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email: [redacted] **DPA**

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## Confidential Report

[redacted] **D643**

I am a practising psychologist registered with the Health and Care Professions Council and a counselling psychotherapist holding a diploma in Human Givens Therapy. The following is a summary report on my involvement with the client [redacted] **D643**. [redacted] **D643** was referred to me by the charity PTSD Resolution on behalf of Tremont Midwest Solicitors.

Background information and initial assessment information is set out in some detail in the report of Dr Kevin Wright dated 5<sup>th</sup> December 2016, commissioned by Tremont Midwest Solicitors. In summary, [redacted] **D643** was discharged from the Army on medical grounds following service in Bosnia and Kosovo, and later two tours in Iraq. It was mainly in Iraq where he experienced severely traumatic episodes, which later developed into Post-Traumatic Stress Disorder (PTSD). Dr Wright's report also noted learning difficulties and events from [redacted] **D643** childhood which may well have rendered him more vulnerable to later negative impacts. It appears that, following discharge from the Army, [redacted] **D643** self-medicated with alcohol, and was subsequently convicted of an offence for which he served [redacted] **Sensitive/Irrelevant**. [redacted] **D643** was seen by a Human Givens (HG) therapist when he was being detained at HMP Channings Wood.

At the time of the present referral, [redacted] **D643** was being detained, pending deportation, at the Brook House Immigration Removal Centre at Gatwick Airport. So far, I have seen him on ten occasions at Brook House. The first two visits (23/02/17 and 28/02/17) were classed as social visits, and were therefore in a large room with other visits and detainees coming and going. These were positive in the sense of building some rapport and gathering information, but not necessarily productive as therapy sessions in the sense of treating the post-traumatic stress disorder or reducing the intensity of other symptoms of distress.

I also spoke to the original HG therapist, and from her and from [redacted] **D643** account I was able to establish that the previous attempts to treat traumatic memories had not been particularly successful. [redacted] **D643** told me that the emotional content of the memories was so overwhelming that he had not been able to proceed with the treatment process.

For subsequent visits, having discovered that it was possible for me to visit as a legal representative with a letter from the solicitors, [redacted] **D643** and I were able to meet in a

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closed room. There was a reasonable degree of privacy, although sometimes there was considerable noise from outside and on one occasion an interruption from a member of Brook House staff. During the third visit (14/03/17), i.e. the first in the closed room, a hypnotherapeutic approach to rewinding, or reframing, the traumatic memories was used - bearing in mind what had happened before, we agreed on a less severe experience to treat initially. The session seemed to go well, and D643 reported feeling better afterwards.

It is worth noting, however, that during this session it was apparent from D643 presentation that even for this relatively less severe experience the emotional content was very real and causing considerable and immediate distress. It may have been that he was making associations to more traumatic episodes in memory during the process. During the session, we worked together using techniques to calm his emotional arousal somewhat. Given that this session had gone well, the intention was that some of the more severe traumas would be addressed at the next visit.

When I saw him at the next visit on 22/03/17, however, he was extremely agitated, and I was very concerned about his mental state. I think there were two main factors impacting on his condition at that time - over and above the traumatic memories from experiences whilst in the Army - firstly, he has been, and continues to be, very distressed that he cannot be, as he sees it, a father to his teenage daughter - who lives with her mother and stepfather. He speaks to her on the phone, but she does not want to visit him at his present location. He becomes very emotional whenever he talks about her.

Secondly, the presence of other detainees constantly reminds him of the environment he encountered whilst on operational tours in the army. He told me he is often unable to sleep at night, partly because of noise from other detainees, but also because of the negative thoughts and images that he is preoccupied with. When he does manage to sleep, he is troubled by bad dreams and often wakes in a state of fear.

His condition during this visit was not conducive to effective therapy apart from trying to reframe and be positive about the future. I saw D643 at Brook House on six further occasions; 30/03/17, 06/04/17, 13/04/17, 02/05/17, 09/05/17 and 23/05/17. One more attempt at a rewind of traumatic memories was made during the visit on 06/04/17. Again, in terms of process, this seemed successful, and D643 reported feeling better as a result. However, at subsequent sessions his elevated levels of stress were such as to not be conducive to successful treatment. The focus of the remaining sessions was therefore on psycho-education and practising relaxation techniques using guided imagery.

Given his present environment, whilst his material needs are met, in my view the context is such that treatment is not likely to be productive in terms of reducing PTSD symptoms. In order that effective treatment take place D643 would need to be in a less stressful environment and have emotional needs, such as contact with his family, met as fully as possible. He is afraid of returning to St Vincent, as he feels he will be stigmatised.

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