Applying Occupational Psychology to Complex Trauma – Lessons for Professional Practice

Conference Paper · September 2018

1 author:

Rainer Kurz
Cubiks (UK) Assessment
53 PUBLICATIONS 53 CITATIONS

Some of the authors of this publication are also working on these related projects:

Organised Ritualised Crime Abuse Network (ORCAN) Research View project

Mental Health Assessment Issues View project
Applying Occupational Psychology to Complex Trauma – Lessons for Professional Practice

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Braga, 14/09/2018

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https://www.researchgate.net/profile/Rainer_Kurz2
The BPS helpfully remind us that an Occupational Psychologist is someone “concerned with the performance of people at work and with how individuals, small groups and organisations behave and function. Its aim is to increase the effectiveness of the organisation and improve the job satisfaction of individuals”.

Your role as an Occupational Psychologist is far removed from my role as a Clinical Psychologist. The BPS describe a clinical psychology as “…aiming to reduce psychological distress and to enhance and promote psychological well-being. A wide range of psychological difficulties are dealt with, including anxiety, depression, relationship problems, learning disabilities, child and family problems and serious mental illness. To assess a client, a Clinical Psychologist may undertake a clinical assessment using a variety of methods including psychological tests, interviews and direct observation of behaviour. Assessment may lead to therapy, counselling or advice”.

Furthermore, you are an Occupational Psychologist with a Ph.D. in telecommunications. You are not a Clinical Psychologist.

Clinical Psychologist
Court Appointed Expert
14th November 2012
Assessment ABC – I Instruments
Ability Tests
Behavioural Styles (Personality) Questionnaires
Competency Inventories

Ability Testing


### The Great 8 Competencies
**Factor Names and Traits**

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

EDITED BY
IVAN T. ROBERTSON, MILITZA CALLINAN
AND DAVE BARTRAM
Assessment ABC – II Theories
Ability Theory
Personality Theory
Competency Theory

Ability Theory


Personality & Competency Theory

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<th>HDS Themes</th>
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<td>Borderline</td>
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<td>Skeptical</td>
<td>Paranoid</td>
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<tr>
<td>Cautious</td>
<td>Avoidant</td>
</tr>
<tr>
<td>Reserved</td>
<td>Schizoid</td>
</tr>
<tr>
<td>Leisurely</td>
<td>Passive-Aggressive*</td>
</tr>
<tr>
<td>Bold</td>
<td>Narcissistic</td>
</tr>
<tr>
<td>Mischievous</td>
<td>Antisocial</td>
</tr>
<tr>
<td>Colorful</td>
<td>Histrionic</td>
</tr>
<tr>
<td>Imaginative</td>
<td>Schizotypal</td>
</tr>
<tr>
<td>Diligent</td>
<td>Obsessive-Compulsive</td>
</tr>
<tr>
<td>Dutiful</td>
<td>Dependent</td>
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Note: *From DSM-IV-R

Horney (1950): Moving away
Moving against
Moving towards

Great STORM Topography based on r matrix (N=308) of NEO Big 5 Domain & 7 Personality Questionnaire Great 8 Scores

Kurz (2013) EAWOP Munster
Assessment ABC – Problems

Ability Problems

Behavioural Styles / Personality Problems

Competency Problems

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

<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.
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 privaledged 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.
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)
Original Incident Report: JUST SEEN FEMALE WALKING UP, SHE SAID SHE HAS WALKED FM AND SHE IS GOING, 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

Executive Summary

Ms <SUA> is a 29-year-old female who underwent a full psychological evaluation on 7th and 13th 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.
Unveiling the Truth

- Putnam, F. (1989). Diagnosis and Treatment of Multiple Personality Disorder (Foundations of Modern Psychiatry)
- Herman, J. (1993). Trauma and Recovery (C-PTSD)
- 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)'

Only the small secrets need to be protected. The big ones are kept secret by public incredulity. (Marshall McCluhan)

To whom it may concern,

I am writing to let you know that I have started my psychological assessment process with [redacted] in October 2012, following her request to meet with me. Although not completed, clinical assessment so far indicates that she 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

[Signature]

BSc (Hons), MRSc., DClin. Psychol., AFBPsS
HPC/BPS Chartered Clinical Psychologist
UKCP/ARCP Registered Cognitive-Behavioural Psychotherapist
EMDR Consultant
ISSST Registered Schema Therapist

Three privately organised Disclosure Sessions Autumn 2012 (video-recorded)

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
Discussion

MCM-III Millon Clinical Multiaxial Inventory


‘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.’

CAPSULE SUMMARY

MCM-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.
IQ testing at age 7

Most healthy adults appear 'Narcissistic'

'Inter-generational abuse' & 'Stalking' victims appear 'Paranoid' & 'Delusional'

MCMI-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
Evaluating Expert Witness Psychological Reports: Exploring Quality


‘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
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.

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’.

Problems 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.

Concern did not meet the HCPC ‘Standards of Acceptance’

https://www.researchgate.net/publication/315723221_FITNESS_TO_PRACTICE_AND_FITNESS_TO_REGULATE
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)


https://arsoninformer.files.wordpress.com/2015/06/ead-version-10-09-2013.pdf
6. Decision-making

‘Only the death penalty is more drastic than removing a child from its parents forever’ (James Munby, President of the Family Division)

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 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 brought up 154 entries that quote literally this first DSM Delusion definition sentence.

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

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<th>Tests Used: WRIT, WRAT, CTOPP*, WRAMAL 2, DASH</th>
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<td>Comprehension</td>
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<td>Cognitive* skills</td>
<td>Phonosemantic memory &amp; Working Memory</td>
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**Well Below or Very Low**

**Below Average**

**Low Average**

**Mid Average**

**High Average**

**Above Average**

**High - Very High**

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.
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.
How do these artefacts relate?
House owner found in hallway ‘on top of roof tiles’
(with broken legs and broken arm)
Field Dependence Test

Low Alpha, High Beta?

Germany:  
www.vaterunserinderhölle.de (book by Ulla Fröhlich based on Adult Survivor’s Account)

Austria:  

Belgium (1986 - 2004) Marc Dutroux  
http://en.wikipedia.org/wiki/Marc_Dutroux

Italy (2005):  
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):  
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.
In my 25 years as an Occupational Psychologist I always sat comfortably between the Science and Practitioner chairs. Synergising my R&D roles in Occupational Testing consultancies like SHL, Manpower’s Career Harmony, Saville Consulting and Cubiks with my academic interests lead me to present more than 70 contributions at conferences around the world. I also co-authored some journal articles and book chapters. I embraced technology at the outset of my career spearheading research into onscreen testing, expert systems and validation methodology. The tools, models and competency frameworks I developed are well regarded in practitioner user, test review and academic settings.

I served on the BPS DOP conference committee and am currently a member of the BPS Committee on Test Standards (CTS).

Based on my practice of Nichiren Buddhism (SGI) I strive to approach every day, every person and every situation with compassion, courage and wisdom. I welcome mindfulness and Positive Psychology approaches that lead towards self-realisation, transformation and healing.

**As an I/O Psychologist with a conscience I am concerned about the INDUSTRIAL scale of child abuse and permissive ORGANIZATIONAL structures and processes. I am immersed in Pro Bono activities challenging instances of psychological misdiagnosis in family court settings (see www.forced-adoption.com) and unveiling the chilling truth about extreme abuse (see www.paracelsustrust.co.uk). I publicly shared my concerns about shortcomings in mental health diagnosis at the ABP conference:**

https://www.youtube.com/watch?v=yOrTRvJO1e0

As a Science and Practitioner convener I would like to encourage dialogue between academics and practitioners but also between divisions in the BPS – overcoming the ‘silo’ mentality. I wish to support the Psychometric Testing centre in its roll out of the Forensic Testing Standards and would like to establish a cross-divisional working group on Abuse, Trauma and Dissociation. Dependability, integrity, performance and potential take on new dimensions given the duplicity displayed by abusers.

Assessment ABC – IV Solutions
Ability Solutions
Behavioural Styles / Personality Solutions
Competency Solutions

Logiks Guide to Insight

**Total Score**: 85

**Speed**: 39

**Accuracy**: 95

**Verbal**
- Average: 91

**Numerical**
- Average: 64

**Abstract**
- Average: 67

**Correct**: 6

**Incorrect**: 0

**Not answered**: 4
Results Overview

This page provides an overview of your results. The wheel displays your scores on the six factors on a 10-point scale. The larger the coloured section, the greater your reported preference for demonstrating those corresponding behaviours. Up to three of your higher scoring factors could be badged as a likely 'Success Factor' and up to three of the lowest as a likely 'Risk Factor', for you to consider as part of your development journey. These are personal to you and will only occur in your report if they are clear from your responses. Everyone has a unique combination of strengths, and different roles or jobs vary in what they require.

Adaptability
- Robust
  - Handles rejection well.
- Tolerant of criticism
  - Easily hurt by criticism.
- Positive
  - Less likely to see the positives in situations.

Supportiveness
- Inspirational
  - Looks for ways to inspire others.
- Motivator
  - Less likely to motivate people.
- Harmoniser
  - Less inclined to smooth out potential conflicts.

Dependability
- Critical
  - Likely to spot errors.
- Structured
  - Takes an organised approach.
- Forward planning
  - Plans ahead as much as others.

Creativity
- Creative
  - Creative with many ideas.
- Variety seeking
  - Comfortable with routine.
- Conceptual
  - Engages in conceptual discussions.

Assertiveness
- Purposeful
  - Finds it as difficult as the next person to make important decisions.
- Confident
  - Less confident to take the lead than most.
- Persuasive
  - Not interested in influencing others.

Drive
- Determination
  - Less persistent than others.
- Personal success
  - Less driven to achieve than most.
- Passion
  - Less passionate about work.

Scores 1-4 indicate a lower preference, scores 5 and 6 indicate a typical preference and scores 7-10 indicate a stronger preference.

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## Competency Prediction Profile

### Entering

**CREATING Innovation and Creativity**
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

**CREATING Learning Focus**
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

**CREATING Conceptual Thinking**
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
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**SHAPING Decisiveness**
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**SHAPING Directing Others**
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**SHAPING Influencing Others**
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### Excelling

**STRIVING Drive and Persistence**
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**STRIVING Focus**
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**STRIVING Energy**
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**DELIVERING Analysis and Problem Solving**
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**DELIVERING Reliability**
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**DELIVERING Organising and Prioritising**
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### Engaging

**SUPPORTING Developing Relationships**
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**SUPPORTING Motivating Others**
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**SUPPORTING Teamwork**
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### Adapting

**ADAPTING Stress Tolerance**
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**ADAPTING Self-reliance**
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**ADAPTING Flexibility**
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Plotting the Dark Side (N=149)

PAPI Factors

HPI

HDS

O OPENNESS TO EXPERIENCE
C CONSCIENTIOUSNESS
E EXTRAVERSION
A AGREEABLENESS
N- EMOTIONAL STABILITY
A NEED FOR ACHIEVEMENT
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
Keynote

Applying Occupational Psychology to Complex Trauma – Lessons for Professional Practice

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