

Complex Trauma Psychometric Assessment Problems

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This presentation is concerned with psychometric issues when assessing survivors of organised sexual abuse. It aims to illustrate problematic and sound assessment practice through a unique case study where data from IQ tests at age 7, 23, 25 and 30 as well as MCMI, EQi and Somatoform Dissociation Questionnaire (SDQ) results were available for a female survivor of extreme emotional, physical, and sexual abuse.

Superior Verbal IQ scores contrasted with lower processing and memory scores indicating 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. These deficits were more pronounced at 23 and 25 due to use of recreational drugs. Mental Health Professionals missed the “Twice Exceptional” pattern and failed to recognise “Not Seeing” and “Not Hearing” incidents as somatoform dissociations.

MCMI results were found to be grossly misleading as clinical norms elevated healthy levels of self-confidence to (falsely) suggest Narcissism, and poor construction falsely implied delusional thought disorder. Mainstream personality assessments were used to counter the erroneous MCMI results.

The organised abuse claims were extreme and difficult to believe (let alone investigate) but proof of some disconcerting incidents was obtained.

The case study illustrates how poor assessment practice can re-victimise survivors of extreme abuse and how good assessment practice can be key to understanding them.

While the presentation is limited to a single case it touches on a very important issue affecting the most vulnerable individuals in the world who frequently are persecuted and framed e.g. through false Paranoid Personality Disorder diagnosis. It is important for a sustainable world to build communities with a better understanding of the impact of complex trauma on assessment.

The paper is aimed at academics and practitioners alike across clinical, counselling, forensic and occupational psychology.

Introduction Vignettes

17-year-old 'Maria' was brought to hospital by her mother having survived a suicide attempt with paracetamols. The psychiatric nurse at the hospital found her unresponsive other than general comments that she is now happy she survived and does not consider herself at risk anymore.

Her mother did not want her father to know as she thinks it would open up complex issues. Family therapy revealed that her father and mother were sexually abused in their childhood. Maria opens up to you with disclosures that she has been sexually abused by her father since she was a toddler and describes an incident that happened a few days ago. Her mother seems to 'look away' and cut short conversation with phrases such as 'talking about sex is not ladylike'.

Maria opens up to you disclosing that at the age of 13 or 14 she had a baby. The birth of the girl in her family home was reportedly not registered and the baby 'disappeared'.

'Amanda' has been brought to you by a friend who believes her account of a sexual assault on her child. The mother delayed reporting due to fear of reprisals and repercussions. Several mental health professionals found her account 'unbelievable' and considered her delusional. Police closed the case and Social Workers have raised 'neglect' concerns. In your interview the conduct of Amanda's parents appears strange. There are no objective reasons to doubt the veracity of her account of the assault.

Serial Child Abuser Jimmy Savile

Jimmy Savile

🌐 24 languages ▾

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From Wikipedia, the free encyclopedia

Sir James Wilson Vincent Savile *OBE* *KCSG* (/ˈsævɪl/; 31 October 1926 – 29 October 2011) was an English DJ and television and radio personality who hosted BBC shows including *Top of the Pops* and *Jim'll Fix It*. During his lifetime, he was well known in the United Kingdom for his eccentric image and his charitable work. After his death, hundreds of *allegations of sexual abuse* made against him were investigated, leading the police to conclude that he had been a predatory *sex offender*^[1] and possibly one of Britain's most prolific.^{[2][3][4][5]} There had been allegations during his lifetime, but they were dismissed and accusers ignored or disbelieved. Savile took legal action against some accusers.


As a teenager during the *Second World War*, Savile worked in *coal mines* as a *Bevin Boy* and reportedly sustained spinal injuries. He began a career playing records in, and later managing, dance halls. In his 20s, he was a *professional wrestler*. His media career started as a disc jockey at *Radio Luxembourg* in 1958 and on *Tyne Tees Television* in 1960, and he developed a reputation for eccentricity and flamboyance. A significant part of his career and public life involved working with children and young people, including visiting schools and hospital wards. At the BBC, he presented the first edition of *Top of the Pops* in 1964 and broadcast on *Radio 1* from 1968. From 1975 until 1994, he presented *Jim'll Fix It*, an early Saturday evening television programme which arranged for the wishes of viewers, mainly children, to come true. During his lifetime, he was known for fund-raising and supporting charities and hospitals, in particular *Stoke Mandeville Hospital* in Aylesbury, *Leeds General Infirmary* and *Broadmoor Hospital* in Berkshire. In 2009, he was described by *The Guardian* as a "prodigious philanthropist"^[6] and was honoured for his charity work.^[7] He was awarded the *OBE* in 1971 and was *knighthood* in 1990. In 2006, he introduced the last edition of *Top of the Pops*. Savile died in 2011. He was praised in obituaries for his personal qualities and his work raising an estimated £40 million for charities.^{[8][9]}

In October 2012, almost a year after his death, an *ITV* documentary examined claims of sexual abuse by Savile.^[10] This led to extensive media coverage and a substantial and rapidly growing body of witness statements and sexual abuse claims, including accusations against *public bodies* for *covering up* or failure of duty. *Scotland Yard* launched a *criminal investigation* into allegations of child sex abuse by Savile spanning six decades,^[4] describing him as a "predatory sex offender", and later stated that they were pursuing more than 400 lines of inquiry based on the testimony of 300 potential victims via 14 *police forces across the UK*.^{[11][12]} By late October 2012, the scandal had resulted in inquiries or reviews at the BBC, within the *National Health Service*, the *Crown Prosecution Service*, and the *Department of Health*.^{[13][14][15]} In June 2014, investigations into Savile's activities at 28 NHS hospitals, including Leeds General Infirmary and Broadmoor *psychiatric hospital*, concluded that he had sexually assaulted staff and patients aged between 5 and 75 over several decades.^[16] As a

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Sir
Jimmy Savile
OBE *KCSG*



Savile in 2006

Born	James Wilson Vincent Savile 31 October 1926 Burley, Leeds, England
Died	29 October 2011 (aged 84) Roundhay, Leeds, England
Resting place	Woodlands Cemetery, Scarborough
Occupations	DJ · television personality · radio personality · philanthropist

UK Cases

Rochdale:

<http://www.mirror.co.uk/news/uk-news/pervert-mp-cyril-smith-was-pals-1546290> (1992)

http://en.wikipedia.org/wiki/Rochdale_sex_trafficking_gang (2012)

Colin & Elaine Batley, Kidwelly, Wales (March 2011):

<http://www.bbc.co.uk/news/uk-wales-12703785>

<http://www.walesonline.co.uk/news/wales-news/satanic-sex-cult-paedophile-guilty-1845296>

Cornwall (December 2012):

<http://www.guardian.co.uk/uk/2012/dec/14/cornish-white-witches-guilty-ritual-abuse>

Jimmy Saville (Oct 2012):

http://en.wikipedia.org/wiki/Jimmy_Saville_sexual_abuse_scandal

<http://www.express.co.uk/posts/view/370439/Jimmy-Savile-was-part-of-satanic-ring>

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

Ian Watkins (December 2013):

http://en.wikipedia.org/wiki/Woman_B#Sexual_offences

http://www.slideshare.net/slideshow/embed_code/29386021#

Continental Europe

Germany:

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

Austria:

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 (2008) (see also Sheffield_incest_case 2008)

Belgium (1986 - 2004) Marc Dutroux

http://en.wikipedia.org/wiki/Marc_Dutroux

Italy (2005):

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/world/europe/4669944.stm>

Portugal (2010):

http://en.wikipedia.org/wiki/Casa_Pia_child_sexual_abuse_scandal

At age 24 she started to remember how she was abused as a toddler by a downstairs neighbour. She also relayed how a suicide attempt at 16 was preceded by incestuous abuse and an incident which was similar to the 'Satanist Cult Show' described in Epstein et al. (2011):

'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).

Around the time of the alleged delivery of a baby that succeeded from incestuous rape there was a period without GP visits. The parents had applied for 'home schooling' and removed all calendars. Within a few days of the unregistered homebirth the baby reportedly 'disappeared' (see extreme abuse literature e.g. Miller, 2012).

Consultant Psychiatrist
Notes on Dissociation
(around age 20)

- *‘He was very abusive to her and abused her. Following this experience she started cutting her upper arm and was doing so every evening for a period of time. She initially felt suicidal but felt that the tension she released by cutting herself was more helpful.’*
- *‘She hears voices present in the room when there is nobody, but cannot describe these and they do not appear to be auditory hallucinations.’*
- *‘She complained of panic attacks, and has had three attacks over a 2 year period.’*
- *‘There were no abnormal perceptions. She described supernatural experiences such as shadows in the room at all times, day and night, but these did not seem to be psychotic.’*
- *‘As far as I can ascertain from my assessment today, she does not have a major psychiatric disorder and her concerns and worries would be best dealt with the Primary Care psychologist.’*
- *‘Recently assessed dyslexic by learning support team?’*
- *‘Memory still poor.’; ‘Still some panic attacks.’; ‘Becoming anxious that her memory may not return – feels she is vulnerable as she can find herself locked out of her flat, not knowing who she is.’*

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’ (exonerated by police report)

1. Mental Health Professional
2. Mental Health Professional
3. Mental Health Professional
4. Mental Health Professional

Here is what ChatGPT produced when asked 'What is 'gaming' of Family Court processes about?':

The term 'gaming' of Family Court processes refers to the practice of manipulating the legal system to gain an advantage in family court proceedings. It can involve a range of tactics such as making false allegations, withholding information or assets, or using delaying tactics to prolong proceedings. It is important to note that such practices are not only unethical but also illegal and can result in serious consequences for those involved.

WISC-R Results @ Age 7

TEST RESULTS

General Level of Intellectual Functioning

W I S C R (Wechsler Intelligence Scale for Children - Revised)

Full Scale I Q = 128

Verbal Scale I Q = 131

Information	15
Similarities	13
Arithmetic	14
Vocabulary	17
Comprehension	16
(Digit Span	10)

Average score = 10

Range 1 to 10 for these tests

Performance Scale I Q = 120

Picture Completion	14
Picture Arrangement	10
Block Design	13
Object Assembly	10
Coding	17

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 visually 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.'

WAIS Results @ Age 23

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.

Verbal Comprehension:	126	Perceptual Organisation:	93
Vocabulary:	19	Picture Completion:	8
Similarities:	13	Block Design:	14
Information:	12	Matrix Reasoning:	5
Comprehension:	12	Picture Arrangement:	9
Working memory:	84	Processing Speed:	76
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

The WAIS results show a massive drop on Perceptual Organisation to the 32%ile, on Working Memory down to the 14%ile ('this indicates a limited auditory memory capacity and the ability to sequence material held in that memory') and Processing Speed at the 5%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 Course' and allowances were made (computer, exam time limit increase).

WISC-R Results @ Age 25

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

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.

WRIT & Attainment Tests @ Age 30

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

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

Specialist Assessment @ Age 30 Interpretation

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.

Somatoform Dissociation

- 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)
- 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 McLuhan)

Complex Trauma Assessment Issues

Personality Assessments

The Millon Clinical Multiaxial Inventory (MCMI-III) was originally developed for individuals seeking therapy. Its author substantially shaped the definitions of clinical personality disorders in DSM-III (1980) many of which were dropped in the most recent edition DSM-5 (2014).

Rogers, Salekin & Sewell (1999, 2000) explain why the MCMI-III does not meet the Daubert standard of validation evidence and is entirely inappropriate for use in Court settings.

Nevertheless the Court Appointed Clinical Psychologist seemingly relied on MCMI-III results to claim that the mother was 'mentally disturbed' and 'delusional' about:

- a, the assault on her child
- b, her own teenage pregnancy
- c, the instruction by police to delay reporting

Complex Trauma vs. Schizophrenia

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 gruesome crimes unless they are fully familiar with the extreme abuse literature. In the present case NONE of the 42 descriptions indicative of Schizophrenia applied, and only about 1/3 of the paired descriptions indicative of Trauma / Mind Control. Four mental health professionals acting as Court Appointed Experts had found it 'easier' to disbelieve the tragic-chilling abuse acts disclosed in spite of the professional definition of 'delusion' provided in the DSM-V and their duties to act in an impartial, even-handed manner.

Somatoform Dissociations

MCMI Failings



Dr. Lorandos cross exam on Problems with the Millon Clinical M...

<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).

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

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.

MCMII-III

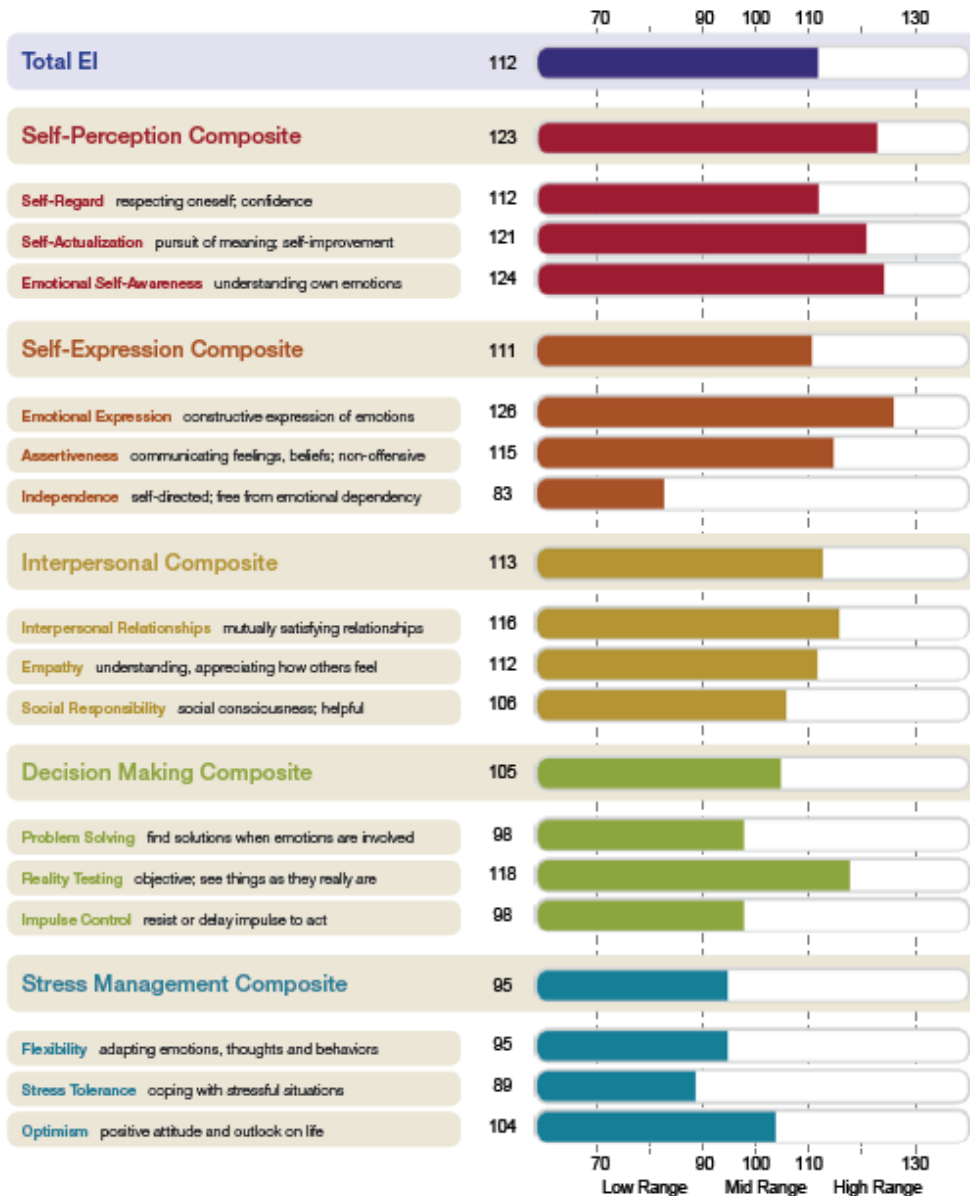
- Base Rate cut-offs:
 - 60 Median
 - 75 Significance
 - 85 Prominence
- ‘General Factor of Demoralisation’ (MMPI2) low as indicated by the orange vertical line
- Low scores on Schizoid, Depressive, Histrionic, Borderline, Anxiety, Somatoform, Thought Disorder
- Abuse Survivor
- Stalking
- Crime Report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

CATEGORY	SCORE	PROFILE OF BR SCORES					DIAGNOSTIC SCALES	
		RAW	BR	0	60	75		85
MODIFYING INDICES	X	61	35	██████████				DISCLOSURE
	Y	14	63	██████████				DESIRABILITY
	Z	2	35	██████████				DEBASEMENT
CLINICAL PERSONALITY PATTERNS	1	4	48	██████████				SCHIZOID
	2A	4	48	██████████				AVOIDANT
	2B	2	20	██████				DEPRESSIVE
	3	8	60	██████████				DEPENDENT
	4	11	44	██████████				HISTRIONIC
	5	14	71	██████████				NARCISSISTIC
	6A	5	60	██████████				ANTISOCIAL
	6B	2	24	██████				SADISTIC
	7	14	51	██████████				COMPULSIVE
	8A	3	30	██████				NEGATIVISTIC
8B	1	20	██████				MASOCHISTIC	
SEVERE PERSONALITY PATHOLOGY	S	4	62	██████████				SCHIZOTYPAL
	C	0	0					BORDERLINE
	P	11	70	██████████				PARANOID
CLINICAL SYNDROMES	A	2	40	██████				ANXIETY
	H	0	0					SOMATOFORM
	N	3	38	██████				BIPOLAR: MANIC
	D	0	0					DYSTHYMIA
	B	1	20	██████				ALCOHOL DEPENDENCE
	T	2	40	██████				DRUG DEPENDENCE
	R	2	30	██████				POST-TRAUMATIC STRESS
SEVERE CLINICAL SYNDROMES	SS	1	15	██████				THOUGHT DISORDER
	CC	0	0					MAJOR DEPRESSION
	PP	8	75	██████████				DELUSIONAL DISORDER

Most healthy adults appear 'Narcissistic'

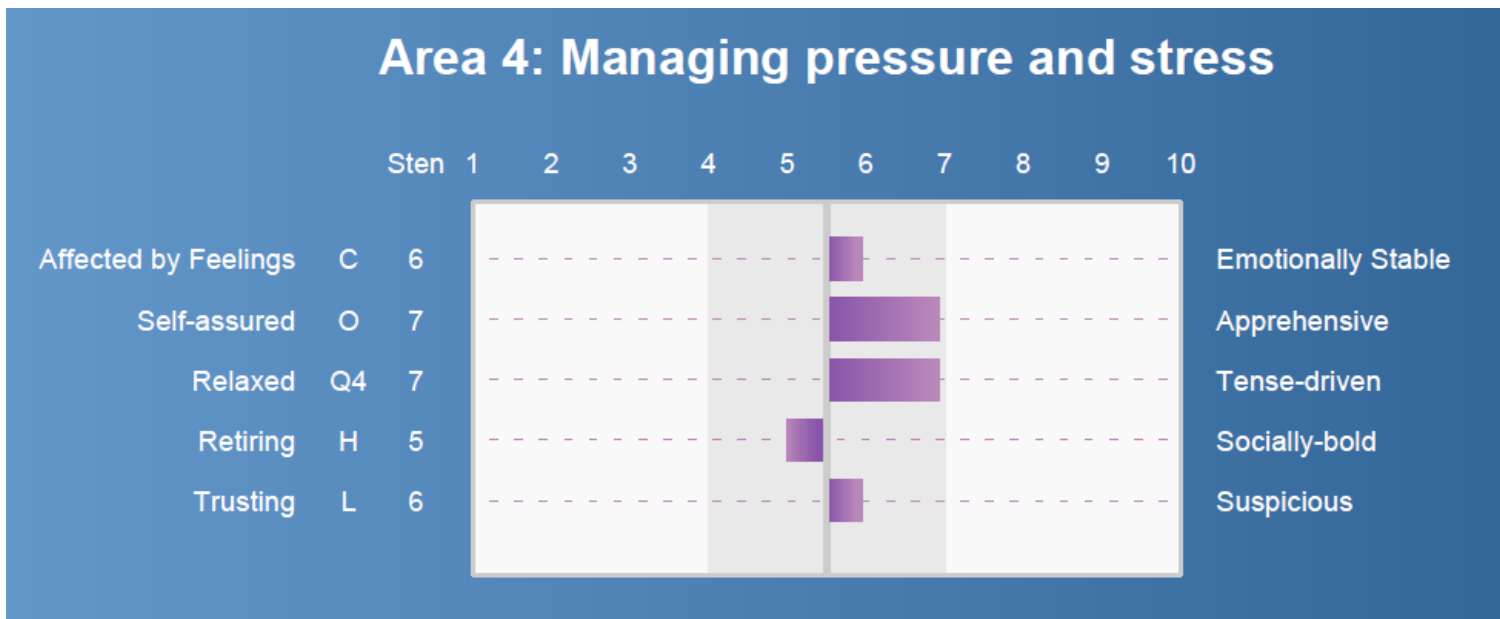
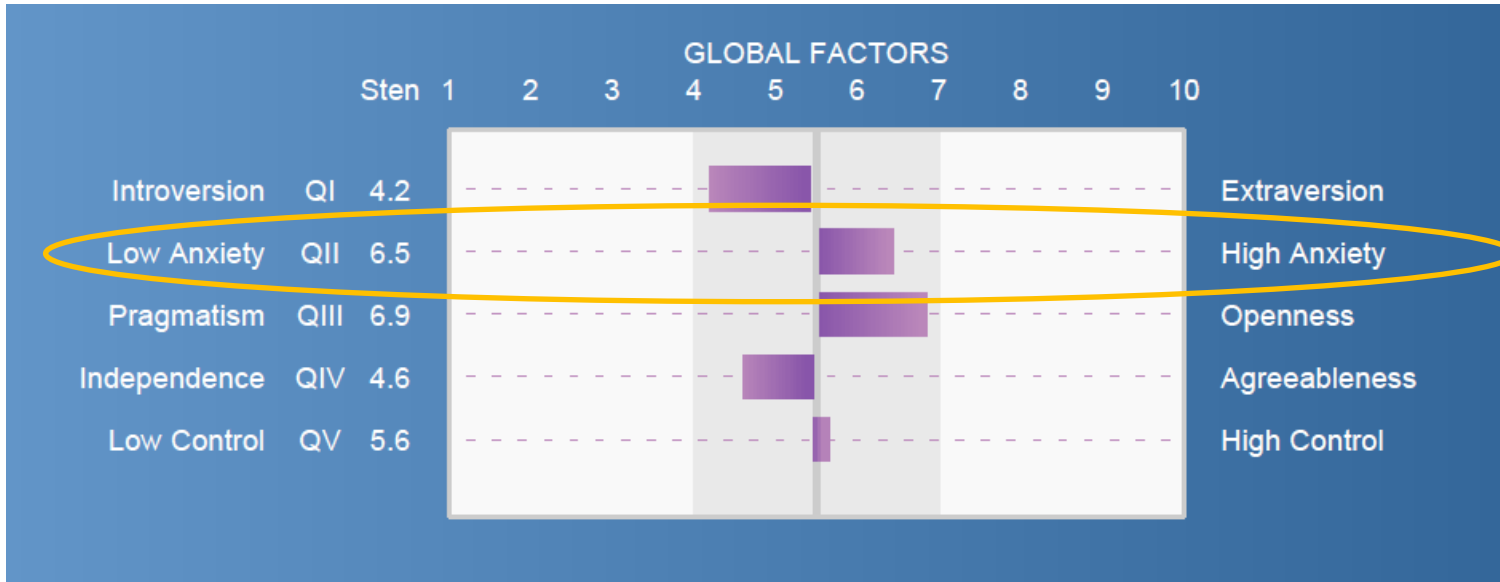
'Inter-generational abuse' & 'stalking' victims appear 'Paranoid' & 'Delusional'

EQi Profile



- Emotional Intelligence is Above Average.
- Particularly high on Self-Perception Composite – very sensitive and insightful.
- Very high on Emotional Expression and fairly high on Assertiveness – coupled with 95%ile Verbal IQ (Top 5%).
- High on Interpersonal
- Average on Decision-Making Composite.
- High on Reality Testing.
- Average on Stress Management Composite.
- Average on Optimism

Case Study 15FQ+ Profile



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

Type Dynamics Indicator

Inspector ISTJ	Protector ISFJ	Guide INFJ	Investigator INTJ
Surveyor ISTP	Supporter ISFP	Idealist INFP	Architect INTP
Trouble-Shooter ESTP (2)	Energiser ESFP (1)	Improviser ENFP (3)	Catalyst ENTP (4)
Co-ordinator ESTJ	Harmoniser ESFJ	Adviser ENFJ	Executive ENTJ

ENERGISERS (ESFP):
Energisers are drawn towards others, living their life by engaging, interacting and bringing optimism, hope, warmth and fun to the situations they encounter. They seek people and action, are always ready to join in themselves and usually create a buzz which encourages others to get involved.

Type Dynamics Indicator (TDI) Scale Results:

E=Extraverted (people oriented rather than introverted)

S=Sensing (facts rather than intuition/ideas oriented) – Corridor score

F=Feeling (values rather than thinking/outcome oriented) – Corridor score

P=Perceiving (spontaneous rather than judging/rigid)

10. Battling a rigid system biased against abuse victims

3) If there is an ongoing custody dispute regarding the child, the adult party that alleges RA is usually viewed by the court as lying, crazy, or as having induced “parental alienation syndrome” (PAS) in the child. The court often orders that this alleging party lose custody and if visitation is allowed at all, it is only under supervision. And the court generally grants full physical custody, sometimes full legal custody, to the alleged abuser, or other family members who may be abusing the child. All of this generally occurs without any reasonable investigation or evaluation of the allegations (a family court-ordered custody evaluation of all family members by a court-appointed psychologist does not constitute an adequate forensic evaluation specific to child abuse).

4) Negative attributions are ascribed to alleging adults, including “delusional” and this causes psychological consequences, fear of being institutionalized involuntarily for being “crazy,” etc.

5) In some rare cases, especially if a parent alleges RA and there is an ongoing custody dispute, the alleging parent may be viewed as an immediate danger to his/her children, and is involuntarily institutionalized in a psychiatric facility.

Lacter, E. (2014). Risks Involved in Making Suspected Reports of Ritual Abuse of Children or Dependent Adults. Draft Manuscript: San Diego.

Misdiagnosis Risk

Applying Lacter & Lehman (2008) Guidelines for Differential Diagnosis Schizophrenia vs Ritual Abuse / Mind Control

Sources of Misdiagnosis of Schizophrenia in Cases of Ritual Abuse/Mind Control Traumatic Stress

Symptoms of PTSD, DESNOS, and Dissociative Disorders often present as similar to symptoms of Schizophrenia. Hallucinations, delusions, and thought disorders, long believed to be the hallmark of Schizophrenia, are now being understood as commonplace to trauma disorders. Disorders of extreme stress have a profound effect on cognition, perception, identity, social relationships, stress-tolerance, and regulation of affect and behavior. And dissociative phenomena disturb the integrative functions of consciousness, memory, identity, and sensory perception severely enough that the clinical picture begins to resemble the confusion of Schizophrenia. Thus the high rates of this misdiagnosis, and years of treatment before proper diagnosis (Bliss, 1980; Kluft, 1987; Ross, 1997).

Schneiderian first rank symptoms, historically considered to be classic features of Schizophrenia, are actually more prevalent in DID than in Schizophrenia. A comparison of 1739 schizophrenics with 368 MPD (Multiple Personality Disorder; the designation for DID in 1990) patients found that schizophrenics averaged 1.3 Schneiderian first rank symptoms, while MPD subjects averaged 4.9 (Ross, Miller, Reagor, Bjornson, Fraser, & Anderson, 1990).

Similarly, Ellason and Ross (1995) compared 108 patients with DID patients with 240 patients with Schizophrenia. They found that positive symptoms were more severe in the DID group, while the negative symptoms were more severe in Schizophrenia. Positive symptoms include delusions, conceptual disorganization, hallucinatory behavior, excitement, grandiosity, suspiciousness, and hostility. Negative symptoms include blunted affect, emotional withdrawal, poor rapport, passive-apatetic social withdrawal, difficulty in abstract thinking, poverty of thought and spontaneous activity, and stereotyped thinking/behavior.

Schneiderian positive symptoms common in DID include hallucinations of voices commenting on one's behavior, conversing, or arguing (voices are the most common symptom, Ross et al., 1990); thought insertion (the belief that thoughts have been placed into one's mind); thought withdrawal (the belief that thoughts are being taken from one's mind); audible thoughts (hearing one's thoughts spoken aloud); delusions of control; and somatic passivity (the belief that the body is being influenced by an external force or power) (Kluft, 1987; Ross et al., 1990). True thought broadcasting (the belief that one's thoughts are transmitted to others all around, often via some form of media), a Schneiderian first rank symptom, tends not to occur in DID. However, a suspicion that others are able to read one's mind, especially a parent or a therapist, does occur in DID (Kluft, 1987).

Persecution

Important Note on Reports of Persecution

Reports of mind control methods, espionage operations, and spiritual or psychic experiences not in the clinician's experience should not be the basis for a diagnosis of Schizophrenia, since; a) most clinicians are not authorities on these complex subjects, b) some abusers program bizarre beliefs (e.g., alien abduction) in victims to make them feel and appear non-credible or insane, and, c) Extreme posttraumatic stress from ritual abuse or trauma-based mind control can cause irrational fears and beliefs, especially if victims socially isolate and/or obtain information from unreliable sources, and, in severe cases, can result in acute or chronic traumatic stress reactive psychosis.

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.

42 Indicators

Schizophrenia vs. Ritual Abuse / Mind Control Traumatic Stress

Degree of Conviction and Consistency in Reporting Abuses	Generally an emotionally intense and unwavering conviction that persecutions occurred, especially early in the disease, and before treatment. Resistant to rational analysis of these beliefs. Illogical and unexplained changes in reports may occur, e.g., changes in alleged perpetrators. With more treatment and age, the person may question these perceptions.	Skepticism is common when memories of abuse first emerge. Individuals often state; "I must have made this up", or, "I don't want to believe it", or, "I can't tell if it really happened, or if I dreamed it or imagined it." Reports are usually accompanied by awareness of possible disbelief by the listener. As dissociation decreases, the person usually perceives increased consistency between memories and reports have increased narrative coherence. The individual may eventually discover that particular memories were distortions based in fear, programming, or abusers' illusions to create "cover memories."	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>?</p>
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In one case 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

'Forced Adoption'

<http://forced-adoption.com/>



THE GOLDEN RULES ▾ WHAT YOU CAN DO GET YOUR CHILDREN BACK

STATISTICS PUNISHMENT WITHOUT CRIME THIS IS THE SITUATION

USEFUL INFORMATION CASHING IN TIMES CAMPAIGN 2008

NEWBORN BABIES TAKEN REFORMS RECOMMENDED PROFESSIONALS

TYPICAL CASE SCENARIOS WHY DO THEY DO IT? CONTACT

Introduction

Ian Josephs M.A. (Oxon)



2:- Borderline personality disorder or narcissistic traits ! Usually diagnosed by a psychiatrist or psychologist who habitually gives evidence to the family courts in favour of social services and with few if any private patients. Parents are routinely refused a second opinion and if they get a highly favourable report from a top expert paying privately it is usually ignored even when it is more up to date .

Delusion Definition

A fairly recent UK court custody case quoted '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).'

The DSM-5 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 beliefs and despite what constitutes incontrovertible and obvious proof or evidence to the contrary.



Puzzle



How do these artefacts relate?

Field Dependence Test



Low Alpha, High Beta?

Epilogue

I was barely able to survive outside the home with no family and with no career that took off, or anything. You know – it did not work.

And I do contribute this to him. If I had had a happy home I would not have left it, I would not have been homeless, probably would not have got fired, I would not have been assaulted, would not have been drugged, I would not have been raped, my throat would not have been slit on a bus in London, I would not have been ganged. You know - a lot of things would not have happened.

And I am happy for my life, and I am proud of myself. I am quite hard and I do not mind. That's my life and it is no good wishing or wanting anything else.

I do not want or wish for anything else, because I am sure that if I use everything I got and I have faith, this was the best existence I could have asked for. And that everything I believe in, that everything I go through is useful. So - I need these experiences that I have gone through and will go through.

And that is the only attitude I want to have, that I am up for it - take life by the horns – that's fine.

But on a kind of diplomatic level – it is like: I would have liked stability – I cannot have that when I am stalked. And that is what I want to stand up to now. I do not want to hurt my kid. I cannot do both. I cannot do both. I got to 'run or fight' kind of thing. I really have not been able to run away.

And my kid - I am really not going to settle for someone going through what I went through. My only child going through what I went through – no.

Because he can stalk me.

It is like - I guess because I was in his home - I blamed myself for that. Being dependent on him. I really blamed myself.

I was really, really angry when I discovered that he could do that - outside of the home.

That he can just hunt me down.

It does not matter where I am, or what life I am living, I am never going to be important enough or valid enough, my kid is never going to be innocent or pure enough or loveable enough - that he won't come looking.

Just to hurt us.