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20th June 2017

Confidential Report

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 D643 D643 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 5th December 2016, commissioned by Tremont Midwest Solicitors. In summary, 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 D643 childhood which may well have rendered him more vulnerable to later negative impacts. It appears that, following discharge from the Army, D643 self-medicated with alcohol, and was subsequently convicted of an offence for which he served Sensitive/Irrelevant 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, 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 D643 account I was able to establish that the previous attempts to treat traumatic memories had not been particularly successful. 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, 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 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 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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The second and subsequent visits were evaluated using questionnaires widely used in therapeutic contexts and designed for capturing clients' perception of their current situation over the week preceding each session, and of the session itself.

The main outcomes were as follows:

CORE-10 (Clinical Outcomes in Routine Evaluation): This form identifies clients' current mental state using statements such as 'I have felt tense, anxious or nervous' rated on a scale of 0-4, where 0 indicates no problems, 4 represents a high level of severity.

D643 *responses recorded a small improvement over the nine sessions.*

PRN 14: This form records the client's satisfaction with aspects of their life over the past week by asking them to rate themselves on a scale of 0-10 against statements such as 'I felt positive and hopeful', where 0 indicates the most negative perception.

D643 *responses recorded a slight decline in positivity regarding his situation, particularly in terms of closeness and connection with someone, and feeling safe and secure.*

Impact of Event Scale: This relates to stressful life events, and rates clients' reports of intrusive thoughts and images.

D643 *responses indicated a very high level of mental disturbance relating to specific events experienced during operational tours undertaken whilst in the military. There was some improvement in this condition over the course of the therapy.*

PRN 5: This is a rating of the quality of the sessions as experienced by the client, where 10 is the highest positive rating.

D643 *recorded a significant improvement in his subjective experience of the quality of the sessions.*

In addition, D643 recorded a slight lessening of the PTSD symptoms over the course of the therapy – his initial rating on a scale of 1-10, where 10 is the most severe, was 8 – this fell to 7 by the end of the course of therapy.

In summary, although D643 was positive overall in his response to the sessions, there was less positive impact on his mental state or a reduction in his symptoms.

Conclusions

D643 has experienced traumatic events during his army service which have caused severe mental distress. Subsequent behaviours are likely to be associated with this, together with his learning difficulties and early childhood experiences which have rendered him more vulnerable. He has been diagnosed with PTSD, but it is the view of this report that his PTSD is not accessible to effective treatment whilst he is in his current situation or his present mental state.

It may be that treatment carried out in the present course of therapy may have longer-term positive effects, and D643 himself felt that the techniques for relaxation learned would be of benefit. However, for any treatment to be successful, D643 needs to be carried out in an environment where he feels secure about his future, where there is less to remind him of previous events and where his emotional needs, particularly in terms of his closeness to others, particularly his daughter, may be met more effectively.

Signature

Signed: Dr Owen Davis

Date: 20th June 2017

Cc: Tremont Midwest Solicitors

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Colonel A de P Gauvain (Retired),
Chairman, PTSD Resolution

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