

March 30, 2016

William H. Nesbitt, Attorney at Law  
The Koffel Law Firm  
1801 Watermark Drive, Suite 350  
Columbus, OH 43215-7033

**Re: Clinical Alcohol and Anger Management Assessment for Paul A. Lehman (DOB – 07/09/1981)**

Dear Mr. Nesbitt:

I performed a Clinical Alcohol and Anger Management Assessment for Mr. Lehman in reference to his March 2016 domestic violence and assault charge in Franklin County. This assessment included a 90-minute in-person clinical interview, and the administration of:

- A Substance Abuse Subtle Screening Inventory (SASSI-3)
- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- Quick PsychoAffective Symptoms Scan (QPASS)
- Beck Depression Inventory-2 (BDI-II)
- Anger Control Questionnaire
- A general anxiety/depression screening

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

**SASSI-3:** overall scores indicated a *low probability* of a moderate to severe alcohol use disorder; screening was administered with a lifetime frame of reference and did suggest further screening to rule out a mild alcohol use disorder;

**MAST:** score = 1 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use

**AUDIT:** score = 8 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 15 or more in men indicates *moderate to severe* disorder present

**Alcohol Use Risk Factors:**

- family history = positive
- prior substance-related legal charges = N/A
- early onset of substance use = N/A
- prior substance use treatment = N/A
- peer influences = N/A
- work environment = N/A
- contraindicated prescription use = positive; presently prescribed anti-depressant and anti-anxiety medication
- anxiety or depression symptoms = positive

- general health problems = positive; diagnosed with diabetes
- current family stress = positive; significant relational distress with spouse

**Present Use Status:** presently not using alcohol; monitored by SCRAM monitor

**Substance Related Legal History Reported:** denies any previous history of alcohol or substance related arrests/legal charges

### **QPASS**

Emotional Temperature Form: results for anxiety and anger all fell within the minimal range (a subclinical category); results for depression fell within the mild range;

### Subscale Analysis Form:

- subscales for depression did not indicate a clinical concern regarding unsustained effort; depression subscales did indicate a mild problem with negative cognitions, dysphoria, fatigue, and anhedonia;
- subscales for anxiety did not indicate a clinical concern for apprehension, physiological arousal or interpersonal anxiety;
- subscales for anger indicated a moderate problem with resentment and a mild problem with indignation and internally directed anger; anger subscales did not indicate a problem with angry mood, verbal expression of anger or physical expression of anger;

Clinical Profile Form: screening did not indicate any concerns in regards to phobic avoidance, obsessive-compulsive traits, or psychosis; no indications of suicidal or homicidal ideation;

**BDI-II:** score = 17; screening indicated a moderate problem with depression; respondent shared half of positive remarks were related to present relational distress with spouse;

**Anger Control Questionnaire:** score = 39; scores between "20-50" indicate normal range of anger control; does not typically indicate need for clinical interventions;

### **Clinical Interview/Summary:**

ALCOHOL - Mr. Lehman's written screenings provided no indications of a moderate to severe alcohol use disorder and some indications of a possible mild alcohol use disorder. He reported his normal use of alcohol before these charges as 2-4 drinks on 2-3 occasions per week. He also acknowledged use of 4-6 drinks on 3-4 special occasions (weddings, birthdays, concerts, etc.) per year.

Mr. Lehman and I discussed his history of alcohol use and his past year use of alcohol at length. Mr. Lehman acknowledged use of alcohol beyond intention on 2-3 occasions in the past year and that his alcohol use has exacerbated conflict with his spouse and other family members. Mr. Lehman also acknowledged a binge use pattern of alcohol consumption on special, celebratory occasions but denied engaging in a pattern of excessive alcohol use. I did not find evidence of tolerance, withdrawal symptoms, preoccupation with alcohol use,

alcohol use in hazardous situations, or continued use of alcohol despite role impairment. At present Mr. Lehman meets DSM-5 criteria for a mild alcohol use disorder, and I am recommending brief counseling to help him learn skills to avoid excessive alcohol use and successfully moderate his alcohol consumption.

**ANGER MANAGEMENT** - Mr. Lehman's written screenings regarding anger management provided no overt indications of a clinical problem in regards to anxiety or anger control. Mr. Lehman's written screenings did suggest a mild to moderate problem with depression. Mr. Lehman and I discussed the alleged assault incident, which led to his present charge, along with a general review of his occupational, relational, and personal stressors. I did not find evidence that suggests Mr. Lehman has any significant issues with anger or anxiety. Mr. Lehman did, however, stated that he has had moderate difficulty in dealing with the ending of his marriage. His general approach to depression is of suppressing unwanted or negative thoughts, emotions, and urges which he acknowledged works only in the short-term. At present I do not find Mr. Lehman meeting criteria of an intermittent explosive disorder, and anxiety disorder, impulse control disorder, or another behavioral disorder. However, I am recommending that he engage in outpatient counseling to gain skills that will help him handle uncomfortable psychological experiences in a more adaptive manner.

**SUMMARY** – Mr. Lehman meets criteria for a mild alcohol use disorder and a recurrent mild major depressive disorder. I did not find indications of a problem with anger control or expression. I am providing recommendations below to help Mr. Lehman moderate his alcohol use and receive assistance in managing depressive symptoms due to relational distress in his marriage.

**DSM-5 DIAGNOSIS in Reference to Substances:** F10.10 alcohol use disorder, mild; F33.0 major depressive disorder, mild, recurrent; V61.10 relational distress with spouse; V61.03 disruption of family by separation/divorce

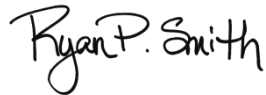
#### **Treatment Recommendations:**

- 1) Preventative Education – recommend 9 hours of Ohio Health's Drug/Alcohol Awareness Series (Riverside Methodist Hospital contact 614-566-3700);
- 2) Outpatient Counseling – recommend 6-8 outpatient sessions with a professional counselor who can address alcohol use and behavioral health concerns simultaneously; update recommendations or discharge as appropriate;
- 3) If another negative consequence is incurred as a result of any alcohol use, it is recommended Mr. Lehman seek an increased level of treatment or extended outpatient substance abuse counseling as appropriate;
- 4) If there is any increase in depressive symptoms and/or suicidal ideation, it is recommended that Mr. Lehman pursue extended outpatient counseling and seek medication consultation with primary care physician.

If the court possesses additional information about Mr. Lehman's use of alcohol or anger management 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. Lehman, and yourself in this important matter.

Sincerely,



Ryan P. Smith MSW, LISW-S, LICDC, SAP  
SW Lic. #I.1000155-S, CD Lic. #101182  
cc: Paul A. Lehman

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**Diagnostic Conclusions / Limitations:** Directions Counseling Group provides Clinical Alcohol and Behavioral Health 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.