

DRAFT

December 11, 2014

Attorney
address
Oklahoma zip

Re: Clinical Drug , Alcohol and Anger Management Assessment for Tyler Loman
DOB: 07/09/1989

Dear Mr. [REDACTED]:

I performed a Clinical Alcohol, Drug and Anger Management Assessment for Mr. Loman in reference to his pending improper discharge of a firearm in Pottawatomie County.

Arrest Incident: Mr. Loman shared with me that in July of the present year, he was assaulted by an individual he knew from high school. He said that he did begin to fear for his life and therefore drew his concealed weapon (is a CCW permit holder) into the ground as a warning shot to deter the attacker. The attacker fled and Mr. Loman called the police. When they arrived he was arrested for improper discharge of his firearm. There were no witnesses present to observe this incident.

This assessment included the administration of the following items:

- a Michigan Alcohol Screening Test (MAST),
- a Drug Abuse Screening Test (DAST),
- an anxiety/depression screening,
- a self-reporting anger control screening
- a 60 minute clinical interview by telephone

The following report provides a summary of the screening results, my diagnostic opinion and professional recommendations:

MAST: score = 0 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use

DAST: score = 0 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use

DSM/Other Substance Use Related Concerns: denies subtle indicators of problem alcohol use including mild hangovers, mild memory loss after use, repeat use to relieve emotional or work stress, previous treatment, conflict with significant others during or shortly after use of alcohol, guilt or regret associated with use

Anger Control Screening: score = 24 / *NEGATIVE SCREEN*, scores below 35 indicate normal range internal reactions and subsequent behaviors in response to frustrating or angering circumstances

Anxiety/Depression Screening: no clinically significant concerns reported
Substance Related Legal History Reported: denies any previous history of alcohol or substance related arrests/legal charges (Tyler – I suggest you consult with your attorney about whether or not it is necessary to report the “public intoxication” at age 21 – at this point we don’t even know if you were charged or if there is any legal record of it. I can modify accordingly once you know the answer to this question. Perhaps you could also find this information online at the county municipal court website where it occurred)

Clinical Interview/Summary:

ALCOHOL – Mr. Loman’s written screening results provided no indications of an alcohol use disorder at any level (mild, moderate, severe). He reported his normal use of alcohol as consumption of 1-2 drinks (beer) on 0-1 occasion per week. He denied using alcohol beverages during prior to the incident that lead to his arrest and there was no request by the officer for a chemical test. Mr. Loman’s interview did not reveal discrepancies, defensiveness or contradictions that created suspicion of his concealing problem symptoms or minimized reporting of how much or how often he consumes alcohol.

ILLICIT DRUGS – Mr. Loman’s written screenings for illicit substance use provided no indications of problems with illicit drug use. He does not use prescription medicine and reports good physical health and fulfilling and gainful employment as an experienced water driller. As with alcohol I did not find Mr. Loman creating impressions that he was concealing information about drug use of any kind.

ABILITY TO SELF-MANAGE ANGER - Mr. Loman’s written screening for anger control revealed normal range responses to everyday frustrations experienced by most people. The interview did not raise concern that he has a clinical or relational condition involving anger control. Mr. Loman and I discussed the incident leading up to his arrest at length. I did not get the clinical impression that Loman was omitting significant information or displaying any ongoing hostility towards this individual. He did not demean the other person in our conversation in any way or show any verbal signs that he had plans to retaliate for the attack.

SUMMARY - My interview with Mr. Loman was extensive. I found him to be quite articulate about his internal beliefs and thought processes. He also made a notable impression on me as an individual who is “mature beyond his years”. When I inquired about this impression, it lead to a discussion about how his parents raised him; to appreciate the value of hard work, the importance of cooperating with others at work and home but also the importance of being assertive when danger was present. Mr. Loman talked about how he has to assert himself with workers he trains to use dangerous well drilling equipment.

I am of the opinion, to a reasonable degree of clinical certainty, that Mr. Loman does not meet criteria for a DSM 5 alcohol use disorder, drug use disorder or impulse control disorder (anger related diagnoses) of any kind.

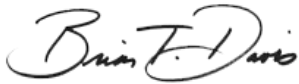
DSM 5 DIAGNOSIS in reference to substance use or impulse control (anger):

V 71.09 (none found)

Treatment Recommendations: Since I was unable to find a disorder in the areas assessed I have no further professional recommendations for Mr. Loman at this time. If the court possesses information that suggests Mr. Loman did not disclose details and history pertinent to my evaluation I am available and happy to review any such information and revise my assessment as appropriate.

Thank you for the opportunity to assist the court, Mr. Loman and yourself in this important matter.

Sincerely,



Brian Davis, LISW-S, SAP
cc: Tyler Loman

Prohibition Against Re-Disclosure: This information has been disclosed to you from records protected by Federal Confidentiality rules. The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client. Drug abuse patient records are also protected under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.R.R parts 160 & 165. (These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.)

Diagnostic Conclusions / Limitations: Directions Counseling Group provides Clinical Assessments based on objective and standardized screenings and interviewing methods as well as self- reported information. Clinical conclusions are made to the best of the professional's ability with data on hand at the time of the assessment. Expanded assessments which involve additional background research, collateral information and third party verification can be provided as an additional service upon request.