DIRECTIONS
COUNSELING GROUP

November 1, 2016

Keith Schneider, Attorney at Law
Maguire & Schneider, LLP
1650 Lake Shore Drive
Suite 150
Columbus, Ohio 43204

Re: Clinical Anger Management Evaluation and Alcohol Assessment for Kurt Buxton (DOB – 03/30/1984)

Dear Mr. Schneider:

I performed a Clinical Anger Management Evaluation and Alcohol Assessment for Mr. Buxton as requested by the court regarding his September 2016 domestic violence charge in Franklin County. This assessment included a 100-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)
- Alcohol Use Disorders Identification Test (AUDIT)

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 did not indicate a problem with dysphoria, unsustained effort, negative cognitions fatigue, nor anhedonia;

- 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 =0; screening indicated no depressive symptoms;

Anger Control Questionnaire: score = 22; 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 = 5 / *POSITIVE SCREEN*; direct and indirect indication of problem drinking, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

AUDIT: score = 5 / *NEGATIVE SCREEN*; scores of “8” or more indicate hazardous alcohol use; scores of “15” or more indicate likelihood of a moderate to severe alcohol use disorder (screen relative to past 24 months)

Alcohol Use Risk Factors:

☒ legal history – disorderly conduct charge in 2015
☐ severity of incident – NA
☐ 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 – None known
☐ prior treatment history – NA
☐ negative peer influence – NA
☐ at-risk work environment – NA
☒ current stress (relational, work, etc.) – moderate to high relational distress

Summary - 2 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 significant other
☐ punitive behavior toward others / receiving punitive behavior as a child – NA

☒ history of substance use or other addictive behavior – alcohol
☐ use of anger to feel powerful or in control – none reported
☐ prior anger-related counseling – NA
☒ current stress (relational, work, etc.) – relational distress; 3 - now, 6 – highest in last year on 1-10 scale (10 = max)

Summary - 3 of 11 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary:
Mr. Buxton's written screenings did not provide indications of clinically significant impairment due to anxious or depressive symptoms. His written screenings also did not provide indications of clinically significant impairment due to anger. His written screenings provided mixed indications regarding problem alcohol use. Mr. Buxton and I discussed the interpersonal incident that led to this evaluation at length. I also assessed his occupational, interpersonal/familial, social, and recreational functioning over the past three years.

Mr. Buxton's clinical interview revealed clinically significant distress in his relationship with his significant other. Mr. Buxton and his significant other have previously engaged in outpatient counseling which he reported as helpful though it appears that counseling ended abruptly. Mr. Buxton reported a history of a tumultuous relationship with his significant other, stating that he has called police to address his own safety. Mr. Buxton's clinical interview did not reveal indications of maladaptive coping skills regarding anger or other negative emotional mood states. He reported his overall alcohol use as 4-6 standard drinks on 1-2 occasions per week and stated that this level of alcohol consumption has remained stable for the past 3 years. Due to his report of a monthly binge pattern of alcohol use, Mr. Buxton and I reviewed World Health Organization standards for low risk alcohol use to provide a context for reducing his overall alcohol consumption. I did not, however, find sufficient positive criteria to warrant a current alcohol use disorder diagnosis.

Overall Mr. Buxton does not meet DSM-5 criteria for a mood disorder, substance use disorder, nor impulse control disorder. However, he does report ongoing difficulty in his relationship with his significant other. I am recommending that he attend brief alcohol education and engage in counseling to address the relational distress

DSM-5 DIAGNOSIS: Z63.0 Relational distress with intimate partner; Rule out F43.21 adjustment disorder with depression; Rule out F10.10 alcohol use disorder, mild

Treatment Recommendations:

1) Attend a local MADD – Victim Impact Panel, 5900 Roche Dr. #250 Columbus, OH 43229, Phone - 614.885.6233, email - oh.state@madd.org

2) Outpatient counseling, recommend engaging in weekly to biweekly counseling to address relational distress; if partner is willing counseling can be couples counseling though counseling is recommended even if partner is unwilling to attend; recommend Joe Johnston, MDiv, MAMFT, IMFT 614-329-5729;

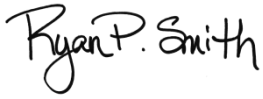
3) If Mr. Buxton experiences worsening dysphoric or apprehensive mood states, experiences major fluctuations in sleep, weight, or appetite, or experiences additional negative consequences due to anger control or alcohol use within the next year, it is recommended

that Mr. Buxton 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. Buxton, and yourself in this important matter.

Sincerely,



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

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.

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