DIRECTIONS
COUNSELING GROUP

October 31, 2016

Todd Parker, Attorney at Law
Funkhouser Law Firm
765 S. High Street
Columbus, Ohio 43206

Re: Clinical Anger Management and Substance Use Evaluation for Mitchell Shaner (DOB – 08/24/1991)

Dear Mr. Parker:

I performed a Clinical Anger Management and Substance Use Evaluation for Mr. Shaner as requested by the court in regard to his domestic violence, assault, and resisting arrest charges in Franklin 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 =6; screening indicated mild depressive symptoms;

Anger Control Questionnaire: score = 32; 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; respondent's DEF score (defensiveness) was elevated beyond the norm which increases the likelihood of a missed moderate to severe substance use disorder diagnosis but may also reflect situational factors;

MAST: score = 1 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

DAST: score = 4 / *POSITIVE SCREEN*; scores of 1-2 = low level concern, 3-5 moderate, 6-8 substantial, 9-10 severe (screen relative to past 24 months)

Substance Use Risk Factors:

☒ legal history – substance use related to legal charges
☐ severity of incident – NA
☐ anxiety/depression/mental health – NA
☐ general health issues – NA
☐ exposure to trauma – NA
☐ use of liquor – NA
☒ illicit substance use – experimentation with benzodiazepines; monthly cannabis use
☐ 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.) – high relational distress

Summary - 6 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. Shaner's written screenings did not provide indications of clinically significant impairment due to anxious and depressive symptoms. His written screenings provided indications of clinically significant impairment due to anger which is likely to be exacerbated by his use of alcohol and cannabis. Mr. Shaner and I discussed the interpersonal incident that led to this evaluation at length along with an extensive review of his medical history due to the traumatic brain injury he received in March 2013. I also assessed his occupational, interpersonal/familial, social, and recreational functioning over the past three years.

Mr. Shaner's clinical interview revealed clinically significant impairment to his interpersonal functioning as a result of difficulties with adaptively responding to his feelings of anger and his alcohol and cannabis use. Mr. Shaner reported a history of a tumultuous relationship with his parents, particularly his father. Mr. Shaner acknowledged that his coping skills for negative emotions, including anger, revolves primarily around the use of cannabis. He also appears to have anger outbursts on a monthly average which appear to be affected by his distressing relationship with certain family members, increased emotional lability due to his prior brain injury, and to a maladaptive approach to dealing with his anger.

Overall Mr. Shaner meets DSM-5 criteria for a mild cannabis use disorder and shows ongoing difficulty in his relationship with his parents. Additionally, his current coping skills for managing his anger are inadequate. I am recommending that he engage in an anger management group and individual counseling to address the above concerns.

DSM-5 DIAGNOSIS: F12.10 cannabis use disorder, mild; Z62.820 Parent-child relational distress; Rule out F91.8 Other Specified Disruptive, Impulse-Control and Conduct disorder due to a general medical condition; Rule out brain injury associated with change in personality characterized by aggressive outbursts and emotional lability

Treatment Recommendations:

1) Anger Management Group, recommend participation in an anger management group (contact Kim Welsh, 614-888-9200);

2) Outpatient counseling, recommend 8-12 outpatient counseling sessions with professional counselor who has substance use and mental health disorder treatment in scope of practice to assist in gaining and maintaining abstinence from alcohol and cannabis;

3) Abstinence – abstaining from all alcohol and cannabis use permanently;

4) If abstinence is compromised – it is likely that an increased level of treatment will be recommended (e.g. IOP, Inpatient, residential treatment, etc.).

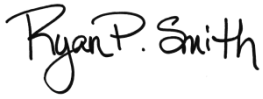
5) If Mr. Shaner continues to experience dysphoric or apprehensive mood states, experiences major fluctuations in sleep, weight, or appetite, or experiences additional negative

consequences because of his anger control, it is recommended that Mr. Shaner 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. Shaner, and yourself in this important matter.

Sincerely,



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

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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.

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