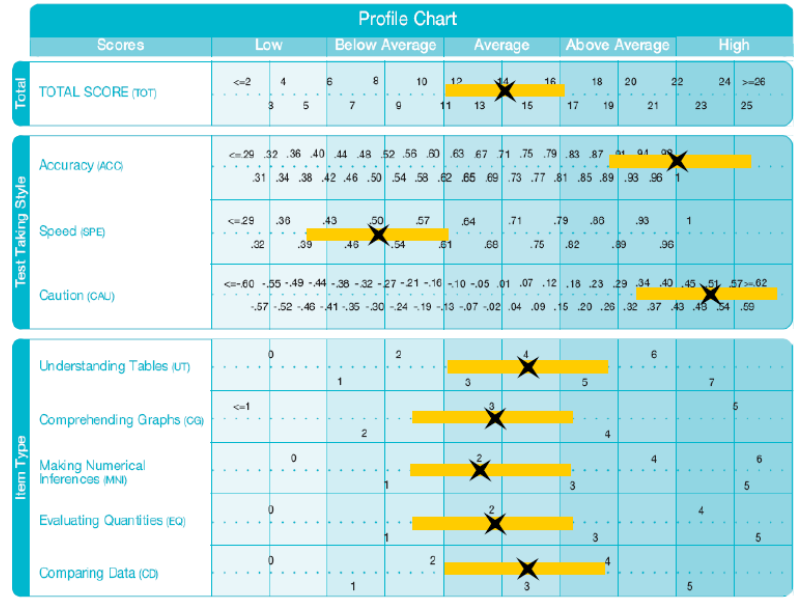
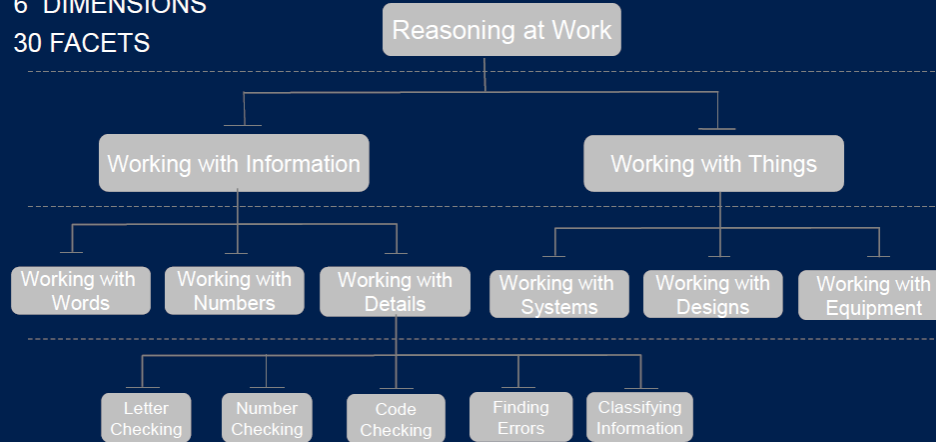
Support

Previous Next

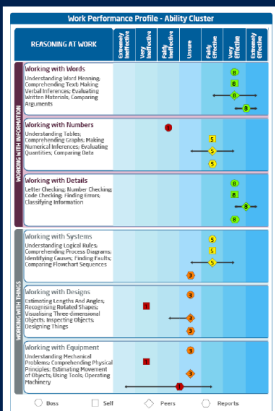
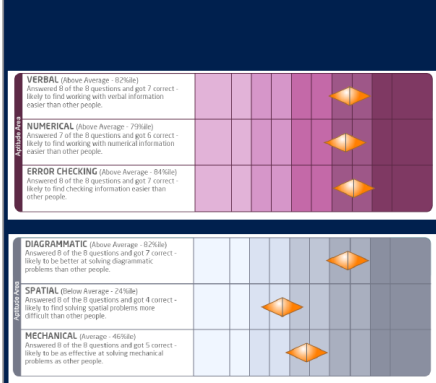
# Ability Theory

## Saville Consulting Ability Hierarchy

- 1 CLUSTER
- 2 SECTIONS
- 6 DIMENSIONS
- 30 FACETS



## Matched Aptitude – Ability Model



Note: this STA visual has been taken from the pilot version – in the launched version the diagrammatic test is the last of the set of three sub-tests

## PCA Factor Analysis (Un-rotated!) of Three Swift Aptitude Assessments

Swift Predictor Scales	Swift Scales	
PCA Component	1st	2nd
Variance Explained	38%	11%
Verbal Analysis (SAA)	.66	-.30
Verbal Comprehension (SCA)	.68	-.36
Numerical Analysis (SAA)	.60	-.03
Numerical Comprehension (SCA)	.60	.01
Error Checking (SCA)	.70	-.21
Diagrammatic Analysis (SAA)	.56	.25
Diagrammatic Reasoning (STA)	.73	-.11
Spatial Reasoning (STA)	.43	.54
Mechanical Reasoning (STA)	.49	.62

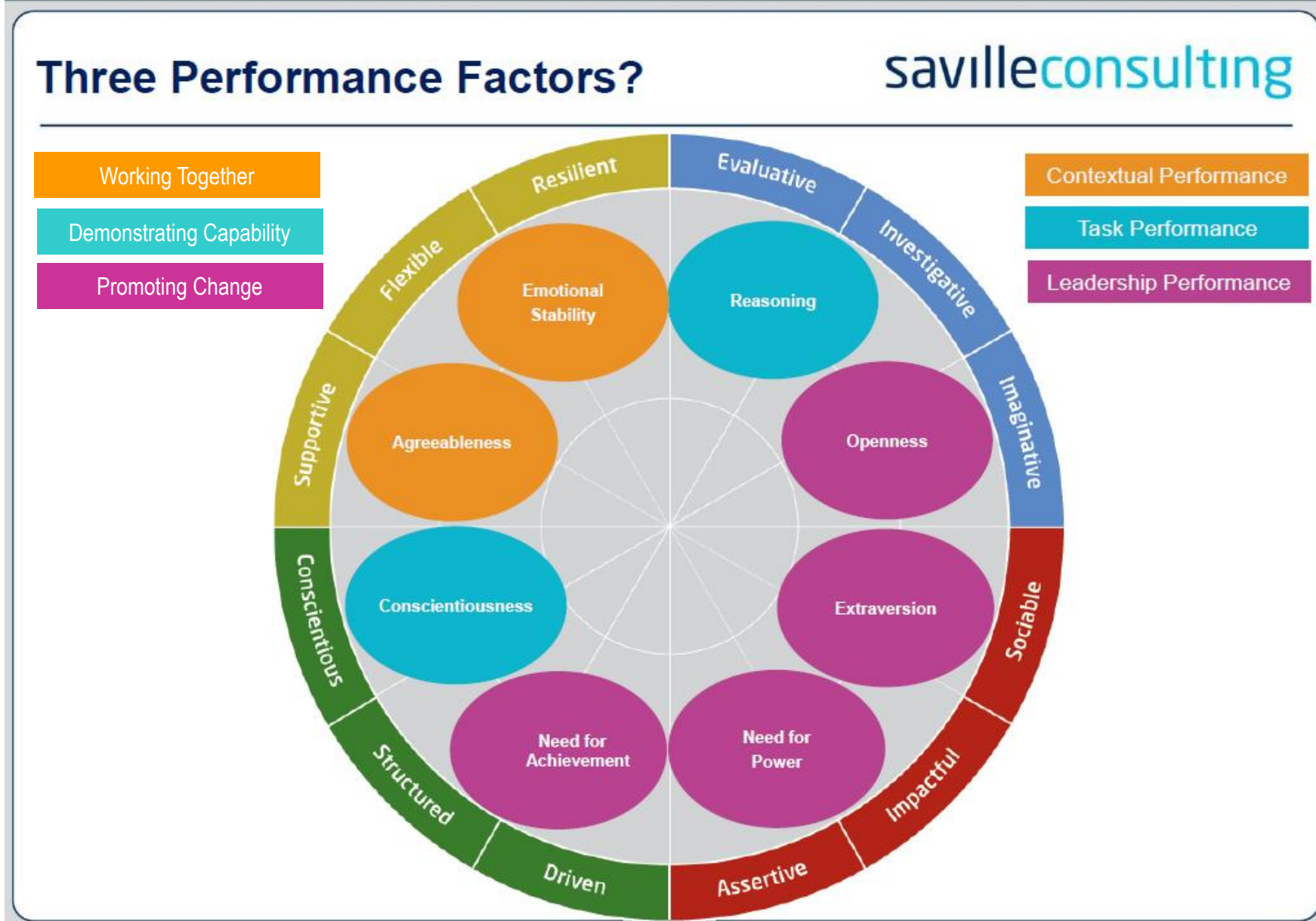
- 1st components proves existence of general factor 'g' with all variable loadings > .40
- 2nd component resembles Vernon's V:ED K:M factors
- Diagrammatic and numerical are the most central aptitude areas

# Personality & Competency Theory

Component Number	Unrotated Components			Rotated Components		
	1	2	3	1	2	3
<b>Constructs</b>	Effective-ness 'E'	Task vs. People	Alpha vs. Beta	Promoting Change	Demonstr. Capability	Working Together
Examining Information	0.52			0.39	0.34	
Documenting Facts	0.48			0.27	0.36	
Interpreting Data	0.47	0.36		0.41	0.41	
Developing Expertise	0.58			0.45	0.25	0.27
Adopt. Pract. Approach.	0.53			0.29	0.38	0.26
Providing Insights	0.70		-0.20	0.66	0.26	
Generating Ideas	0.50		-0.43	0.68		
Exploring Possibilities	0.61	0.27	-0.23	0.67	0.23	
Developing Strategies	0.59	0.31	-0.23	0.66	0.22	
Interacting with People	0.51	-0.53	-0.36	0.42		0.70
Establishing Rapport	0.43		-0.67			0.79
Impressing People	0.32		-0.57	0.53	-0.30	0.29
Convincing People	0.53		-0.45	0.63		0.29
Articulating Information	0.55		-0.34	0.60		0.23
Challenging Ideas	0.56	0.20	-0.29	0.65		
Making Decisions	0.58			0.46	0.38	
Directing People	0.68			0.62	0.24	0.24
Empowering Individuals	0.61	-0.40		0.40		0.61
Conveying Self-Confid.	0.57		-0.39	0.69		
Showing Composure	0.51			0.28	0.35	0.28
Resolving Conflict	0.46	-0.46				0.60
Thinking Positively	0.59	-0.21		0.41	0.23	0.42
Embracing Change	0.61			0.41	0.38	0.26
Inviting Feedback	0.52			0.25	0.36	0.34
Understanding People	0.40	-0.65			0.24	0.75
Team Working	0.56	-0.38			0.36	0.56
Valuing Individuals	0.43	-0.60	0.23		0.31	0.71
Meeting Timescales	0.44		0.44	0.57	0.26	
Checking Things	0.52		0.53	0.73		
Following Procedures	0.34		0.63	0.68	0.21	
Managing Tasks	0.49		0.54	0.72		
Upholding Standards	0.56		0.45	0.65	0.35	
Producing Output	0.54		0.35	0.58	0.23	
Taking Action	0.66			0.63	0.25	
Seizing Opportunities	0.45	0.27	-0.35	0.63		
Pursuing Goals	0.65			0.61	0.25	
Working with Words	0.42			0.23	0.38	
Working with Numbers	0.48	0.48	0.29	0.33	0.60	-0.27
Working with Details	0.52		0.55	0.78		
Working with Systems	0.46	0.51	0.27	0.33	0.58	-0.30
Working with Designs	0.34	0.62		0.41	0.36	-0.45
Working with Equipment	0.32	0.52		0.33	0.39	-0.36
Appl. Special. Expertise	0.56			0.42	0.41	
Accomplish. Objectives	0.68			0.40	0.44	0.36
Demonstrating Potential	0.51		-0.27	0.59		

Table 1: Unrotated and rotated components of PCA factor analysis of the Saville

Kurz, R., Saville, P. & MacIver, R. (2009). The structure of work effectiveness as measured through the Saville Consulting Wave® Performance 360 'B-A-G' Model of Behaviour, Ability and Global Performance. Assessment & Development Matters, Volume 1, Edition 1. British Psychological Society: Leicester.



# Three Effectiveness Factors

- Kurz et al (2009; 2010) found in Wave Performance 360 data (N=308) across 36 Behaviour, 6 Ability and 3 Global items three factors:
  - 'Working Together': Agreeableness & Emotional Stability
  - 'Promoting Change': Openness & Extraversion
  - 'Demonstrating Capability': Conscientiousness and Reasoning
- The 'Three Effectiveness Factors' (3EF) correspond to Leadership, Buddhism and Psychiatry constructs, and 'expand' Psychology models:

Kurz, Saville & MacIver (2009)	Working Together	Promoting Change	Demonstrating Capability
Wave Leadership (2011)	People	Pioneering	Professional
Ikeda (1999) SGI	Compassion	Courage	Wisdom
Siegel (2001) Psychiatry	Relationships	Energy	Information
Digman (1997)	Alpha	Beta	* 'Gamma'?
DeYoung et al. (2002)	Stability	Plasticity	* 'Solidity'?
Hogan & Holland (2003)	Getting Along	Getting Ahead	* 'Getting It Right'?

\* putative titles

Kurz (2014). The Structure and Dynamics of Personality Assessment. ABP Presentation.

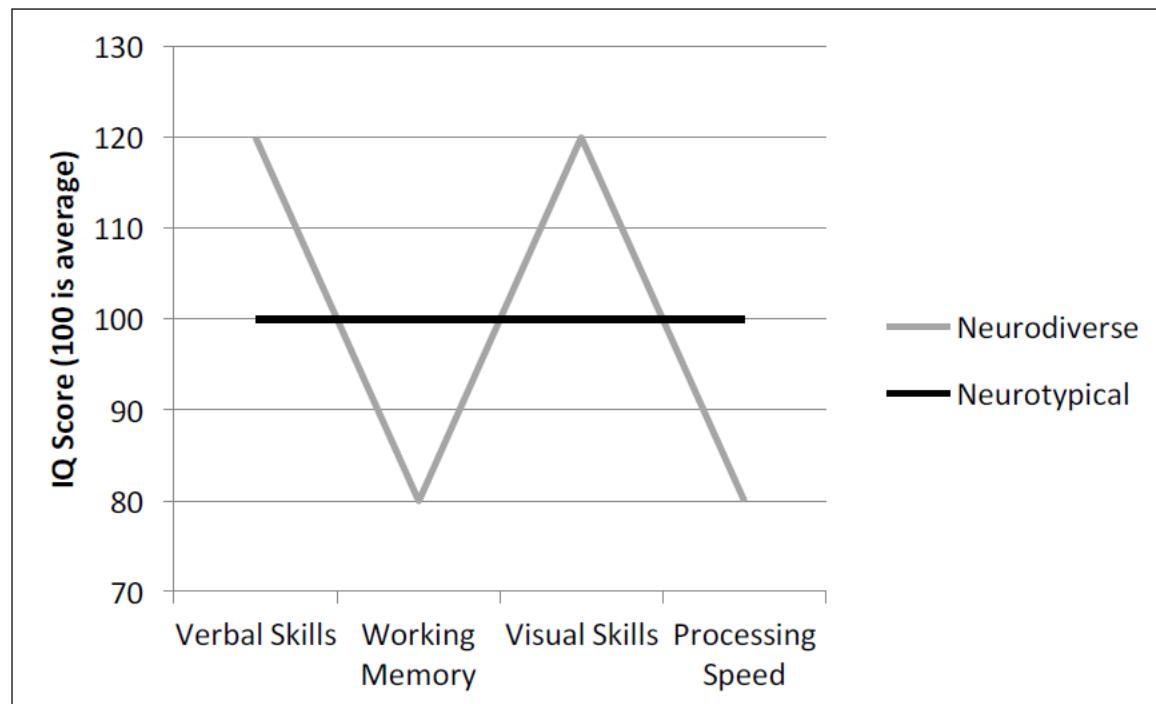
# Assessment ABC – III Problems

## Ability Problems

## Behavioural Styles / Personality Problems

## Competency Problems

Diagram 1: a 'spiky profile' showing example neurodiverse and average IQ scores



Weinberg, A. & Doyle, N. (2017). *Psychology at work: Improving wellbeing and productivity in the workplace*. BPS: Leicester.

## Introduction

# 'Disclosure Email' (Extracts of 1,888 words single paragraph)

Subject: ill start again with more time please

'hello again. sorry about the rushed mail earlier, ive been locked out of my mailbox for ages.'

i witnessed him **abuse <child>** after he came up behind me in the street where id gone to see my freind after appearing in my street and the town of his own accord and after finding out my friends address from my \_\_\_\_\_ many months earlier who said he wanted to post me something. that never arrived but an old man turned up asking my friends seven year old where i was..and it started.'

i decided not to go the police immediately with my child who would be evidence as **the met policeman in <family home town> told me** when i was thrown out of \_\_\_\_\_ house and asked for their aid, **that my \_\_\_\_\_ was dangerous and even if something serious happened to either of us in the future it would be unwise without much more protection to go up in court against him.** The problem arose when i reported him later a month after the assault, but **instead of being beleived and supported they took us to the hospital for his checks then removed him claiming i was delusional, suicidal, neglectful** (he had some bruises) and unable to be a parent while insisting **if i didnt sign a voluntery section 20 they would call the men in white coats.**

there is not way the universe will allow <child> to **endure the years i did**

Kurz, R. (2016). 'Twice Exceptional' Individuals - Safeguarding against Re-victimisation.

Paper at the 10th International Conference of the British Dyslexia Association (BDA). Oxford, UK..

# Extraordinary Album



YMCA SURBITON



05/01/2010 Cradle Cap  
GP Recommendation: Spain!



Subject: RE: Photo Album !

Date: Mon, 17 Sep 2012 00:15:47 +0000

you were right, im blown away. ive corrected a slide with the date 2012 where it was 2011 in september towards the end on the bed! i simply think thats a beautiful beautiful present and **maybe a new form of therapy?** you have such an eye for detail and are very truthful and accurate, truly i can see what absolute care and respect and devotion you have at your disposal towards children and am so privalaged that we have the slides all of a sudden. total new one for me and really something you can be proud of too there. hot stuff. many many thanks rainer. i feel quite a bit happier.



## Stalking & Defamation

Defamatory calls to police e.g.:

- 'I saw her shop lifting'
- 'There was a girl crying in the field'

Defamatory calls to social services e.g.:

- 'Neglecting child'
- 'Concerns about mental health'

Physical threats e.g.:

- Driving up the pavement
- Trying to wrestle buggy off mother

Enlisting members of the public / co-conspirators e.g.:

- 'A rich benefactor would like to pay for the schooling of your child'
- 'Yes. She is on the bus – she is carrying, ahem, a buggy'
- 'She is feeding dog food to her child' (police incident record)

## Police Evidence Ignored

Original Incident Report: JUST SEEN FEMALE WALKING UP [REDACTED], SHE SAID SHE HAS WALKED FM [REDACTED] AND SHE IS GOING [REDACTED], SHE HAS 20 MONTH OLD BABY WITH HER, SHE IS SLEEPING ROUGH THE BABY IS STINKING AND BEEN EATING DOG FOOD HIS NAPPY IS STINKING, I SAW HER 5 - 10 MINS AGO. CAN POLICE LET ME KNOW OF OUTCOME

from [REDACTED] all actions complete no further lines of enquiry attended at the location and located the female [REDACTED] who was in good spirits and in good physical order. She was fully clothed and wearing shoes. The child [REDACTED] was fully clothed and he was in good spirit and good physical condition. [REDACTED] was totally surprised to see officers. [REDACTED] was advised that the location and the fact that the temperature would drop was not suitable for her or the child. She agreed stating that she had misjudged the weather and stated that she would return home to [REDACTED]. Her intention was to complete a walk of the [REDACTED]. Her belongings were checked and she had a large quantity of food suitable for both her and her son. [REDACTED] was suitably equipped for a camping trip. There were no concerns for the health or safety of the child and they were conveyed to home. All the relevant checks were conducted re at risk etc negative result. The witness stated that the child was eating dog food and wearing a dirty nappy was false. The child was being fed very well with organic food. The nappy was not dirty as I checked and the child was sat in the pram and would have been impossible to see. All in order and no concerns [REDACTED] updated and suitably advised

Kurz, R. H. (2017). *Critical Reflections on the Role of Mental Health Professionals*.  
Presentation at the 'Mental Capacity Act' conference in Norwich.



# Paediatrician Report (2nd November 2012)

## <Mother>'s experience of abuse

<Mother> told me that she was raped (including an anal rape) by her father in the past and that he used WD40 as a lubricant. <Mother> told me that she had repeatedly reported her concerns that she was being stalked by her father to the Police. She reports that her last contact with Police in London was with <Officer> in Kingston-upon-Thames one year ago. She believes that <Mother and son> would be used by the Police to provoke another attack from the maternal grandfather so that the Police could stop a "cartel". She said that the Police Officer and herself had that the child was going to be attacked or raped at some stage in the future and she asked the Police Officer in Kingston what to do if her child was anally raped. She believes that the Police Officer told her that if the bleeding settled down quickly she should look after him at home, comfort him and not report it to the Police as this would jeopardise a police investigation into the Cartel. She, therefore, believes she had done the right thing by not reporting the rape but by taking him home and giving him comfort.

<Mother> had previously lived in Ireland where she thought she was being stalked by other family members, in Spain, and in London.

<Mother> reports that she had a child when she was 14 years old who was "killed or farmed out." This needs further assessment into whether she has suffered a suspicious child death or whether this is part of her delusional belief system.

## **Executive Summary**

Ms <SUA> is a 29-year-old female who underwent a full psychological evaluation on 7<sup>th</sup> and 13<sup>th</sup> June 2012.

Ms <SUA> does not have a learning disability; the full scale IQ score of 115 places her in the high average range of intellectual functioning, and is above that of 84% of peers her own age. Despite repeatedly telling me that she has a “processing disorder”, an assessment of her processing speed was completely unremarkable. The processing speed was deemed to be better than 63% of peers her own age.

While I think that there is a degree of diagnostic uncertainty, as evidenced by the various diagnostic labels that Ms <SUA> has accrued over the years, I think it is safe to conclude that Ms <SUA> is clearly a disturbed woman with long standing mental health problems which are relevant in these proceedings. My view is that she has a schizotypal type disorder with periods of psychosis in response to emotional stress. It is possible, however, that with time, more typical features of schizophrenia may emerge.

## 9.2 The Millon Clinical Multiaxial Inventory-Third Edition (Millon, 1994)

9.2.1 The MCMI-III is a 175 item, true/false, self-report measure of 14 personality patterns and 10 clinical syndromes for use with adults 18 years of age and older. Based on Dr Theodore Millon's theory of personality and psychopathology the MCMI-III assessment provides one of the most researched and widely used measures of adult psychopathology available today. The MCMI-III helps to quickly and accurately assess DSM-IV related personality disorders and clinical syndromes.

9.2.2 The MCMI-III is divided into four main sections: clinical personality patterns, severe personality pathology, clinical syndromes and severe clinical syndromes. For diagnostic purposes for Axis II disorders, then a BR score of 75 may be viewed as indicating the presence of clinically significant in *personality traits*. In contrast elevations at BR 85 or above are likely to indicate pathology pervasive enough to be called a *personality disorder*. For Axis I a BR score of 75 indicates the *presence* of a syndrome and a BR score of 85 indicates *prominence*. Such elevations form the basis of a diagnostic hypothesis that always needs to be considered in the context of other information outside of the inventory including the patients verbal report, therapist's impressions of the client, reports from significant others and background information and so on.

9.2.3 The results of the MCMI-III indicate that Ms <SUA> has answered in an open manner and has not attempted to portray herself in a negative fashion depreciating or devaluing herself by presenting more difficulties than are likely to be uncovered from an objective stand point. Ms <SUA> did not respond in a socially desirable way. Therefore the results of the MCMI-III can be interpreted with confidence, as they are likely to be a valid measure of Ms <SUA>'s personality pathology.

9.2.4 The severe personality pattern scales reflect longstanding patterns of interpersonal interactions which are particularly severe in their nature. Those obtaining high scores on scales in this section tend to be ineffective at coping, extremely vulnerable to the everyday strains of life and often show deficits in social competence. The nature and manifestation of these difficulties will vary depending on the particular pattern of scoring on the sub-scales. Ms <SUA> gained a clinically significant elevated score on the schizotypal and paranoid personality pathology scales, indicating the presence of these personality traits.

9.2.5 Individuals with schizotypal traits typically present as emotionally bland with flat affect or with anxious wariness. Generally such individuals are socially detached and have a pervasive discomfort in social relationships. Accordingly they remain on the periphery of society with few or no personal attachments. Thought processes may be tangential, irrelevant or confused. They appear self-absorbed in their own thoughts. Typically, these individuals are prone to develop schizophrenia if sufficiently stressed.

9.2.6 Ms <SUA> also gained an elevated score on the paranoid personality scale. Such individuals are vigilantly mistrustful and often perceive that people are trying to control or influence them in malevolent ways. They are characteristically abrasive, irritable, hostile typically and may become belligerent if provoked. Their thinking is rigid and they can be argumentative. They usually present with delusions of grandeur or persecution and/or ideas of reference. They use projection as their main form of defence.

9.2.7 The clinical personality patterns scales identify longstanding patterns of interaction which are relatively unlikely to be influenced by circumstances. Ms <SUA>'s profile displayed no clinically significant elevations on any of the subscales.

9.2.8 Finally, the clinical syndrome scales reflect more transient difficulties likely to be influenced by current circumstances, whereas the severe clinical syndrome scales indicate the presence of disorders of marked severity. Ms <SUA>'s scores in this section showed elevations on the delusional disorder scale and the thought disorder scale.

9.2.9 Ms <SUA>'s high score on the paranoid scale is usually indicative of some sort of underlying paranoid disorder. Typically, such individuals present with persecutory or grandiose delusions and maintain a hostile, hyper vigilant and suspicious wariness for anticipated or perceived threat. They may also become belligerent and have irrational ideas of reference, thought influence or thought control. The scale is thought to be a symptomatic expression of an underlying, paranoid personality.

9.2.10 Ms <SUA>'s high score on the thought disorder scale typically experience thinking which is disorganised, confused, fragmented or bizarre. Hallucinations and/or delusions maybe present. The individual's behaviour is often withdrawn or reclusive. Such individuals can often show inappropriate affect and appear confused and regressed at times of crisis.

## Prof Jane Ireland

### Evaluating Expert Witness Psychological Reports: Exploring Quality

<http://www.ccats.org.uk/images/Expert%20Witness.pdf>

### **‘Dubious ‘experts’ are paid to tear families apart**

A new report condemns the shoddy standards of psychologists’ reports in our family courts. ‘

**A study by Professor Jane Ireland, a forensic psychologist, for the Family Justice Council examined 126 psychological reports trawled at random from family court documents. It found that two thirds of them were “poor” or “very poor” in quality**

‘Another woman was found by a psychologist to be “a competent mother” – so the social workers went to a second witness, who found the same. They then commissioned a third, who at last came up with what they wanted: that the mother had, again, “a borderline personality disorder”. On that basis, her three children were sent for adoption.’

### ***McDowall (2015):* Bad Apples, Bad Barrels, Bad Cases**

Kurz, R.H. (2017). *Challenging Inadequate Assessments and the ‘Discourse of Disbelief’*. Presentation at the ESTD Conference in Bern.

## Biases That May Affect Forensic Experts

Forensic assessment tasks present a tall order. Otto (2013) vividly outlined the difficulties faced by forensic clinicians (emphasis in original):

*To (in a limited amount of time, using assessment techniques of limited validity, and with a limited amount of information-some of which is provided by persons with an investment in the examiner forming a particular opinion) come to an accurate assessment about the past, current, and/or future emotional, behavioral, and/or cognitive functioning of an examinee as it relates to some issue before the legal decision maker (while ensuring that how one has been involved in the case does not affect one's decisions).*

Neal, T. M. S., & Grisso, T. (2014, April 14). The Cognitive Underpinnings of Bias in Forensic Mental Health Evaluations. Psychology, Public Policy, and Law. Advance online publication. <http://dx.doi.org/10.1037/a0035824>

## Bias

Neal, T. M. S. & Brodsky, S.L. (2015). Forensic Psychologists' Perceptions of Bias and Potential Correction Strategies in Forensic Mental Health Evaluations. *Psychology, Public Policy, and Law*. Advance online publication. <http://dx.doi.org/10.1037/a0035824>

*'Evaluators perceived themselves as less vulnerable to bias than their colleagues, consistent with the phenomenon called the "bias blind spot". Recurring situations that posed challenges for forensic clinicians included disliking or feeling sympathy for the defendant, disgust or anger toward the offense, limited cultural competency, pre-existing values, colleagues' influences, and protecting referral streams.'*

Chaplin, C. & Shaw, J. (2015). Confidently Wrong: Police Endorsement of Psycho-Legal Misconceptions. *Journal of Police and Criminal Psychology*. DOI 10.1007/s11896-015-9182-5

# Trauma Psychologist

*Private and Confidential*

To whom it may concern,

I am writing to let you know that I have started my psychological assessment process with [redacted] October 2012, following her request to meet with me.

Although not completed, clinical assessment so far indicates that [redacted] suffers from the psychological effects of very severe childhood trauma and that assessment needs to be carefully paced to enable her to stay within her window of tolerance to avoid re-traumatization and to enable her to safely participate. My findings will be reported in due time.

Please do not hesitate to contact me if you have any further questions.

Yours sincerely

**BSc (Hons), MRSc., DClin. Psychol., AFBPsS**

HPC/BPS Chartered Clinical Psychologist  
UKCP/BABCP Registered Cognitive-Behavioural Psychotherapist  
EMDR Consultant  
ISST Registered Schema Therapist

Three privately organised  
Disclosure Sessions  
Autumn 2012 (video-  
recorded) – short note  
issued after first session

1h session re. 2 Index  
Incidents Summer 2013  
(audio-recorded)

Three Disclosure  
Sessions Summer 2013  
covering two 'Index  
Incidents' (video-  
recorded)

In formal PTSD (Post-  
traumatic Stress  
Disorder) assessment  
session mother rattled off  
67 traumas in 10 minutes

# UK Context

## Disgraced DJ Jimmy Saville & Savile's Mate Ray Teret



A lawyer for 169 of Savile's victims stated that Teret's conviction represents "the closest the victims of Jimmy Savile will get to a conviction against their attacker".



<http://www.express.co.uk/posts/view/371936/I-was-raped-at-13-by-Jimmy-Savile-in-satanist-ritual>

27 February 2015 Last updated at 14:11

20K

### Gary Glitter jailed for 16 years



The judge said that Glitter had done all his victims "real and lasting damage", as Sarah Campbell reports

Former pop star Gary Glitter has been jailed for a total of 16 years for sexually abusing three young girls between 1975 and 1980.

### Former council leader jailed for two years for 'appalling' child pornography offences

The judge said he had to deal with him for downloading 2,844 still images, and 293 movies, of children. He also had to deal with him for the distribution of 23 stills and seven movies. Osbourne had also accessed 152 extreme images, either in still form or as movies, showing "revolting images of deviant sexual practices", including depiction of sexual behaviour between humans and animals, and depictions of serious violence being inflicted on women.

### Kingston council leader quits over child porn arrest



Derek Osbourne has twice served as council leader

The leader of Kingston borough council has resigned after he was arrested on suspicion of possessing indecent images of children.

Derek Osbourne, 59, was arrested on Tuesday at his home in Kingston and taken to a south London police station. He has been bailed until August.

In a statement, acting leader Liz Green said the Liberal Democrats were "deeply shocked".

Mr Osbourne was first elected leader from 1997-98, and then again from 2003.



# Dissociation Specialist

## Conclusions

Based on observations and questions posed during the assessment, at the present time [redacted] does not meet the DSM IV Criteria for a Dissociative Disorder. Likewise she does not demonstrate any significant dissociative symptoms. It is to be noted, however, that both self reporting screening instruments demonstrated the equivalent of nil scores. It is highly unusual for even non dissociative people to score so low. If I add to this the observations during the assessment, it is in my opinion possible that her potentially significant dissociative symptoms are categorically cut off from consciousness for the time being. Dissociation is, after all, a means of survival and coping in the world outside through a complete amnesia of emotional and traumatic effects of one's childhood. From her account, it seems that a significant amount of abuse memories have been processed on her own.

The SCID D differentiates Dissociative Disorders from other psychiatric disorders such as Schizophrenia. No indications of any psychosis were apparent during the assessment. Thus there were no delusions of thought, hallucinations or disorganised thinking and speech or paranoia. [redacted] presented in a very articulate, emotionally appropriate manner. Her responses and behaviour during the assessment were both honest and open. She was also able to discuss [redacted] with a realistic appraisal of [redacted] behaviour. I had no reason to doubt her ability to look after [redacted] in both the short and longer term.

# Court Witness Literature

## HEALING THE UNIMAGINABLE

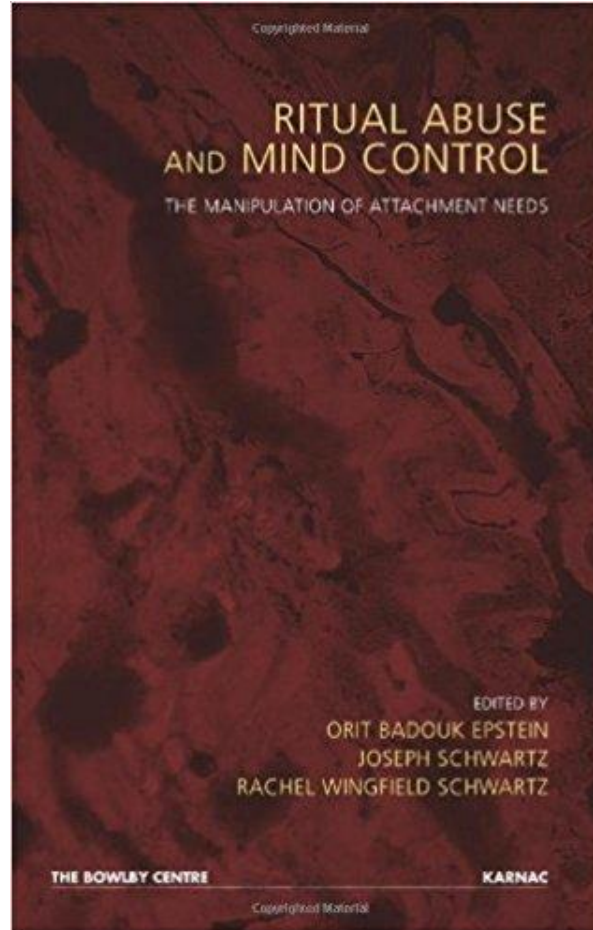
Treating Ritual Abuse and Mind Control



ALISON MILLER

KARNAC

Miller, Alison (2012). *Healing the Unimaginable: Treating Ritual Abuse and Mind Control*. Karnac: London.



Epstein, O. B., Schwartz, J. & Schwartz, R. W. (2011). *Ritual abuse and mind control*. Karnac: London.

Male Survivor Account:

*'Sobbing, Bruce told me about his hellish Christmas, memories around the sacrifice of his little baby brother and how they threatened that they would kill his younger sibling if he would not slash the baby's throat.'* (p. 161)

Female Survivor Account:

*'These were special shows and I remember one of many shows that I was involved with...I had been primed – I was probably eight at the time – to have sex with a boy who was around the same age as me, who was absolutely petrified.'* (p. 145).

# Puzzle



How do these artefacts relate?

# House Fire



House owner found in hallway 'on top of roof tiles'  
(with broken legs and broken arm)

# Field Dependence Test



Low Alpha, High Beta?

<https://arsoninformer.files.wordpress.com/2014/09/suspected-arson-murder.pdf>

## Lessons for Professional Practice

- Know your tools as well as alternative tools
  - Appreciate, develop and apply theory
  - Tackle problems
  - Provide solutions
- 
- Know your limits and the limits of others
  - Know your strengths and the strengths of others

## TRUE TRAUMAS, DISSOCIATION SPECTRUM SYMPTOMS AND DIFFERENTIAL ABILITY PROFILING

### Summary

This case study shows how differential ability profiling can help to understand trauma client background, presentation and response to incidents. IQ test results at age 7, 23, 25 and 30 showed poor working memory and concentration test performance against the backdrop of a superior Verbal IQ. Eventually a moderate degree of Dyslexia was attested compounded by extraordinarily poor auditory working memory and oral comprehension skills. Information processing issues thought to be indicative of a 'schizophrenic/delusional personality disorder' turned out to relate to a specific learning disability for which appropriate accommodation must be made under the relevant UK disabilities legislation.

### Trauma Background

Judith Herman explained that 'traumatic memories' have a number of unusual qualities in that they are not encoded like the ordinary memories of adults in verbal, linear narrative that is assimilated into an ongoing life story. The 'frozen and wordless quality of traumatic memories' stems from the fact that the situation has not been satisfactorily liquidated until the victim has completed an inward reaction through the words and the organization of the recital of the event. Almost hundred years ago Pierre Janet spoke of the person's need to 'assimilate' and 'liquidate' traumatic experience, which, when accomplished produces a feeling of 'triumph'. Over recent years Onno van der Hart and colleagues brought his seminal work back to life and the attention of the mental health community.

### Personality vs. Ability Issue

The client was diagnosed at age 25 with 'Information Processing Issues' by a Clinical Psychologist following completion of the WAIS. The issues included under- and over-sensitivity to stimuli, and processing delays where occasionally acoustic perceptions would be delayed by minutes, hours, day, weeks or months. Other mental health professionals in a forensic context denied the existence of the condition, and/or claimed that it would be a sure indicator of Schizophrenia. This poster reviews the evidence from ability tests completed at age 7, 23, 25 and 30.

### WISC-R at Age 7

With view to future schooling the parents arranged IQ testing at age 7. The Verbal IQ was in the very superior range (top 1%ile) and the Performance IQ in the superior range (top 5%) with overall IQ in the top 2-3%. The report states:

'She has a wide reading vocabulary which I suspect is usually based on the recognition and recall of letter patterns. She is not so strong at phonically decoding i.e. sounding out unfamiliar words.'

'She has a rather weak auditory memory which meaning that she finds it rather difficult to retain and recall sequences of sounds, this being essential to phonological processing and analysis in reading and spelling.'

'There is some evidence of slight sequencing and ordering difficulties.'

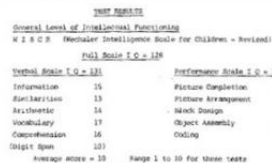


Figure 1: WISC-R Results at Age 7

### WAIS at Age 23

The client left her abusive family home at age 19 preferring homelessness to the regime of verbal, physical and sexual abuse that started at birth. She was subjected to a series of life-threatening attacks that led to a 4 day memory amnesia where all episodic memories became inaccessible. As ordinary memories returned so did memories of extreme abuse suffered. 'Self-medication' use of recreational drugs was triggered by traumatic memories.

The WAIS results show a massive drop on Perceptual Organisation to the 32<sup>nd</sup>ile, on Working Memory down to the 14<sup>th</sup>ile (this indicates a limited auditory memory capacity and the ability to sequence material held in that memory) and Processing Speed at the 5<sup>th</sup>ile (some weakness in the way she processes visual information and in particular short-term visual memory). The pattern explained the learning difficulties the client was experiencing in her 'Access Courts' and allowances were made (computer, exam time limit increase).



Figure 2: WAIS Results at Age 23

Dr Hermann Kurz  
C.Psychologist  
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Alastair Coomes  
BSc Honours, PGCE, Dip SpLD  
Learning Difficulty Expert

### WAIS at Age 25

After travels abroad volunteering on organic farms the client settled in a rural area and visited a Psychologist to seek a better understanding of her abuse history and occasional 'processing delays'. WAIS III results show complete recovery on the Perceptual Organisation and Processing Speed to the levels attested at age 7 while Working Memory remained poor. This Psychologist attributed the 'processing delays' to a 'bad egg' (i.e. a pre-birth deficit) and encouraged the client to stop worrying about it and enjoy life – which the client did socialising with friends and raising a boy as a single mum.

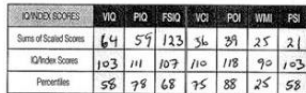


Figure 3: WAIS III at Age 25

### WRIT & Attainment Tests at Age 30

An in-depth assessment with a learning difficulty expert was conducted at age 30. The WRIT results showed that the client has a superior general intelligence (IQ=124) which is made up of an above average non-verbal IQ (115) and a superior verbal IQ (125). However performance on the Symbolic Working Memory test was in the bottom 5%, and on the Spadafore Listening Comprehension test at the level of a 8 year old.

'Her literacy levels although average are not commensurate with her underlying IQ. Further tests suggest that she has a core deficit in phonological processing in particular her auditory memory and working memory commensurate with a diagnosis of specific learning difficulty commonly referred to as dyslexia. This manifests itself in being unable to process auditory information at speed and accurately. In short, if information is not broken down for her into easily manageable chunks or if time is not taken to go over important information or given in an alternative manner she may well struggle to remember, repeat or understand the implications of what is said.'

Separate assessment by a Dissociation Expert attested that dissociative symptoms were shown in her early 20's but were not present at age 30. The information processing issues seem to arise from the traumatic development trajectory and represent an ability deficit rather than being in any way indicative of a personality disorder.

# Part 2:

## Case Study Deep Dives

# Ability

# Personality

# Complex Trauma

## SCHIZOPHRENIA VS. COMPLEX TRAUMA: CHALLENGING MILLON MCMI-III INVENTORY RESULTS WITH LACTER & LEHMANN (2008) DIFFERENTIAL DIAGNOSIS GUIDELINES

### Summary

This poster explores content, construct, measurement and interpretation issues surrounding the Millon Clinical Multiaxial Inventory III that can lead to misdiagnosis – especially of abuse victims. The analysis is based around an extremely serious 'Miscarriage of Justice' case where 'evidence' from the Millon contributed to the re-victimisation of two extreme abuse survivors. The application of the Lacter & Lehmann (2008) guidelines is recommended whenever disclosures of a client are of an 'unbelievable' nature.

Dr Hermann Kurz  
C.Psychologist  
ichinendaimoku@gmail.com

### What is 'Extreme Abuse'?

Becker, Kamler, Overkamp & Rutz (2008) conducted a survey (see Figure 1) of 'Ideologically Motivated Crimes' asking Adult Survivors, Professionals supporting victims and Care givers of child victims. The category headings alone give a glimpse of what seems to be the greatest secret of modern civilised society. The % endorsements make frightening reading. How could these unthinkable (let alone unspeakable) things happen in the midst of free, democratic societies?

The case of Marc Dutroux who was successfully prosecuted for the killing of four young women most memorably represents the tip of that 'iceberg' (or 'abyss'). Two 'disposable' children were rescued in time. Quite unbelievably he had been sent to prison earlier for very similar crimes, and released early! Dutroux emphasised that he was 'just' working for an Europe-wide abuse network. However apart from himself the only other person successfully prosecuted was his wife, 17 stakeholders (witnesses, prosecutor etc.) died 'mysteriously' before sentencing 300,000 Belgian took to the streets in protest of the 'cover up', and the Brussels fire brigade sprayed the Justice Ministry with white paint to symbolise the 'white-wash'.

Related extreme abuse crimes are the notorious cases in Austria of Josef Fritzl 'who' 'enslaved' his daughter Elizabeth for 24 years and made her bear 7 children, and the case of Natalasha Kampusch who was also held captive for years.

Table 3.2. Ideologically motivated crimes. Ritual abuse (all surveys)

Item	EAS	P-EAS	C-EAS		
	N	%	N	%	
Receiving physical abuse from perpetrators	1,003	88	216	97	80
Sexual abuse by multiple perpetrators	1,000	82	217	95	81
Forced drugging	1,077	73	221	88	70
Witnessing murder by perpetrators	1,057	56	218	77	68
Forced to participate in animal mutilation/killing	1,059	55	219	76	69
Pornography (child)	1,059	55	220	82	63
Forced participation in murder by perpetrators	1,045	48	220	70	62
Forced (child)	1,045	48	218	77	70
Forced impregnation	1,041	40	220	71	62
Survivor's own child nurtured by father/separators	1,021	28	217	55	62

Figure 1: Extreme Abuse Survey (EAS; Adults; P-EAS: Professionals; C-EAS Children)

### What are 'Delusions'?

The DSM-IV definition (American Psychiatric Association, 2013, p. 819) remains identical to the DSM-III (p. 765) and DSM-IV-TR (p. 821):

**delusion** a false belief based on incorrect inference about external reality that is firmly sustained despite what almost everyone believes and despite what constitutes incontrovertible and obvious proof or evidence to the contrary.

A Google Search on 18/01/2014 brought up 154 entries that quote literally this first DSM Delusion definition sentence.

A recent UK court custody case quoted instead 'Blacks Medical Dictionary' (Marcovitch, 2010):

'**Delusions** An irrational and usually unshakable belief peculiar to some individual. They fail to respond to reasonable argument and the delusion is often paranoid in character with a belief that a person or persons is/are persecuting them. The existence of a delusion, of such a nature as to seriously influence conduct, is one of the most important signs in reaching a decision to arrange for the compulsory admission of the patient to hospital for observation. (See Mental Illness).'

A Google Search on 18/01/2014 did not result in a single entry that quotes Black's Medical Dictionary first definition sentence.

This unproven 'loose' definition – seemingly supplied by Psychiatrists and Clinical Psychologists acting as 'Court Appointed Experts' – was relied upon in the court ruling.

### How does the Millon MCMI-III (mis)measure 'Delusional Disorder'?

Any genuine victim of inter-generational and/or organised crime abuse will come out as having a 'delusional disorder' when responding truthfully in the light of their genuinely 'toxic' environment.

- people spying into private life
- people who are trying to cheat
- having to watch family closely
- being plotted against
- people trying to exercise mind control
- making one belief they are crazy

Other items discriminate against creative and spiritual individuals who feel they got ideas that are ahead of the times, or against emotionally stable people who take decisions confidently without unduly 'worrying'.

### What are the Top 10 MCMI Issues?

1. Use of ordinary 'Big 5' trait marker items in supposedly clinical scales
2. Use of misleading scale labels that fail to adequately represent scale item content.
3. Lack of factor-analysis data in manual on the underlying structure of the data.
4. Lack of correlation in manual with Big 5 trait markers such as NEO and its 30 facets.
5. Use of derived scores without sensible cross-reference to primary pathology scales.
6. Multiple scoring of items (up to three scales keyed) leading to scale overlap - with some items even scored in opposing direction i.e. both answer options represent a 'pathology'.
7. Over-simplistic use of 'base rate' values that can be easily affected by reliability issues i.e. responses to just one or two items.
8. Failure to take account of 'sick' environments.
9. Overly simplistic expert system reporting that ignores the body of evidence on 'typical' profiles and low certainty given lack of differential validation on evidence.
10. Poor coverage of dissociative symptoms and lack of a proper developmental perspective (e.g. healing) on issues such as PTSD.

### How to differentiate?

The guidelines of Lacter & Lehmann (2008) were developed with the impact of 'unbelievable' extreme abuse acts firmly in mind. In fact the authors strongly advise mental health professionals to desist from any attempt to assess Adult Survivors of such gruesome crimes unless they are fully familiar with the extreme abuse literature. In the case referenced above NONE of the 42 left-hand descriptions indicative of Schizophrenia applied, and only about 1/3 of the right-hand descriptions indicative of Trauma/ Mind Control (with 'only' 60% of the Figure 1 headings covered this Adult Survivor seemingly got off 'more lightly' than others).

### References

American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorder, Fifth Edition*. Arlington, VA: American Psychiatric Association.

Becker, T., Kamler, W., Overkamp, B. & Rutz, C. (2008). *The extreme abuse survey: preliminary findings regarding dissociative identity disorder*. In Sachs, A. & Galton, G. (Eds.) *Forensic aspects of dissociative identity disorder*. Kluwer Books: London.

Lacter, E. P. & Lehmann, K. (2008). *Guidelines to Differential Diagnosis between Schizophrenia and Ritual Abuse / Mind Control Traumatic Stress*. In Noblit, Randy & Noblit, Pamela-Persón (Eds.) *Ritual Abuse in the 21st Century*. Robert D. Reed Publishers. Stanton, Oregon.

Marcovitch, Hanev (2010). *Black's Medical Dictionary 42nd Edition*. London: A&C Black Publishers Ltd.

**Child neglect (at end of case 100% cleared)**

**Mental Health Issues ('Delusional'):**

- **Schizophrenic**
- **Schizoid**
- **Paranoid**



Method

## In-depth Psychometric Assessment

### **Informal testing for guidance & development:**

**Work personality questionnaire**

**Abstract reasoning test**

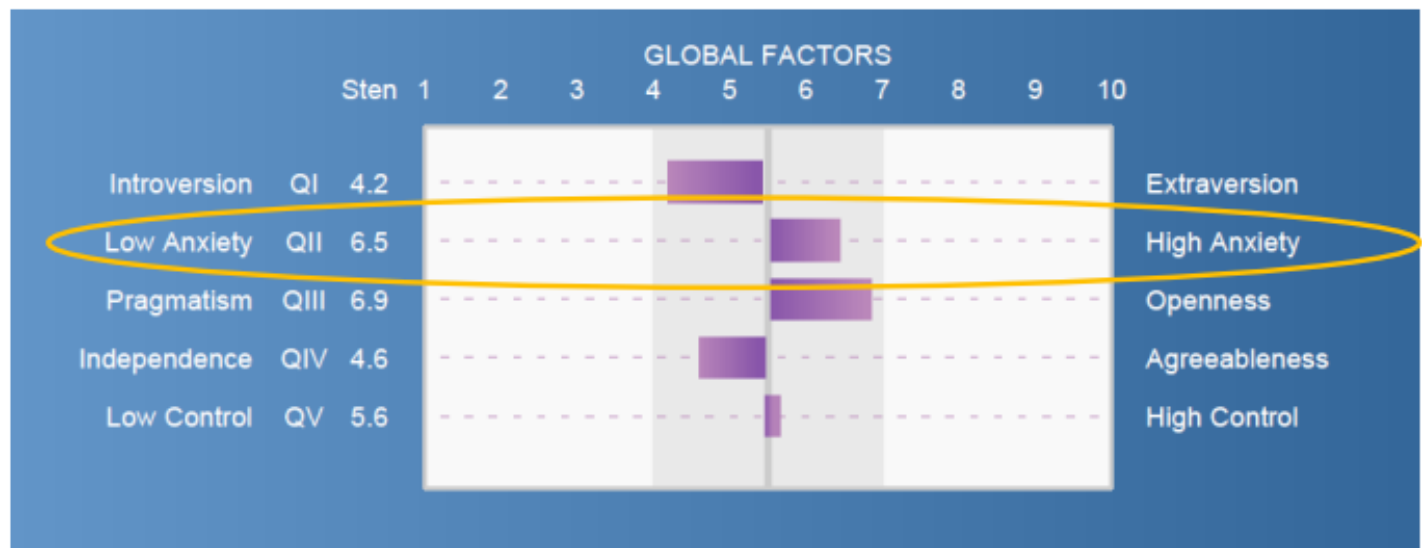
### **Witnessing of interview with Clinical Psychologist**

### **Recovery of IQ reports at age 7, 23 & 25**

### **Commissioning of assessments (5 specialists)**

### **Professional concerns about misdiagnosis**

# II Case Study A 'Child Smuggling'



All 15FQ+ scale values on the Neuroticism vs. Emotional Stability factor of the Big 5 Personality Model are in the 'Average' range

Source: Kurz (2015). Politics and the Psychology of Abuse and Cover-up

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With view to future schooling the parents arranged IQ testing at age 7. The Verbal IQ was in the very superior range (top 1%ile) and the Performance IQ in the superior range (top 5%) with overall IQ in the top 2-3%.. The report states:

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'She has a rather weak auditory memory which meaning that she finds it rather difficult to retain and recall sequences of sounds, this being essential to phonological processing and analysis in reading and spelling'.

'There is some evidence of slight sequencing and ordering difficulties.'

<u>TEST RESULTS</u>			
<u>General Level of Intellectual Functioning</u>			
W I S C R (Wechsler Intelligence Scale for Children - Revised)			
<u>Full Scale I Q = 128</u>			
<u>Verbal Scale I Q = 131</u>		<u>Performance Scale I Q = 120</u>	
Information	15	Picture Completion	14
Similarities	13	Picture Arrangement	10
Arithmetic	14	Block Design	13
Vocabulary	17	Object Assembly	10
Comprehension	16	Coding	17
(Digit Span	10)		
Average score = 10		Range 1 to 10 for these tests	

Figure 1: WISC-R Results at Age 7

## WAIS at Age 23

The client left her abusive family home at age 19 preferring homelessness to the regime of verbal, physical and sexual abuse that started at birth. She was subjected to a series of life-threatening attacks that lead to a 4 day memory amnesia where all episodic memories became inaccessible. As ordinary memories returned so did memories of extreme abuse suffered. 'Self-medication' use of recreational drugs was triggered by traumatic memories.

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### General Level of Intellectual Functioning WAIS (Wechsler Adult Intelligence Scale)

The following standard scores relate performance to that of adults of similar age and have an average value of 100. Scores of 69 and below are very low; scores 70-79 are low; 80-89 are below average; 90-109 are average; 110-119 are above average; 120-129 are high; and 130 and above are very high.

<b>Verbal Comprehension:</b>	<b>126</b>	<b>Perceptual Organisation:</b>	<b>93</b>
Vocabulary:	19	Picture Completion:	8
Similarities:	13	Block Design:	14
Information:	12	Matrix Reasoning:	5
Comprehension:	12	Picture Arrangement	9
<b>Working memory:</b>	<b>84</b>	<b>Processing Speed:</b>	<b>76</b>
Arithmetic:	6	Digit Symbol Coding:	6
Digit Span:	6	Symbol Search:	5
Letter Number Sequence:	10		

#### Index Scores

Verbal Comprehension	126	Percentile:	96
Perceptual Organisation	93	Percentile:	32
Working Memory	84	Percentile:	14
Processing Speed	76	Percentile:	5
Full I.Q	See Text		
Verbal I.Q	107	Percentile:	66
Performance I.Q	89	Percentile:	23

Figure 2: WAIS Results at Age 23

## WAIS at Age 25

After travels abroad volunteering on organic farms the client settled in a rural area and visited a Psychologist to seek a better understanding of her abuse history and occasional 'processing delays'. WAIS III results show complete recovery on the Perceptual Organisation and Processing Speed to the levels attested at age 7 while Working Memory remained poor. This Psychologist attributed the 'processing delays' to a 'bad egg' (i.e. a pre-birth deficit) and encouraged the client to stop worrying about it and enjoy life – which the client did socialising with friends and raising a boy as a single mum.

IQ/INDEX SCORES	VIQ	PIQ	FSIQ	VCI	POI	WMI	PSI
Sums of Scaled Scores	64	59	123	36	39	25	21
IQ/Index Scores	103	111	107	110	118	90	103
Percentiles	58	78	68	75	88	25	58

Figure 3: WAIS III at Age 25

# 'Twice Exceptional' Vignette (emphasis added)

Subject: please help this young adult

hi there i hope you can read this email and reply.

i have **been told after an iq test that i am a gifted crossover person** and should try to research this. i am not living in the area i took the test in so am not able to get all the help i wanted from the people in the know. cant find this phrase anywhere but i am certainly diagnosed with a learning dissability perhaps similar to an attention defecit **child too** so can you help me find the information i can read at my leasure please! **it is aural delay i experience, by months and years. i go totally deaf you see!** even if its about gifts in the verbal (very very high) and perception parts of the iq lot. dont speak the lingo very well you see.

i have moved to \_\_\_\_\_ now so i hope this is not too far. any information would be helpfull you know. can get a copy of the letter written to my doctor soon and this may give me a little more info.

ok, thanks from <\_\_\_\_\_>, 25 years old.

Dear <\_\_\_\_\_>,

Thank you for getting in touch with us. The term we use for 'crossover' is **twice exceptional** and you will probably find lots of information about this if you google the term. I am sending you some of our factsheets that you may find useful, however, most of them relate to children.

All the best, <Advisor>, Education Consultant

National Association for Gifted Children

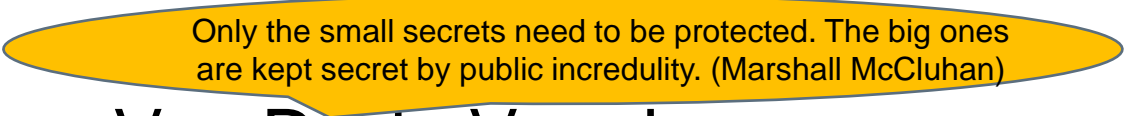
Tel: 0845 450 0295

Fax: 0870 770 3219

[www.nagcbritain.org.uk](http://www.nagcbritain.org.uk)

Source: Kurz (2016) 'Twice Exceptional' Individuals - Safeguarding against Re-victimisation. BDA Conference.

# Unveiling the Truth

- DSM-III (1980): Posttraumatic Stress Disorder (PTSD)
- Putnam, F. (1989). Diagnosis and Treatment of Multiple Personality Disorder (Foundations of Modern Psychiatry)
- Herman, J. (1993). Trauma and Recovery. (C-PTSD)  


Only the small secrets need to be protected. The big ones are kept secret by public incredulity. (Marshall McLuhan)
- Nijenhuis, Spinhoven, Van Dyck, Van der Hart, & Vanderlinden (1996) SDQ20  
Somatoform Dissociation Questionnaire:
  - Q11: 'I cannot see for a while (as if I am blind)'
  - Q12: 'I cannot hear for a while (as if I am deaf)'



# Profile of Case at Age 30

	Well Below or Very Low	Below Average	Low Average	Mid Average	High Average	Above Average	High - Very High
Underlying Abilities				<hr/> <b>Non-verbal – WRIT Matrices</b>			<b>Verbal</b>  <b>Non-verbal – WRIT Diamonds (Verbally mediated)</b>
Performance		Spadafore  Listening Comprehension		SWR <i>Writing Speed</i> Maths Spelling	Spadafore  Silent Reading Compreh.		
Cognitive* skills		Phono-memory & Working Memory	Rapid Naming	Phono Awareness			

Tests Used : WRIT, WRAT, CTOPP\*, WRAMAL 2, DASH

Specialist assessor requested 2<sup>nd</sup> visit purely to administer the Spadafore Comprehension Test to test a particular hypothesis

## WRIT & Attainment Tests at Age 30

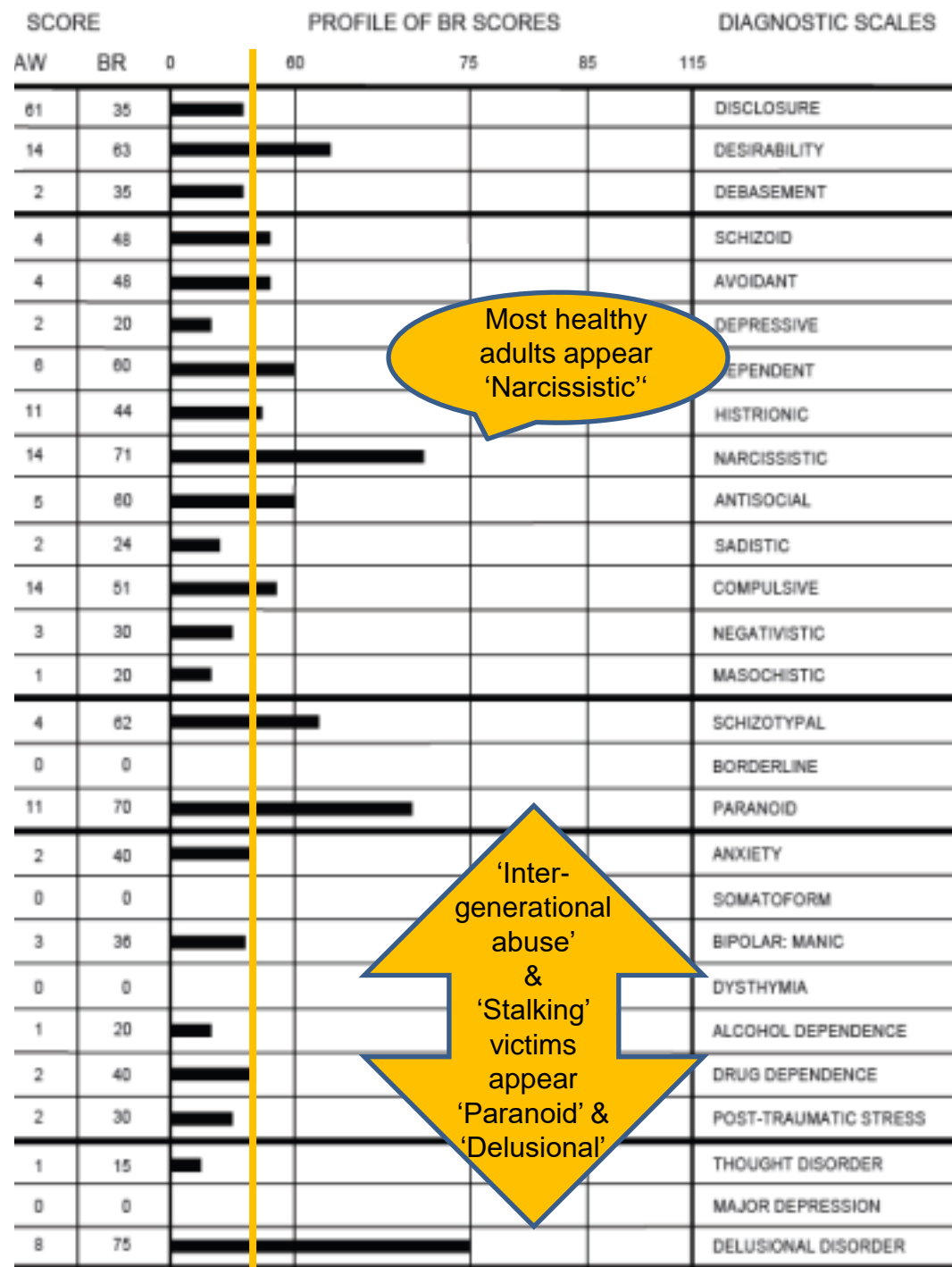
An in-depth assessment with a learning difficulty expert was conducted at age 30. The WRIT results showed that the client has a superior general intelligence (IQ=124) which is made up of an above average non-verbal IQ (115) and a superior verbal IQ (125). However performance on the Symbolic Working Memory test was in the bottom 5%, and on the Spadafore Listening Comprehension test at the level of a 8 year old.

'Her literacy levels although average are not commensurate with her underlying IQ. Further tests suggest that she has a core deficit in phonological processing in particular her auditory memory and working memory commensurate with a diagnosis of specific learning difficulty commonly referred to as dyslexia. This manifests itself in being unable to process auditory information at speed and accurately. In short, if information is not broken down for her into easily manageable chunks or if time is not taken to go over important information or given in an alternative manner she may well struggle to remember, repeat or understand the implications of what is said.

Separate assessment by a Dissociation Expert attested that dissociative symptoms were shown in her early 20'ies but were not present at age 30. The information processing issues seem to arise from the traumatic development trajectory and represent an ability deficit rather than being in any way indicative of a personality disorder.

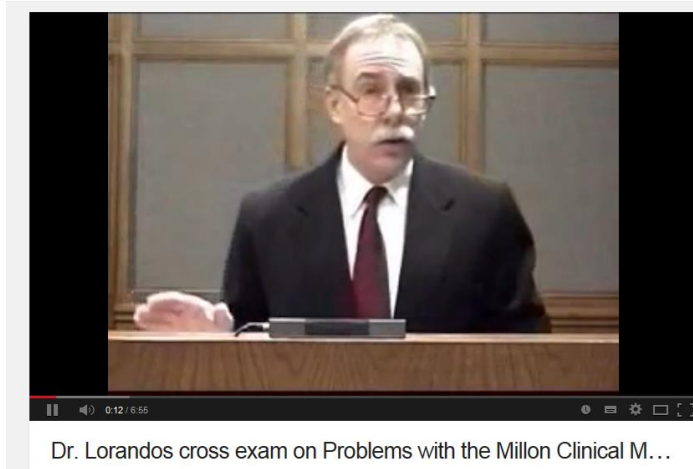
# MCMII-III

- Base Rate cut-offs:
  - 60 Median
  - 75 Significance
  - 85 Prominence
- ‘General Factor of Demoralisation’ (MMPI2) low as indicated by the orange vertical line
- Low scores on Schizoid, Depressive, Histrionic, Borderline, Anxiety, Somatoform, Thought Disorder
- Abuse Survivor
- Stalking
- Crime Report
- Misdiagnosis



## Discussion

# MCM-III Millon Clinical Multiaxial Inventory



<http://youtu.be/YYX2tsqAU-8>

Dr Lorandos cross-examines hapless Psychiatrist - accusing him of 'misinforming and misdirecting the proceedings'- finding MCMI-III 'markedly deficient on Construct and Criterion-related validity evidence' quoting Rogers et al. (1999).

### CAPSULE SUMMARY

MCMI-III reports are normed on patients who were in the early phases of assessment or psychotherapy for emotional discomfort or social difficulties. Respondents who do not fit this normative population or who have inappropriately taken the MCMI-III for nonclinical purposes may have inaccurate reports.

Rogers, R. Salekin, R. T., & Sewell, K. W. (1999). Validation of the Millon Multiaxial Inventory for Axis II disorders: Does it meet the Daubert standard? *Law and Human Behavior*, 23, 425–443.

Rogers, R. Salekin, R. T., & Sewell, K. W. (2000). The MCMI-III and the Daubert Standard: Separating Rhetoric from Reality *Law and Human Behavior*, 24, 501–506.

*'The most judicious course of action is to consider the Millon et al. (1997) study to be fatally flawed. It is noteworthy that none of the three alternatives justifies the use of the MCMI-III in forensic cases. In closing, we reaffirm the conclusions of Rogers et al. (1999): "The MCMI-III does not appear to reach Daubert's threshold for scientific validity with respect to criterion-related or construct validity" (p. 438). Despite Dyer and McCann's (2000) spirited defense, fundamental issues regarding validation (construct, criterion-related, and content), forensic applications, and unacceptable error rate argue against the use of its Axis II interpretations as scientific evidence.'*

# SCHIZOPHRENIA VS. COMPLEX TRAUMA: CHALLENGING MILLON MCMII-III INVENTORY RESULTS WITH LACTER & LEHMANN (2008) DIFFERENTIAL DIAGNOSIS GUIDELINES

## Summary

This poster explores content, construct, measurement and interpretation issues surrounding the Millon Clinical Multiaxial Inventory III that can lead to misdiagnosis – especially of abuse victims. The analysis is based around an extremely serious 'Miscarriage of Justice' case where 'evidence' from the Millon contributed to the re-victimisation of two extreme abuse survivors. The application of the Lacter & Lehmann (2008) guidelines is recommended whenever disclosures of a client are of an 'unbelievable' nature.

Dr Hermann Kurz  
C.Psychologist  
ichinendaimoku@gmail.com

## What is 'Extreme Abuse'?

Becker, Karriker, Overkamp & Rutz (2008) conducted a survey (see Figure 1) of 'Ideologically Motivated Crimes' asking Adult Survivors, Professionals supporting victims and Care givers of child victims. The category headings alone give a glimpse of what seems to be the greatest secret of modern civilised society. The % endorsements make frightening reading. How could these unthinkable (let alone unspeakable) things happen in the midst of free, democratic societies?

The case of Marc Dutroux who was successfully prosecuted for the killing of four young women most memorably represents the tip of that 'Iceberg' (or 'Abyss'). Two 'disposable' children were rescued in time. Quite unbelievably he had been sent to prison earlier for very similar crimes, and released early! Dutroux emphasised that he was 'just' working for an Europe-wide abuse network. However apart from himself the only other person successfully prosecuted was his wife. 17 stakeholders (witnesses, prosecutor etc.) died 'mysteriously' before sentencing. 300.000 Belgian took to the streets in protest of the 'cover up', and the Brussels fire brigade sprayed the Justice Ministry with white paint to symbolise the 'white-wash'.

Related extreme abuse crimes are the notorious cases in Austria of Josef Fritzl who 'enslaved' his daughter Elizabeth for 24 years and made her bear 7 children, and the case of Natascha Kampusch who was also held captive for years.

## What are ,Delusions‘?

The DSM-V definition (American Psychiatric Association, 2013, p. 819) remains identical to the DSM-III (p. 765) and DSM-IV-TR (p.821):

**delusion** a false belief based on incorrect inference about external reality that is firmly sustained despite what almost everyone believes and despite what constitutes incontrovertible and obvious proof or evidence to the contrary.

A Google Search on 18/01/2014 brought up 154 entries that quote literally this first DSM Delusion definition sentence.

A recent UK court custody case quoted instead ‘Blacks Medical Dictionary’ (Marcovitch, 2010):

**‘Delusions** An irrational and usually unshakeable belief peculiar to some individual. They fail to respond to reasonable argument and the delusion is often paranoid in character with a belief that a person or persona is/are persecuting them. The existence of a delusion, of such a nature as to seriously influence conduct, is one of the most important signs in reaching a decision to arrange for the compulsory admission of the patient to hospital for observation. (See Mental Illness).’

A Google Search on 18/01/2014 did not result in a single entry that quotes Black’s Medical Dictionary first definition sentence.

This unproven ‘loose’ definition – seemingly supplied by Psychiatrists and Clinical Psychologists acting as ‘Court Appointed Experts’ – was relied upon in the court ruling.

## How does the Millon MCMI-III (mis)measure 'Delusional Disorder'?

Any genuine victim of inter-generational and/or organised crime abuse will come out as having a 'delusional disorder' when responding truthfully in the light of their genuinely 'toxic' environment:

- people spying into private life
- people who are trying to cheat
- having to watch family closely
- being plotted against
- people trying to exercise mind control
- making one believe they are crazy

Other items discriminate against creative and spiritual individuals who feel they got ideas that are ahead of the times, or against emotionally stable people who take decisions confidently without unduly 'worrying'.

## What are the Top 10 MCMI Issues?

1. Use of ordinary 'Big 5' trait marker items in supposedly clinical scales.
2. Use of misleading scale labels that fail to adequately represent scale item content.
3. Lack of factor-analysis data in manual on the underlying structure of the data.
4. Lack of correlation in manual with Big 5 trait markers such as NEO and its 30 facets.
5. Use of derived scores without sensible cross-reference to primary pathology scales.
6. Multiple scoring of items (up to three scales keyed!) leading to scale overlap - with some items even scored in opposing direction i.e. both answer options represent a 'pathology'.
7. Over-simplistic use of 'base rate' values that can be easily affected by reliability issues i.e. responses to just one or two items.
8. Failure to take account of 'sick' environments.
9. Overly simplistic expert system reporting that ignores the body of evidence on 'typical' profiles and low certainty given lack of differential validation evidence.
10. Poor coverage of dissociative symptoms and lack of a proper developmental perspective (e.g. healing) on issues such as PTSD.

Item	EAS		P-EAS		C-EAS	
	N	%	N	%	N	%
Receiving physical abuse from perpetrators	1,093	88	216	97	90	82
Sexual abuse by multiple perpetrators	1,090	82	217	95	91	77
Forced drugging	1,077	73	221	88	88	70
Witnessing murder by perpetrators	1,057	56	218	77	96	43
Forced to participate in animal mutilations/killings	1,059	55	218	78	92	59
Pornography (child)	1,059	55	220	82	83	53
Forced participation in murder by perpetrators	1,040	48	220	70	90	42
Prostitution (child)	1,045	48	218	77	79	25
Forced impregnation	1,041	40	220	71	82	33
Survivor's own child murdered by his/her perpetrators	1,021	26	217	55	82	18

## How to differentiate?

The guidelines of Lacter & Lehmann (2008) were developed with the impact of 'unbelievable' extreme abuse acts firmly in mind. In fact the authors strongly advise mental health professionals to desist from any attempt to assess Adult Survivors of such gruesome crimes unless they are fully familiar with the extreme abuse literature. In the case referenced above NONE of the 42 left-hand descriptions indicative of Schizophrenia applied, and only about 1/3 of the right-hand descriptions indicative of Trauma / Mind Control (with 'only' 60% of the Figure 1 headings covered this Adult Survivor seemingly got off 'more lightly' than others).

## References

American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorder*, Fifth Edition. Arlington, VA: American Psychiatric Association.

Becker, T., Karriker, W., Overkamp, B. & Rutz, C. (2008). The extreme abuse surveys: preliminary findings regarding dissociative identity disorder. In Sachs, A. & Galton, G. (Eds.): *Forensic aspects of dissociative identity disorder*. Karnac Books: London..

Lacter, E. P. & Lehmann, K. (2008). Guidelines to Differential Diagnosis between Schizophrenia and Ritual Abuse / Mind Control Traumatic Stress. In Noblitt, Randy & Noblitt, Pamela Perskin (Eds): *Ritual Abuse in the 21st Century*. Robert D. Reed Publishers: Bandon, Oregon.

Marcovitch, Harvey (2010). *Black's Medical Dictionary*. 42nd Edition. London: A&C Black Publishers Ltd.



# Continental Europe

Germany:

[www.vaterunserinderhölle.de](http://www.vaterunserinderhölle.de) (book by Ulla Fröhlich based on Adult Survivor's Account)

Austria:

[http://en.wikipedia.org/wiki/Natascha\\_Kampusch](http://en.wikipedia.org/wiki/Natascha_Kampusch) (2006)

<http://www.scotsman.com/news/world/eight-year-kidnap-girl-s-mother-is-to-stand-trial-1-748999>

[http://en.wikipedia.org/wiki/Fritzl\\_case](http://en.wikipedia.org/wiki/Fritzl_case) (2008) (see also Sheffield\_incest\_case 2008)

Belgium (1986 - 2004) Marc Dutroux

[http://en.wikipedia.org/wiki/Marc\\_Dutroux](http://en.wikipedia.org/wiki/Marc_Dutroux)

Italy (2005):

[http://en.wikipedia.org/wiki/Beasts\\_of\\_Satan](http://en.wikipedia.org/wiki/Beasts_of_Satan)

[http://news.bbc.co.uk/1/hi/programmes/this\\_world/4446342.stm](http://news.bbc.co.uk/1/hi/programmes/this_world/4446342.stm)

<http://news.bbc.co.uk/1/hi/world/europe/4669944.stm>

Portugal (2010):

[http://en.wikipedia.org/wiki/Casa\\_Pia\\_child\\_sexual\\_abuse\\_scandal](http://en.wikipedia.org/wiki/Casa_Pia_child_sexual_abuse_scandal)

It is our conclusion, in relation to the initial questions posed that the following is the case:

- 1) That, at the time of this assessment, Ms \_\_\_\_\_ fulfills diagnostic criteria for complex Post-Traumatic Stress Disorder (moderate-severe) with dissociative traits. She does not fulfill diagnostic criteria for Schizophrenia or for Schizoid Personality Disorder. We consider it likely that her unusual beliefs due to religious and cultural factors together with substantive post-traumatic avoidance and denial have been misrepresented as psychotic symptoms in some previous assessments.
  
- 2) That Ms \_\_\_\_\_'s self-report of her own abusive history is highly likely to be correct and indeed, her experienced childhood abuse is likely to be even more severe than she reports it to be given her current levels of post-traumatic denial and disavowal.
  
- 6) We consider that, if the above assertions are proven to be the case, that the impact on Ms \_\_\_\_\_ of being recurrently questioned and disbelieved by the Police authorities and by a range of mental health professionals is likely to have been considerably re-traumatising and to have affected her mental health significantly.

## Consultant Psychiatrist

You do not suffer from any severe form of formal thought disorder. Your mood seems good tonight and I assess you to be of little risk to yourself or others. Importantly, in spite of these terrible stories I do not feel that they can be discarded as delusions. There are clearly some parts of the story that are so horrendous that it is somewhat difficult to fathom that anyone would do that to children in their own family. There is nothing in your presentation that indicates that you are currently psychotic. You do not hear voices, you are coherent and consistent in your account and there are no objective signs of psychosis. Your insight seems to be good.

█, it was nice to see how much you have improved over the last three months and you do come across as believable as well as traumatised. There is no doubt that you suffer from a degree of Post-Traumatic Stress Disorder (PTSD) and the claims that you come up with deserve further investigation. I have on occasions as a younger Psychiatrist dismissed some patients' stories as delusions only to find out years later that their "delusions" actually were true. I do not think we can afford that kind of dismissal in your case.

## 'Forced Adoption' Opposition (Excerpts)

6. Since the last Hearing, it has been possible with the relentless efforts of Rainer Kurz, Chartered psychologist, to enlist the support of a number of highly regarded experts in this field, who together are now able to establish that any assertion to the effect that the mother is suffering from delusional behaviour is not only insulting but totally untrue.

7. It is clear from my lengthy discussions with the mother that she has throughout her childhood and into her teenage years been subjected to the most grievous and relentless sexual abuse with in her own family. She was for many years a prisoner in her own home where ritual abuse was perpetrated and aided by a systematic cover up, culminating in a Court case underpinning the cover up by suggesting that it was, in effect, all in this young lady's imagination.

8. As to her present whereabouts, I can only speculate but I am aware, having spoken to her at great length, how terrified she is of the authorities, including the police, who, it appears certain, have been party to this cover up.

9. This is a hugely important case involving a child separated from a loving mother for absolutely no reason. Though fallacious arguments were raised initially, it was accepted as a fact that she was not negligent in her care of her son and spurious allegations of that nature were disproven. The only issue that arose was whether the mother was well, or not. In so far as the mother might be termed unwell, she may well be affected by this protracted, vicious assault upon her, but this has never rendered her incapable of looking after her son. To suggest otherwise, and indeed to assert that she is imagining her abuse is to cause the most damage of all. I am entirely satisfied as are a number of experts consulted that the mother has been ritually, sexually, and consistently abused by her own family members and others, with their blessing and encouragement.

10. I have been involved in the legal profession for over 30 years but have never witnessed a case of such public and disturbing importance. These allegations are not made in response to the public outcry following the Saville matters. These matters were raised well in advance and are wholly genuine. I have a public duty to ensure that this child is not adopted and that these fresh matters are aired publicly and urgently. Their disclosure is of paramount importance in protecting both mother and child and enabling mother to at last be heard.

# VI Prof. Ireland HCPC Persecution

 Hide Notice Of Allegation 

Whilst registered as a Practitioner Psychologist and employed as a Forensic Psychologist at the University of Central Lancashire, you undertook research and prepared a report entitled "Evaluating Expert Witness Psychological Reports: Exploring Quality" and you:

1. Made use of 126 expert reports from 160 court bundles without seeking the informed consent of:
  - (a) the authors of the report, or
  - (b) the subjects of the reports;
2. Did not ensure that the reports used in your research were properly redacted such that you and your team had access to sensitive and personal information about vulnerable adults and children;
3. Made claims in your conclusion that cannot be substantiated by the data and methodological analysis presented, in that:
  - (i) The conclusion that "one fifth of experts are not qualified" is not supported by the data presented in the report;
  - (ii) The conclusion that the absence of clinical practice among expert witnesses "poses challenges for the courts" is not supported by the data presented;
  - (iii) The following methodological limitations do not support the presentation of the report's conclusions as evidence based findings:
    - (a) The narrow professional background of raters;
    - (b) The absence of adequate blind rating;
    - (c) The use of a 'quality scale' developed solely on the views of the four raters;
    - (d) The use of a 'quality scale' which was not subject to an independent construct validity test.
4. Presented unsubstantial conclusions from the report for publication in a national newspaper on 13 March 2012 and on a national television news programme;
5. Threatened fellow Psychologists with legal action if they did not withdraw their complaints about your research;
6. When conducting research into expert witness reports in Family Court Proceedings, you failed to declare a conflict of interest;
7. The matters described in paragraphs 1 and 6 constitute misconduct and/or lack of competence.
8. By reason of that misconduct and/or lack of competence, your fitness to practise is impaired.

## Press Release - 7.6.16

Professor Ireland says "I welcome the decision of the HCPC Panel. It has dismissed the case against me. In respect of all but one of the allegations, it found that there was no case for me to answer and that I did not therefore have to give any response to them. In respect of the one remaining allegation, after hearing my evidence, the Panel decided that the allegation was not well founded and dismissed the entire case. "I have always been and remain deeply committed to high quality and raising standards in the profession."

Kurz, R.H. (2017). *Challenging Inadequate Assessments and the 'Discourse of Disbelief'*. Presentation at the ESTD Conference in Bern.

## Complex Trauma Assessment Problems

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<https://www.atlasobscura.com/places/child-eater-bern>