

e-Letter of Chartered Psychologist Dr Rainer Hermann Kurz posted on The Psychologist website of the British Psychological Society (BPS) on Mon 13/06/2016 01:11 (purged by the editor by 13 June 2016 10:28) at URL:

<https://thepsychologist.bps.org.uk/volume-29/june/new-society-president-stirs-debate#comment-103>

I am intrigued by the wide range of responses to the 1:1 with Professor Peter Kindermann in the May 2016 issue. It is actually an everyday reality that mental health professionals such as Psychologist and Psychiatrist input into court processes. Forensic Psychology Professor Jane Ireland (2012) found that 2/3 of psychological assessment reports sampled from Family Court cases were 'poor' or 'very poor'. The President of the Family Court Sir James Munby stated: 'Only the death penalty is more drastic than removing a child from its parents forever'. It is disconcerting that inadequate reports appear to routinely inform court decisions that are for biological parents comparable to a 'death sentence' as their child is bundled off into Forced Adoption never to be seen again.

In my first Pro Bono case I was permitted to sit in a Clinical assessment session of a mother who had tried to report a sexual assault on her child in deeply disturbing circumstances (Kurz, 2015) but was disbelieved. Nothing whatsoever was indicative of any mental health issue. The description of her own abuse (e.g. being locked out by a family member to be 'humped' by a downstairs neighbour) was clear and suggested operation of an abuse ring. A few weeks later she disclosed that she had a baby at 13/14 that succeeded from rape and 'disappeared'. The 'professional' attested that the mother was 'delusional' about these events disregarding the DSM definition of delusional: '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'. I subsequently gathered views of four specialists highly experienced with complex trauma who found no reason to doubt the account given - implying a serious 'Public Safety' risk that all authority representatives continue to ignore.

In several cases biological parents were separated from their children on the grounds of 'Narcissistic Personality Disorder' where the diagnosis was seemingly based on an over-interpretation of the MCMI scale of this name which confounds the target construct with 'Emotional Stability' – a highly desirable personality construct (Kurz, 2014). The Daubert standard for validity (see Ireland & Beaumont, 2015) does not seem to be met for MCMI which was designed for individuals seeking therapy who are already diagnoses as 'mentally unwell'. Its computer-based expert report makes this assumption and accordingly spits out vitriolic text on any completion e.g. even if completed by an entirely normal 'healthy' person.

In a recent case a health professional proffered – rather absurdly – that a mother's repeated lodging of appeals to regain custody of her children was 'evidence' for 'Histrionic Personality Disorder' – rather than a 'normal' manifestation of Conscientiousness and 'being a good parent'. The GMC complaint was dismissed in spite of allegations of dishonesty, unreasonableness and incompetence boosted by recording transcript and alternative assessments. When I presented 5 posters at the

European Psychiatry Congress in Munich I found the Psychiatry profession in crisis and disarray. This observation was further supported in Madrid this year where I presented another 5 posters (accessible from https://www.researchgate.net/profile/Rainer_Kurz2). In one symposium presenters lamented that the plethora of personality disorders when apparently in practice only Borderline is frequently used and anti-social occasionally. In DSM-5 Section 3 page 771 an alternative dimensional model for personality disorders is presented where Histrionic, Paranoid, Schizoid and Dependent are no longer featured as Personality Disorders. What will happen to cases where custody was lost based on diagnoses of an 'illness' that has disappeared from the leading scholarly manual?

In an ongoing case a mother reported to Social Services that her child made disclosures suggesting sexual abuse. After sending her to 8 Psychiatrists social services are fixated (sic) on the single Psychiatrist who claims the mother is 'fixated' on child abuse due to Borderline Personality Disorder rather than the 7 who found no disorder. The Social Worker suggested to 'move on' and the director responded to accounts of numerous abuse acts that he nevertheless supports overnight contact with the alleged abuser. Like in too many cases Social Services took the 'easy' (i.e. cowardly) option to declare the protective mother a risk (ostensibly inflicting 'emotional harm' by acting on sexual abuse suspicions/disclosures) reducing interaction to 'supervised contact only' while the alleged offender continues to be granted unsupervised contact. It has to be expected that sexual abuse will continue and that any sexual abuse disclosure will instantly terminate the supervised contact session and leave the child entirely in the control of the alleged abuser (and those shielding him in the local Social Services department). This appears to be routine (mal)practice in Family Courts.

In another disturbing case a fellow Psychologist's daughter was found in a 'Fact Finding' case to have perpetrated 'Emotional Abuse' – by listening to her young child's disclosures about sexual abuse!

The public may be lulled into a (false?) sense of security and reassurance by the current radio jingles that urge everyone to be alert and report suspicions about 'child sexual abuse'. Unfortunately 'Social Services' rather than police will receive the 'concern' raised through web forms and realistically lack the power and expertise to properly investigate. Without physical proof (i.e. serious injury or death or photographic evidence) the allegation will frequently be found 'unproven' and treated by 'vested interests' like they were 'disproven'. 'Concerns' are raised about protective parents with Court Appointed Experts rummaging through their medical records to fuel conjecture that they 'made up' the allegations, are delusional/paranoid/fixated or 'coached' their child to say certain things.

Instead of believing the child and protective parents Social Services set out to find a professional who will diagnose a personality disorder.

Davis (2014) in 'Psychopathology' admits that Psychologist tend to over-diagnose i. e. are more worried about false negatives than false positives. This predilection was demonstrated by Rosenhan

(1973) who sent healthy volunteers to mental hospitals who were asked to get admitted and subsequently released – which they achieved only with difficulty usually acquiring the Schizophrenia in remission' label.

I recently presented to 100 parents who lost children to 'Forced Adoption' – a barbaric process based on poor legislation ('balance-of-probabilities' rather than 'innocent until proven guilty'), government policies (adoption targets / permanence grants), practices (fabrication and concealment of evidence seems common) and attitudes ('Child Snatching' culture). Each child in long-term foster care costs the tax payer £50k per annum of which £20k go (tax-free) to the foster carer. The 'per head' fee for finding adopters is around £27k. The whole Adoption Industry is now worth £2 Bn.

Neal & Grisso (2014) skilfully discuss the issue of 'bias' in forensic report writing: '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.'

To what extent then is there a risk of bias In Family Courts given that authority representatives control who gets commissioned to conduct such work and are unlikely to continue instructing professionals who disagree with 'concerns' raised?

Devine (2016) charts the ever-rising numbers of children 'taken into care' and questions the wisdom and legality of the approach. 1000 children per months are forcibly separated from loving parents with a 'false positive' (child unnecessarily removed) rate that may be as high as 85% (arguably the remaining 15% would be better dealt with through criminal courts).

Wrennal (2010) goes further identifying 'dark forces' at work – a view I have to agree with having experienced the pervasive 'looking away' attitude and 'closing rank' culture that continues to surround child abuse allegation (see Kurz, 2016). A critical factor is the tension between the official DSM position which features Post-traumatic Stress Disorder (PTSD) and Dissociative Disorders (DID, DDNOS, DESNOS) and the ubiquitous prevalence of False Memory positions proffered in forensic settings which have NO diagnostic currency in DSM. I discuss the controversies including Criminal Appeal Court Judge views in my blog:

<https://psychassessmentblog.wordpress.com/>

Given that only the death penalty is more drastic than removing a child from its parents forever how appropriate is it to judge this on a 'balance of probability' basis where a Court Appointed Expert de facto usurps the role of the police and the judge through proffering the pivotal 'personality disorder' diagnosis? I would prefer such matters to be investigated properly and judged in a criminal court against the 'beyond reasonable doubt' standard.

How do BPS Guidelines cover the controversies outlined above?

The latest version of the 'Memory & Law' guidelines were published in 2010 (archived - due to be updated) under the leadership of Prof Martin Conway who sits on the Advisory Board of the British False Memory Society (BMFS). It is peppered with 'false memory' examples and conjectures. It knocks recall of 'highly specific details' which actually can be the result of traumatic events that leave situational (i.e. non-verbal) memory fragments that are later processed in the Hippocampus to become autobiographical memories (Kurz & Hawton, 2014). The section on PTSD offers solid advice but appears oriented towards adult trauma. There is no mention of the kind of early childhood abuse and neglect at the hands of a primary carers that would lead to DID or DDNOS.

https://www.bps.org.uk/system/files/user-files/Society%20Member/memory_the_law_revised_version_april_2010_web.pdf

The Family Court guidelines (2016) issued in conjunction with the Family Justice Council do not feature a single academic reference when the ground-breaking research of Ireland (2012) was actually commissioned by the latter. The guidelines reinforce that Psychologists in this setting have to be prepared to write reports that can have negative consequences but do not at all tackle the issues of potential bias let alone 'gaming' of 'Child Protection' processes e.g. by 'staging' an abuse act in such a way that the protective parent appears to be 'delusional'.

http://www.bps.org.uk/system/files/Public%20files/inf248_family_court_guidance_web.pdf

The Guidelines on Reporting Non-recent (Historical) Sexual Abuse are comprehensive in detailing how things are meant to work – in theory. The darker side of poor authority practices is 'blacked out'.

http://www.bps.org.uk/system/files/Public%20files/Policy/child_sex_abuse_web_2.pdf

Vignettes of child sexual abuse scenarios are helpful to illustrate some of the problems that Psychologists may come across but were dumped from the main document. I offered in the consultation phase 8 additional vignettes that underpin 'complex trauma' – none made it in. Extreme abuse including sadistic torture is an area where too few Psychologists are prepared to assess victims due to the risk of 'triggering' (secondary traumatisation), complexity ('unbelievable'), (perpetrator) reprisals and (authority!) persecutions.

http://www.bps.org.uk/system/files/Public%20files/Policy/examples_of_case_scenarios.pdf

Are there too many 'professionals' who are 'in denial' at the expense of the most vulnerable individuals in society, and thus put the public at risk?

References:

Devine, L. (2016) State Powers and Private Rights in Child Protection and Safeguarding Assessments: Policing Parents. UK: Routledge. ISBN 9781138782266 [In Press] Available from: <http://eprints.uwe.ac.uk/24532>

Ireland, J. L. (2008). Psychologists as Witnesses: Background and Good Practice in the Delivery of Evidence. *Educational Psychology in Practice* 24 (2) 115-127.

Ireland, J. L. (2012). Evaluating Expert Witness Psychological Reports: Exploring Quality. Summary Report. University of Central Lancashire. <http://www.ccats.org.uk/images/Expert%20Witness.pdf>

Ireland, J. L. & Beaumont, J. (2015). Admitting scientific expert evidence in the UK: reliability challenges and the need for revised criteria – proposing an Abridged Daubert *JOURNAL OF FORENSIC PRACTICE*. VOL. 17 (1)3-12. <http://dx.doi.org/10.1108/JFP-03-2014-0008>

Kurz, R. H. (2014). Measuring the General Factor of Personality: First Unrotated Principal Component vs. Great 8 Total. Poster at the European Psychiatry Association Conference in Munich.

Kurz, R. H. (2015). Differentiation of Complex Trauma vs Schizophrenia through Diagnostic Assessment of Ability and Personality Characteristics. Poster at the 3rd Annual Conference of the European Association of Psychosomatic Medicine (EAPM) in Nuremberg.

Kurz, R. H. & Hawton, Z. (2014). Ethical challenges posed by baby and toddler sexual abuse: 'The Lost Prophets' singer Ian Watkins. Poster at the European Psychiatry Association Conference in Munich.

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>

Wrennall, L. (2010). Surveillance and Child Protection: De-mystifying the Trojan Horse. *Surveillance and Society* 7(3/4): 304-324. <http://www.surveillance-and-society.org> | ISSN: 1477-7487

See also:

<https://thepsychologist.bps.org.uk/volume-28/october-2015/close-encounters-psychological-kind>

Dr Rainer Hermann Kurz

Chartered Psychologist

Science & Practice Convener of the BPS Division of Occupational Psychology

Member of the Committee on Test Standards