
AFFIDAVIT OF CAROLINE DILLON-CAPPS

I, Caroline Dillon-Capps, being over the age of eighteen (18), competent to testify, and having personal knowledge of the facts stated herein, declare as follows:

I INTRODUCTION AND PURPOSE OF AFFIDAVIT

SUMMARY OF AFFIDAVIT'S PURPOSE AND SCOPE

1 This affidavit provides a professional summary of general trauma-related behavioral patterns based on established sources, including the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5). It includes descriptions of observed trauma responses and general criteria for identifying these behaviors.

AFFIANT'S BACKGROUND AND QUALIFICATIONS

2 I am Caroline Dillon-Capps, a licensed clinical social worker (LCSW-C) in Maryland, holding license #23862. My training includes a Master's degree in social work from the University of Maryland, School of Social Work, where I completed internships at Change Health Systems and The House of Ruth. After graduating in 2018, I joined FutureCare and later began practicing outpatient therapy at Brighter Future Counseling, LLC, where I have been since May 2019. I have 8 years of experience in outpatient therapy, treating clients with a range of diagnoses including Major Depressive Disorder, Generalized Anxiety Disorder, and Post-Traumatic Stress Disorder.

ETHICAL LIMITATIONS AND OBSERVATIONAL PURPOSE

3 In accordance with the NASW Code of Ethics, specifically section 1.06 on Avoiding Conflicts of Interest and 1.06(c) on Dual Relationships, I am prohibited from diagnosing or clinically treating my husband, Ryan Dillon-Capps. Therefore, this affidavit does not contain a clinical diagnosis or treatment plan. However, as a qualified mental health professional, I have observed concerning changes in his mental health beginning in late May, with symptoms worsening significantly on the evening of June 17th.

Among the symptoms observed, several align with *malignant catatonia*, which is recognized as a medical emergency requiring immediate intervention. This affidavit objectively presents these observations to highlight the urgent need for evaluation and treatment by appropriate medical professionals.

II OBSERVATIONS OF HARM AND SYMPTOM PROGRESSION

MENTAL HEALTH DECLINE AND ITS IMPACT

4 Over the past five months, I have observed a significant decline in Ryan's mental health, marked by increasingly severe, frequent, and prolonged episodes. These episodes have affected both of us profoundly, though in different ways. Witnessing my husband suffer visible mental anguish has been heartbreaking and deeply challenging.

NEED FOR CONSTANT VIGILANCE AND SUPPORT

5 There are times when I am afraid to leave Ryan alone, uncertain when the next episode might occur. When episodes happen, I often stay by his side until they pass, and I have reduced my work hours to ensure I am available to support him. Each day, I live "on alert," not knowing if or when another episode will strike.

SEVERE PANIC ATTACK EPISODES

6 During severe panic attacks—which can last for hours—Ryan becomes unresponsive to external stimuli. He exhibits signs of psychomotor inhibition, dissociation, freezing, body rigidity, and erratic breathing patterns. These episodes disrupt our lives and add significant emotional strain to both of us.

EMOTIONAL AND PHYSICAL TOLL ON AFFIANT

7 The emotional toll of witnessing these episodes is profound. Watching him experience such intense distress is painful, and the day after each episode, I often feel emotionally drained, making it

difficult to remain focused at work. I find myself constantly on edge and fatigued, struggling to maintain my own well-being.

ALTERED MENTAL STATES AND DELIRIUM

8 In addition to panic attacks, I have observed Ryan in altered mental states that resemble delirium and acute disorientation, lasting for hours. While he usually recognizes himself and me as his spouse, he often appears confused about time and place, even asking me once what year it was. During these episodes, he displays repetitive speech patterns, circular reasoning, and an exaggerated or caricatured manner that is noticeably different from his usual behavior.

SKIN PICKING AND PHYSICAL SIGNS OF STRESS

9 Ryan has also shown signs of excoriation (skin picking), which we have documented in photographs. He has developed scabs and scars from repeatedly picking at his skin, especially during periods of high stress. This behavior has worsened over time, with marks on his chest, stomach, arms, and shoulders. I frequently need to physically intervene to stop him from causing further harm.

III PERSONAL IMPACT ON AFFIANT

OBSERVING EXCORIATION AND PHYSICAL SELF-HARM

10 My husband has developed signs of excoriation, commonly known as skin-picking, which we have documented in pictures. He has visible scabs and scars on his chest, stomach, arms, and shoulders from frequent skin-picking, especially during periods of heightened stress. I often find myself needing to physically stop him from picking and digging at his skin, worried about the increasing risk of infection and other health complications. I've applied bandages to help heal his skin and prevent further damage, but these measures are only partially effective.

CONSTANT WORRY AND CAREGIVER ROLE

11 Watching him struggle with this self-harming behavior has been difficult and deeply concerning. I worry about infections, overall health deterioration, and the toll this behavior is taking on his body. My role as his caregiver has intensified, as I frequently intervene to provide support and protection, all while managing my own fears and concerns for his health.

IMPACT ON SLEEP AND BASIC NEEDS

12 Over time, I have watched Ryan's sleep diminish to minimal hours. Without my presence and reminders, he would likely go without sleep or food, neglecting basic human needs. I am genuinely concerned that if I weren't here, Ryan might forget to care for himself entirely, as he seems to overlook these needs in favor of his focus on other matters.

IV RYAN'S ROLE AS A LIFELINE TO OTHERS

RYAN AS A LIFELINE FOR OTHERS

13 Ryan has always been the person that others turn to in their darkest moments—a steady and reliable presence when no one else is there. Whether it's family, friends, or even strangers, Ryan steps in without hesitation, offering nonjudgmental support and practical assistance. His calm demeanor and empathetic nature make him a trusted figure who can provide stability and hope, even in the direst situations.

RYAN'S BROADER COMMITMENT TO CHANGE

14 Beyond the individual lives he touches, Ryan is dedicated to making a positive difference on a larger scale. He is working to set a legal precedent that could reduce harmful, fraudulent litigation that is often used to exploit and oppress others. Despite his personal challenges, he remains focused on this broader mission, often telling me, "I'll be fine; I just have to live long enough to get treatment." His resilience and sense of purpose are unwavering, even as his health continues to decline.

RYAN'S SELFLESSNESS AND DEDICATION

15 Ryan's focus has never been on himself. Rather than dwelling on the risks to his own well-being, he is driven by a commitment to shield others from harm and uphold the values he believes in. His quiet strength, empathy, and determination make him a lifeline, not only for those who know him but also for the principles he fights for.

PERSONAL FEAR AND CONCERN FOR RYAN'S HEALTH

16 While Ryan constantly worries about me and others, I am deeply concerned for him. Over the past months, I've watched him deteriorate, knowing he needs medical intervention to regain stability and health. Ryan recognizes this too, but his dedication to helping others keeps him pushing forward, often at the expense of his own well-being. I trust and support him unconditionally, yet I fear losing my husband to this overwhelming situation. We lack the time and resources to get him the urgent care he needs, and though he does this work with others in mind, I am increasingly worried about the toll it's taking on him.

V PROFESSIONAL OPINION ON INTERVENTION NEED:

OBSERVATIONS AND NEED FOR IMMEDIATE INTERVENTION

17 My professional observations align with my husband's concerns regarding symptoms that may indicate malignant catatonia, although neither of us is in a position to formally diagnose him. Based on my expertise, these symptoms strongly suggest a trauma-based response requiring urgent and critical intervention. Established diagnostic standards, as well as my own observations, indicate that these symptoms are likely to persist and worsen without comprehensive evaluation and prompt treatment.

RISKS OF DELAYED INTERVENTION

18 Delays in obtaining necessary care could lead to significant complications, including more frequent episodes, intensified experiences of depersonalization, derealization, and other dissociative

phenomena. Without timely intervention, his condition may become increasingly resistant to treatment, potentially necessitating long-term therapy or inpatient care and heightening the risk of severe, life-threatening consequences. To clarify the diagnosis and prognosis, we must seek psychiatric healthcare providers who specialize in trauma and neuropsychiatric disorders

DECLARATION OF AFFIRMATION

I solemnly declare and affirm under penalty of perjury, based on my personal knowledge, that the contents of the foregoing affidavit and all accompanying exhibits are true and correct to the best of my knowledge.

December 17, 2024

/s/ Caroline Dillon-Capps

Caroline Dillon-Capps, LCSW-C
Maryland License #23862



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Essex, Maryland 21221
caroline@mxt3.com
813-694-0598

Affidavit of Caroline Dillon

Exhibit A

Resume

CAROLINE DILLON

Essex, Maryland

813-694-0598

cdillon@brighterfuturecounseling.net

Obtain my LCSW-C license to further assist clients gain new insight and overcome obstacles clients are facing to promote healthy and productive living.

EXPERIENCE

MAY 2019- CURRENT

OUTPATIENT THERAPIST, BRIGHTER FUTURE COUNSELING

- Complete psychosocial intake to assess history of mental health; mood disorders; social supports community supports; and family history to formulate a diagnostic impression for treatment
- Collaborate with clients to create an individualized treatment plan to complete goals of therapy
- Provide psychotherapy through evidence-based modalities across multiple mental health and mood disorder diagnoses; including but not limited to, ADHD; PTSD and CPTSD Major Depressive Disorder; Generalized Anxiety Disorder; Bipolar Disorder; substance abuse
- Assist clients with problem solving through, psychoeducation, modeling, coping strategies and behavior modification for overall well being

JUNE 2020- APRIL 2022

OUTPATIENT THERAPIST, PARKER PSYCHIATRIC SERVICES

- Complete psychosocial intake to assess history of mental health; mood disorders; social supports community supports; and family history to formulate a diagnostic impression for treatment
- Collaborate with clients to create an individualized treatment plan to complete goals of therapy
- Provide psychotherapy through evidence-based modalities across multiple mental health and mood disorder diagnoses; including but not limited to, ADHD; PTSD and CPTSD Major Depressive Disorder; Generalized Anxiety Disorder; Bipolar Disorder; substance abuse
- Assist clients with problem solving through, psychoeducation, modeling, coping strategies and behavior modification for overall well being

MAY 2018- NOV 2020

SOCIAL WORKER, LMSW, FUTURECARE-SANDTOWN

- Complete Biopsychosocial Assessment Intakes to assess history of mental health; mood disorders; social supports; community supports; and family history to formulate a diagnostic impression for treatment
- Complete PHQ-9 and other assessments to discuss mood disorders
- Complete BIMS assessment to assess for cognitive impairments
- Collaborate with patients; families; and caregivers to create an individual treatment plan for both inside the facility and once back in the community

- Provide psychotherapy through evidenced-based modalities across multiple mental health and mood disorders; including but not limited to, ADHD; Major Depressive Disorder; Generalized Anxiety disorder; Grief Work; PTSD; CPSTD; substance abuse; and Bipolar Disorder
- Provide Psychotherapy for Adjustment; and grief work; in overall health outcomes; ADL's and IADL's and to assist patients; families; and caregivers with finding ways to cope with these changes and assist patients with building coping skills and self-care strategies
- Collaborate with patients; families; and caregivers to build an individualized discharge plan to the community; including, but not limited to Mental health resources; housing resources; social supports; community resources; and substance abuse resources

EDUCATION

MAY 2018

MASTERS OF SOCIAL WORK, UNIVERSITY OF MARYLAND

Obtained LMSW 06//04/2018- License number 23862

NOV 2013

BA PSYCHOLOGY DEGREE, ARGOSY