

November 15, 2016

Becky Moffet, PO  
Licking County Adult Probation  
40 West Main Street  
Newark, Ohio 43055

**Re: Clinical Anger Management and Substance Use Evaluation for Joseph Kulik (DOB – 11/22/1966)**

Dear Ms. Moffet:

I performed a Clinical Anger Management and Substance Use Evaluation for Mr. Kulik as requested by the court in regard to his disorderly conduct charge in Licking County. This assessment included an 80-minute clinical interview, and the administration of:

- Quick PsychoAffective Symptoms Scan (QPASS)
- Beck Depression Inventory-2 (BDI-II)
- Anger Control Questionnaire
- Anger Management Assessment Short Form (AMA-SF)
- PROMIS Emotional Distress Anger Short Form
- Substance Abuse Subtle Screening Inventory (SASSI-3)
- Michigan Alcohol Screening Test (MAST)
- Drug Abuse Screening Test (DAST)

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

**QPASS**

Emotional Temperature Form: results for depression, anxiety, and anger fell within the mild category of severity (a subclinical category);

Subscale Analysis Form:

- subscales for depression indicated a severe problem with dysphoria, unsustained effort, negative cognitions and anhedonia; scores did not reveal any problem with fatigue;
- subscales for anxiety did not indicate a problem with interpersonal anxiety, apprehension or physiological arousal;
- subscales for anger did not indicate a problem with angry mood, resentment, internalized anger, indignation, verbal or physical expression of anger;

Clinical Profile Form: screening did not indicate traits or difficulties with psychoticism, obsessive compulsive difficulties nor phobic avoidance; screening did not indicate homicidal ideation or suicidal ideation;

**BDI-II:** score =2; screening indicated mild depressive symptoms;

**Anger Control Questionnaire:** score = 27; scores between “20-50” indicate normal range of anger control; does not typically indicate need for clinical interventions

**AMA-SF:** score = 18; scores between 0-39 indicate none to mild clinical concern regarding anger;

**PROMIS Anger SF:** t score = 41.3; t scores of less than 50.0 indicate none to slight concern regarding anger;

**SASSI-3:** scores indicated an overall *low probability* of a moderate to severe substance use disorder diagnosis; screening was valid and covered a lifetime frame of reference;

**MAST:** score = 9/ *POSITIVE SCREEN*; direct and indirect indication of problem alcohol use, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

**AUDIT:** score =13 / *POSITIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 15 or more in men indicate *moderate to severe* disorder present, mitigate concerns with clinical recommendations (screen relative to use of alcohol within the past 24 months)

**Alcohol Use Risk Factors:**

- ☒ legal history – prior alcohol-related legal charges in 1987, 1998 (.18 BAC) and 2006 (.16 BAC)
- ☒ severity of incident – verbal/physical altercation with spouse
- ☐ anxiety/depression/mental health – NA
- ☐ general health issues – NA
- ☐ exposure to trauma – NA
- ☐ use of liquor – NA
- ☐ illicit substance use – NA
- ☐ contraindicated prescription use – NA
- ☒ family history – severe family history of problem substance use
- ☐ prior treatment history – NA
- ☒ negative peer influence – NA
- ☐ at-risk work environment – coworkers engage in illicit substance use
- ☒ current stress (relational, work, etc.) – moderate to high relational distress

Summary - 5 of 13 concerns, mitigate concern with clinical recommendations

**Anger Risk Factors:**

- ☒ low frustration/distress tolerance – self-reported
- ☐ judgmental and critical reactions – NA
- ☐ perfectionism toward self or others – NA
- ☐ all or nothing / “black or white” thinking – NA
- ☐ possessiveness in behavior toward others – NA
- ☒ significant difficulties in communication – difficulties in communication with family members
- ☐ punitive behavior toward others / receiving punitive behavior as a child – NA
- ☒ history of substance use or other addictive behavior – NA

- ☐ use of anger to feel powerful or in control – none reported
- ☐ prior anger-related counseling – NA
- ☒ current stress (relational, work, etc.) – relational distress; 6, on 1-10 scale (10 = max)

Summary - 4 of 11 concerns, mitigate concern with clinical recommendations

**Clinical Interview/Summary:**

Mr. Kulik's written screenings did not provide indications of clinically significant impairment due to anxious and depressive symptoms. His written screenings provided minimal indications of clinically significant impairment due to anger which is likely to be exacerbated by his use of alcohol. Mr. Kulik and I discussed the interpersonal incident that led to this evaluation at length along with an extensive review of his medical history as well as his occupational, interpersonal/familial, social, and recreational functioning over the past three years.

Mr. Kulik's clinical interview revealed clinically significant impairment to his interpersonal functioning because of difficulties with adaptively responding to his feelings of anger and his use of alcohol. Mr. Kulik reported his typical use of alcohol over the past two years as 6-8 drinks on 1-2 occasions per month. He acknowledged that his use may increase an additional 1-2 beers on special occasions which occur on 2-3 occasions per year. Mr. Shaner acknowledged that his coping skills for negative emotions, including anger, revolves primarily around the use of alcohol while listening to music. He also appears to have anger outbursts monthly which appear to be affected by his distressing relationship with his spouse and the historical context of their relationship.

Overall Mr. Kulik meets DSM-5 criteria for a mild alcohol use disorder and shows ongoing difficulty in his relationship with his spouse. Additionally, his current coping skills for managing his anger appear to be workable only on a sporadic basis. I am recommending that he engage in individual counseling to address the above concerns. If his spouse is willing, it is also highly advisable that they engage in couples' counseling.

**DSM-5 DIAGNOSIS:** F10.10 alcohol use disorder, mild; Z63.0 Relationship distress with spouse;


**Treatment Recommendations:**

- 1) Outpatient counseling, recommend 6-12 outpatient counseling sessions with professional counselor who has substance use and mental health disorder treatment in scope of practice to assist in moderating overall alcohol use and/or helping Mr. Kulik to engage in abstinence-based recovery;
- 2) Couples' Counseling or Individual Counseling to address marriage – Mr. Kulik is advised to engage in counseling to address the present and historical distress in his marriage; recommend Joe Johnston, 614-329-5729;
- 3) If Mr. Kulik continues to experience dysphoric or apprehensive mood states, experiences major fluctuations in sleep, weight, or appetite, or experiences additional negative consequences because of his anger control or experiences another negative consequence due to alcohol use, it is recommended that he seek an updated evaluation where intensive outpatient or inpatient treatment is considered.

If there is any additional information that might impact the outcome of this assessment, I would be happy to review it and consider any appropriate modifications or amendments to the present report.

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

Sincerely,



Ryan P. Smith MSW, LISW-S, LICDC, SAP  
SW Lic. #I.1000155-S; CD Lic. #101182  
cc: Joseph Kulik

**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 Anger Management & Substance Use 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.