

## **EVIDENCE FOR THE WELSH ASSEMBLY TALKING2MINDS**

Talking2minds has been at the forefront of therapy since June 2006, its programmes have included both members of the uniformed services veterans and civilians who have been in the mental health system presenting the symptoms associated with PTSD and other stress related problems.

This evidence is based on the following sources:

- Individuals applying for help from countries within the EU.
- The Sovereign Programme.
- The delivery of training to the civilian security sector.
- The delivery of training to regular units of the HM Forces.

All participants involved in the Sovereign Programme complete instruments to measure their current predicament with regard to the symptoms they are experiencing. These are recognised by both the World Health Organisation and the Military. They are Depression Anxiety and Stress Scale (DASS), PCL (Military) and General Health Questionnaire (GHQ) and are subject to Analysis Of Variance (ANOVA) in order to establish statistical significance. Participants actively share their stories with the team outlining their treatment to date its efficacy and areas for further improvement. This is considered to be qualitative data that is subjective and pertinent for evaluative purposes.

The estimated numbers who have received treatment and personal development programmes now exceeds 2000 personnel. We have detailed statistics for 84 personnel who have experienced the final version of the process we use called Synergy. This has been extensively trialled since its design and inception in 2005.

Based on the stories from those who attend, we can report the following:

We understand the mechanism for raising awareness is Trauma Risk Management (TRiM), however this is done on a voluntary basis and is avoided by some who fear they will be stigmatised and consequently alienated should anyone regard them unfit for role or duty.

Concerns have been raised that once people experience TRiM they have the problem of where to go with the resultant memories that are now fresh and require treatment.

The provisions made for families are not very effective and as the problems develop so does the impact experienced by the families of those who suffer.

The current treatment for Complex PTSD is a choice between Cognitive Behavioural Therapy, Eye Movement De-sensitisation Re-processing, Counselling and Drugs. These have proved to be ineffective for those whom we have treated often leading some to believe that they are left with PTSD for life and are incurable.

Having discussed the approaches with the lead organisations it is apparent that they do not monitor or gather statistical data regarding the efficacy of their programmes nor do they do anything to measure the long term behavioural changes that are resultant of attending. It is

understood that the NHS launched a number of pilot schemes aimed at Veterans but results are slow and those being released from these as being mentally fit are few in number.

It is known having consulted CAIS and other organisations involved in probation that the number of veterans reporting for help is increasing and is disproportionate large.

We have found that those who present alcohol dependency use this as a mechanism to escape from the symptoms associated with a deeper problem, which is usually a result of participating in military operations. Another area that appears to be prevalent is self-harm, which is also linked to similar exposures to these types of environments. We believe there is a co-relation that should be studied based on different instruments that allow deeper semantic questioning.

Re-settlement from the Armed Forces is deemed to be inadequate as it is only offered to those who have served over 6 years and mainly pays for accommodation. It has no mechanism for supporting service leavers who require remedial work. Those who do not serve for more than 6 years are returned to a civilian life when some of them will have completed up to three operational tours of duty and are in need of a period of secondary socialisation with an opportunity to resolve any problems that have arisen as a result of service.

The prison and probation service acknowledge that there is an increasing number of veterans who are getting involved in criminality which is mainly violence oriented and alcohol and drugs fuelled. The totals of ex military that are imprisoned or on probation are estimated at 12% of the overall prison and probation population which is mirrored by the numbers entering the services provided by probation.

The MOD and NHS are currently governed by the constraints of NICE, which often impedes them from considering alternative approaches. If we are to make any head way with what is an increasing problem there has to be a mechanism for filtering those who are getting results according to a recognised measurement allowing funding and developing partnerships that contain all of the elements of re-settlement and ongoing support.

T2M have recently worked in conjunction with Addiction and CAIS who are leaders within the field of treating addictions, they are now referring clients and CAIS have requested that a T2M model be trialled in their facility in North Wales early next year. It is this kind of co-operation that is required if other approaches are to be effective holistic and serve the needs of those who require support throughout their journey of getting well and re-integrating with civilian communities.

T2Ms' programmes are designed to offer the remedial elements required to ensure that problems are resolved before they get the opportunity to become embedded and complex in nature. Its approach is holistic measured statistically and designed for purpose. It offers ongoing support to all via a network that has commonality in terms of experience and shared adversity. The network has specially trained personnel who are trained to contain support and help those who experience further difficulties providing something that to present has been unavailable to the veteran who suffers from complex PTSD.

## Case Study A

Neil Loughborough.

I can only talk about my personal experiences of Talking 2 Minds.

My background is probably like many others here is a summary of my story.

I joined the Army in the 1990s as a medic in the RAMC. I had a fantastic time in the Armed forces but was medically discharged in 2000 with signs and symptoms of PTSD.

Since this discharge I received all kinds of treatments through both the voluntary and NHS. It was Combat stress that helped me get a firm diagnosis of PTSD and dissociative fugue states. However after spending just a week with Combat Stress where I had been subjected to reliving my traumas I was left high and dry. Combat Stress were unable to help me and felt that the time I had spent with them had been counterproductive. They had every best intention in the world and I thank them for their sincerity and their efforts but the result left me worse than when I had gone in. Now let me stress this again, I thank combat stress for the fact I came away with a firm diagnosis of PTSD which helped me through the benefits maze that I found myself in. After that the NHS, well some things are best not said.....lets just say they did not help, however in 2009 I was referred to a Trauma related therapy team, who I am still under. In June 2009 a DRM IV assessment was carried out and it scored 125, the DRM IV assessed the severity of PTSD. In plain English the score meant I was suffering from severe PTSD which was chronic.

In 2010 I asked if I could attend a Talking 2 Minds 4 day change program and I was accepted. The change program was different from all the other treatments I had been through, at the end of the course I was not left feeling worse than when I had started, but then again if you are like me you may also be aware how one feels when they have seen a good movie..walking out of the cinema like your favourite character , so.....regardless of how I felt I had already put structures in place. I had spoken to my therapist from the Trauma Stress service and asked him to independently assess the PTSD using the DRMIV scale. The day after the course it dropped 9 points. But my Therapist and I both knew that it would be the following months assessment which would show the real difference, and it did, it dropped to below 30 and has carried on dropping. And during those months my realization is that Talking2Minds equipped me with the tools I needed to deal with my PTSD. My latest  
DRM IV Scale reading is 24.

Talking2Minds have been there for me ever since, and if ever I need to talk to someone I just pick the phone up and its usually Bob Paxman I speak to. He and everyone from Talking 2 Minds have been absolutely fantastic and very supportive.

## Case Study B

Nick Smith

My mental health issues started in 1989 after a server injury that led me to have a major abdominal operation which left me with massive negative emotions. I spent time in Woolwich hospital mental health ward. I was told by my MO to pull myself together or I would be discharged from service. This forced me to hide my mental health issues and keep the pain and suffering within. To overcome the feelings of failure and negative emotions I trained physically to near exhaustion daily. I was on and off anti depressants from the date given above. I decided to push myself towards Military Intelligence career and went on a tri-service Special Forces course to occupy my mind. I withdrew myself after 7 weeks of the 9 week course as I found the trade training was making me very ill, I started to reverse the skills taught on myself for the rest of my military career and 3 years as a civilian. Total (13 years) ..I am not permitted to go into detail about the trade training as I am bound under the official secrets act (OSA). Due to the OSA I was unable to discuss my thoughts or condition with anyone including Medical Officers / Psychiatrist or my chain of command, so I gave false reasons for my mental health issues. When I became a civilian and close to completely loosing the plot I was invited to Combat Stress. It was whilst I was there I decided to purge myself of all I had gone through on the Military Intelligence course. Dr Busuttill's assessment indicated a diagnosis of emerging enduring personality change following exposure to catastrophe (ICD Code F62.0) and linked directly to my exposure / experience to military service. Though PTSD was not diagnosed per se at this time he did recognise that there were elements thereof and that treatment would follow the same lines as PTSD. I left Combat Stress after my 5 day assessment feeling suicidal and my wife was so concerned she got me to contact Combat Stress to ask if I could get back in as soon as possible to address all these raw memories. I was told this was a normal reaction and it was due to having my memories probed in detail on the 5 day assessment. I was also told that due to space and appointment turn around I wouldn't be able to return before a 6 months minimum. My GP put me on a higher dose of anti depressants and I got refereed for CBT at the local mental health hospital. After 20 plus sessions my condition became slightly reduced although I still had suicidal thoughts.

I went on the Talking2Minds practitioners course in Wales and felt completely at peace by the end of the second day. I made a judgement call to continue to take my medication at this stage. However, I went on change course in Cornwall 5 months later and whilst on that course I decided to come off my medication, I continue to be clean of all medication and feel

myself getting stronger daily. I am happy to say I am now in complete control of my own life for the first time in over 21 years.

## Case Study C

Bob Paxman

This is a short biography of a PTSD sufferer from the UK and an overview of the charity he went on to establish, talking2minds.

My journey through PTSD began some years ago and with hindsight first became noticeable whilst I was serving in the military. I joined the army in my late twenties and rapidly became bored with the whole setup and decided to go for SAS selection. I managed to pass first time and spent several years working in high pressure hostile environments in 9 Troop B Squadron 22 SAS.

After a period of time and several injuries later I finally decided to move on and do something where I had more choice and freedom. Within several months I had left the military and was working as a Non Governmental Military Advisor in Africa. This is where my PTSD started to evolve into an uncontrollable beast.

My first marriage fell apart; I walked out of the relationship and disappeared into the African Bush for several years leaving loved ones thinking that I had been killed or worse.

Although my behaviour and mental state was deteriorating I found a partner who could see that there was a reason for my aggressive exterior and that there was a gentler human being underneath struggling to get out. After several years of managing my state my new partner managed to get me to realise that there was something quite wrong with my behaviours and that there may well be an underlying problem. By this time I was working in Iraq as a Security Adviser in a senior management role. In around 2004 I approached the NHS for help and was passed from pillar to post as there was little knowledge of existing treatments or providers. I met many likeminded sufferers along the way and eventually was taken into a well known UK charity (Combat Stress) that provides respite for former military sufferers of stress related disorders. Over a period of around 2 years I financed my own treatment undergoing several forms of therapy including CBT, EMDR, Psychotherapy and counselling that had no positive effect and all resulted in a deterioration of my condition.

It quickly became apparent that there is little or no treatment that is designed for PTSD or severe stress related conditions. There are lots of very caring people and organisations offering help with the highest of intentions as well as the sharks who want to prey on the weak for their own personal gain.

I completely lost the proverbial 'plot' after spending 2 weeks in the care of Combat stress as they insisted on dragging out traumatic memories. When they told me I would have to 'face up to facts and take the drugs' I decided to change tack and carry out my own research to save my mind.

Along my journey I looked into many kinds of therapy and suggestions of how to manage my state. All well and good for someone to tell you what to do when they haven't experienced the living hell and the pits of madness themselves.



connect with their memories. Not for those that are AD. It can work with very visual people over time.

EFT / TFT	Uses acupressure on certain areas allowing certain energy movement around the chakras. The key to this discipline is Meta Modelling and identifying the correct Gestalt /what memories.
Counselling	Non directive i.e. no interventions
Psychotherapy	Non Directive i.e. no interventions

With these therapies and others they use an extropective approach that encourages the change to happen on the outside. Our Synergy programme uses an introspective approach that has the client search for the changes to be made on the inside and this is achieved by connecting with the client's model of the world. Many existing systems are deployed over long periods of time and may even form dependencies as they don't completely remove or reframe the trauma. This in a financial context leaves the client suffering for years or for life which equates to vast sums of money and ties up therapeutic resources. In UK the NHS is struggling to cope, as time goes on the problem will worsen to astronomical proportions unless it is checked. Since the Falklands conflict we now have in the region of 100,000 former military that are suffering from severe stress related disorders. This only takes into account those who have been identified and diagnosed. There are thousands that suffer in silence until things go terribly wrong for them. The civilian population suffering from severe stress related disorders is in the 100's of thousands. The problem in the United States is reported to be even bigger.

We know from experience that the root cause of a trauma is not the memory of the trauma itself; instead it is the emotions that are connected to that trauma that makes it disturbing. Unhook the emotions and all that is left is a memory. We go back to root cause with the client, identify the first time that they experienced an emotion and assist them quickly to understand and neutralise that emotion. The key to this phase is identifying the correct Gestalt with Meta Modelling and using the correct intervention to facilitate change.

Talking2minds also has an internet based product that assists us to lead those into therapy that have severe aversion problems and oppressively low esteem that can be deployed by telephone, email, skype and face to face. Our 4 day courses not only reframe the client's model of the world, it allows the client's self esteem to be re-built and it allows for goal setting which installs direction and purpose which has invariably been lost due to the illness.

Post course the palliative care aspect for the client incorporates the new networks that have been established with other clients as well as the Practitioners. A high proportion of the clients come back to train in our system or go on to achieve fantastic results in their own lives.

We have been asked if the changes are permanent. Our answer is yes, with the following caveat. From based on our research, it is quite possible for a client to be re traumatised

should they re immerse themselves in a hostile environment or endure a further traumatic event although to date this has not been the case. We have clients that are still serving in the military and still work in hostile environments. Not one has come back to us re traumatised. Once the client has been through the course they are able to make sense of what situations they become involved with. As for my journey through this process I have managed to work for several years in African War Zones and Iraq for over 5 years whilst still suffering from PTSD. During the latter stages of my employment in Iraq and after having treatment some 3 years ago I have found it easy to fully comprehend the hostilities in which I have subsequently experienced without further negative reaction. Looking at the numbers that are coming to talking2minds that have been through the myriad of therapies available without any degree of long term success, the talking2minds Synergy system speaks for itself. The clients leave us having rewired themselves and become active and productive members of the community.

We now statistically analyse all our client outcomes which are externally validated to ensure the efficacy of our programme by using recognised instruments and recognised scientific methods that tell us that the client is getting well along with the clients feedback telling us that they are getting well.

Talking2minds has its own governing body that has teeth and we have strict rules and regulations to ensure that the brand is not watered down or taken advantage of at the detriment of the client.

By running a 'Veterans helping Veterans' or 'like helping like' approach it assists us to build that extra little bit of rapport with the client or the clients family member that may be suffering by proxy. By allowing veterans, and others that have suffered, either directly with a severe stress related disorder or by proxy, to train in our system and operate under our umbrella, we are expanding exponentially each time a course is run. We regulate the quality of Practitioner as all therapeutic programmes are run by a validated trainer who oversees Master Practitioners and Practitioners alike.

