

██████████ Psy. D. Georgia-LLC
Licensed Psychologist

If going to asylum officer at affirmative stage:

ASYLUM OFFICER, ARLINGTON ASYLUM OFFICE
In the Matter of Mr. X Respondent

If referred to judge:

THE BUREAU OF CITIZENSHIP AND IMMIGRATION DEPARTMENT OF HOMELAND SECURITY OFFICE OF THE IMMIGRATION JUDGE ATLANTA, GEORGIA	
In the matter of Mr. X Respondent	A#: Judge _____

AFFIDAVIT OF ██████████, PSY.D

I, ██████████, having been duly sworn, do hereby state as follows:

QUALIFICATIONS

1. I am a licensed clinical psychologist and currently conduct trainings and, provide consultation and therapy at the newly developed Center for the Treatment of Torture Survivors (CTTS) in the Dekalb Board of Health in Decatur, Georgia. Previously, I was a clinical trainer with the Marjorie Kovler Center for the Treatment of Survivors of Torture in Chicago, Illinois which has provided comprehensive services to more than 1300 survivors of officially sanctioned torture from 70 countries.

2. I have a doctorate in clinical psychology from the ██████████. I have been affiliated with CTTS since the center opened in February of 2005. I was employed with the Kovler Center beginning November 2003 and have been affiliated with the center and treating torture survivors since 1999. I have extensive experience working with trauma survivors including domestic violence, sexual assault, war trauma, and chronic illness. I have attached my curriculum vitae to his affidavit as exhibit A.

BACKGROUND INFORMATION

Mr. X was referred to me by the Atlanta Asylum Network to assess his current psychological functioning on January 20, 2005. Mr. X and I met on the following dates: March 10th, 2005 and March 17th, 2005 totaling approximately four hours. The assessment included a diagnostic interview, mental status exam, and the administration of the following standardized questionnaires: Hopkins Symptom Checklist, The Trauma Symptom Inventory, and The Impact of Event Scale.

I have reviewed Mr. X's declaration in support of his asylum petition and find it to be consistent with the events he described in his meetings with me.

3. It is my professional opinion that Mr. X's severe symptoms developed after, and are the result of psychological trauma he endured in his native country of X beginning at age 17, as a result of his political activities and to stressors he endured upon his arrival in the United States as more fully described in his declaration, including but not limited to:
 - Persistent intimidation and threats while participating in student discussions, rallies, and distributing political material
 - Death threats via telephone and letters
 - Beaten unconscious, arrested, and imprisoned for 27 days
 - While imprisoned, exposed to poor, dark, cramped living conditions with little food or water or access to medical assistance
 - Interrogated, beaten, and forced to perform sexual acts
 - Forced exile and separation on part of himself to save his life and that of his family

DIAGNOSIS

4. Mr. X's symptom presentation and history are entirely consistent with the diagnosis of Post Traumatic Stress Disorder (PTSD), as stipulated in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), which is characterized by:

The development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or this threat to one's physical integrity; or witnessing an event that involves death, injury, or threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or another close associate.

5. The principal features of PTSD are: (1) painful re-experiencing of a traumatic event meeting the above criteria; (2) a pattern of emotional numbing and avoidance behavior in regard to the event; and (3) persistent hyper arousal. All of these features are present in Mr. X's current psychological state. He also suffers from the following associated features of PTSD: (1) chronic depression, (2) chronic anxiety and, (3) low self-esteem and self-blame.
6. The diagnostic criterion for the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition was used to determine his diagnosis. I have attached a copy of these criteria to his affidavit as exhibit B and the Global Assessment of Functioning Scale (Axis V) as exhibit C.

Axis I:	309.81 296.32	Post Traumatic Stress Disorder, Chronic Major Depressive Disorder, Recurrent, Moderate
Axis II:	V71.09	No Diagnosis
Axis III:		No diagnosis
Axis IV:		Severe stressors: Torture, exile
Axis V:		GAF=60 (current), moderate

ASSESSMENT

7. Mr. X initially presented himself as a composed and intelligent young man. As he began to talk about his experiences, he was tearful at times but was able to speak through his tears. Upon his arrival in the US, he reported that he was hopeful that he would feel safe but has remained in constant fear for himself and his family if he was forced to return to X country. Over the course of our meetings, he described his own physical and emotional response to the repeated threats on his and that of his families' lives, his arrest, his imprisonment, and exile to the US. He also indicated that he tries to remain hopeful by thinking about his family, and while he has a strong desire to forget the past, he cannot get the memories out of his mind.
8. The fundamental dynamic of PTSD is a cycle of re-experiencing the trauma, followed by avoidance or repression of the traumatic memories and numbing of emotions. Though approximately one year has passed since Mr. X reports fleeing his country, he continues to re-experience his trauma in several characteristic ways.
9. Mr. X reported re-experiencing his trauma through intrusive thoughts and memories of his experiences and nightmares with traumatic content. He described having flashbacks (sudden, vivid, absorbing memories that are

accompanied by loss of contact with the present reality) that were related to his experiences of being beaten and sexually molested. These flashbacks have been frequent since his arrival in U.S. For instance, during a flashback he experiences the painful and frightening sensation that he is being beaten by armed police officers. In his nightmares, he sees the blood on his father's face and hears his cries for help. Consequently, his memories and thoughts interfere with his ability to sleep and function throughout the day.

10. Along with the symptoms of re-experiencing the trauma, Mr. X also described attempts to avoid memories of his trauma or reminders of it. He describes distracting himself with watching television as well as trying not to talk about his trauma. He also avoids stimuli associated with his trauma including media images portraying violence, especially physical. In addition to these efforts of avoidance, Mr. X has described a restricted social life, focusing on the future, and trying to remove these distressing events from his memory. Persistent efforts to avoid thoughts and feelings associated with traumatic material are commonly found among torture survivors.
11. Mr. X has reported a range of symptoms of increased arousal, such as decreased concentration, hypervigilance, and sleep disturbance. He described suffering from insomnia, usually taking four to five hours to fall asleep. He also described when able to sleep, he experienced easy awakenings, usually from a distressing dream with traumatic content, followed by difficulty returning to sleep. For example, he is often awakened by fearful images of his and his fathers' beatings by police officers at the time of their arrest. Consequently, when he is outside by himself or with others, he is hypervigilant and experiences a heightened sense of his surroundings based on his persistent expectations of danger, especially when he sees people in uniform.
12. As a result of his severe trauma and loss, Mr. X has experienced symptoms of depression including: feelings of sadness, despair, low energy, social withdrawal and loneliness, a sense of worthlessness, excessive worry, appetite disturbance, self-blame, and loss of interest in usual activities. He described that on a bad day; "he isolates himself at home and feels fearful" Since his arrival in the US, he reported that he has lost 8 pounds due to decreased appetite. He described how his sadness intensifies when he thinks about his family including his mother, the unknown fate of his father, and his traumatic experiences and current situation. He also described blaming himself for what happened and not being able to protect himself or his family. Additionally, during the interview, he became tearful and then fell silent with shame after describing how he was molested by female guards. His sense of shame and guilt is common among survivors of trauma, including physical and sexual abuse, rape, and torture.

13. Consistent with depressive symptoms, Mr. X described having thoughts of wanting to end his life on a weekly basis. He reported that when he feels hopeless about his situation, these thoughts intensify, and he has thoughts of taking medication and hoping that he will not wake up. While his suicidal thoughts have persisted since his arrival in the U.S., he indicated that thoughts of his mother sustain his will to live.
14. Mr. X reports prominent symptoms of anxiety including: feeling fearful, excessive worry, restlessness, increased heart rate, tension, chest pain, difficulty breathing, dizziness, and sleep disturbance. He describes experiencing high levels of psychological and physiological distress when exposed to external stimuli such as media images portraying army officers that trigger traumatic memories. He also reported a persistent fear of deportation and feeling panic for fear of being caught, captured, or killed.
15. In addition to psychological symptoms, Mr. X reported physical complaints that he believes are a result of his physical and psychological trauma. He described persistent abdominal pain, intermittent headaches, gastrointestinal disturbance, and a burning sensation in his feet. He also reported that he experiences intermittent nausea, dizziness, and weakness especially when stressed or feeling fearful.
16. I find Mr. X's claim of past persecution credible, based on the consistency of his description of traumatic events, description of details regarding his experience including dates and places associated with his persecution, as well as his symptoms that are characteristic of individuals who have suffered severe trauma.

SUMMARY AND RECOMMENDATIONS

17. In conclusion, Mr. X has described a level of functioning and configuration of symptoms that are consistent with the diagnosis of Post Traumatic Stress Disorder. The emotional and cognitive experiences that he describes, as reported above, have resulted in significant impairment that has interfered with his ability to feel safe, and to function at his most optimal level.
18. Treatment recommendations are as follows:
 - Psychiatric treatment to assist in alleviating symptoms of depression including suicidal ideation, anxiety, and disturbed sleep.
 - Individual psychotherapy that will provide him with the opportunity to develop a trusting relationship with a therapist who has a specialty in the treatment of severe trauma.

- Ongoing medical evaluation of physical complaints with a treating physician.

19. The symptomatic pattern of PTSD that Mr. X exhibits can be understood as a “normal” response to an extremely psychologically disruptive set of circumstances. In order to recover from his trauma, he needs to remain in a safe and non-threatening environment with a supportive social network that understands the trauma he has survived. Returning to X would thrust him back into an emotionally hostile environment with multiple triggers that would place him at an extremely high risk for a relapse of severe psychological symptoms. In addition to the psychological threat to his well being, Mr. X believes there is a physical threat to his life and his family’s if he were to return to X. Should Mr. X remain in the U.S., however, his prognosis is good, as he appears to be resilient, hardworking, and determined to heal.

Furthis affiant sayeth not.

_____, Psy. D.
Georgia License # _____

Notary Public

Subscribed and sworn before me his ___ day of .