

November 16, 2016

Dennis Evans, Attorney
Connor, Evans & Hafenstein LLP
2000 W. Henderson Road, Suite 460
Columbus, Ohio 43220

Re: Clinical Mental Health Assessment for Curtis Owens

Dear Mr. Evans:

I performed a General Mental Health Assessment for Mr. Owens in reference to a DUI charge received in Delaware County on 6/12/2016.

This assessment included a clinical interview the administration of:

- A Mental Status Exam
- DSM-5 Cross Cutting Symptom Measures
- Zung Anxiety Screening
- A Patient Health Questionnaire (PHQ-9)
- Review of 6/12/16 Police report and drug test

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

Clinical Instrument Scores/Brief Interpretation

Mental Status Exam

General Appearance – casual attire, fair hygiene, eye contact ranging from poor to very good during interview, various motor and vocal tics observed throughout interview

Speech Emotional State – blunted affect, narrow emotional range, projects low confidence, stable mood throughout interview

Thought Processes – logic and reasoning intact, no evidence of delusions or hallucinations, evidence of obsessions/compulsions (repetition of thought processes during interview), suspicious of others judging him

Sensorium & Mental Capacity – oriented x3, some delayed response time

Insight & Judgment – difficulty over personalizing or interpreting others actions as judgements against him

DSM-5 Cross Cutting Symptom Measures – reports moderate but frequent anxiety symptoms (e.g. “feel panic or frightened nearly every day”, “avoid situations that make you anxious nearly every day”)

Zung Anxiety Scale – raw score = 50/ anxiety index – 63 / signifies “marked or severe anxiety”

PHQ-9 – Patient Health Questionnaire – score =13 on a 0-27 scale; moderate signs/symptoms of a depressive disorder, denied thought or intent to harm self

Personality Characteristics (impressions from interview) – the clinical interview provided impressions of a potential DSM-5 personality disorder (suspicious of others, constricted affect, etc.) see diagnostic summary

Review of Police Report and Drug Test – Mr. Owens was detained for crossing a marked lane on the roadway around 2 am on the way home from a friend's wedding. He tested negative for alcohol but the officer identified that Mr. Owen's had a prescription for a benzodiazepine medication. Accordingly, a urine drug screen was administered. The lab report from that drug screening does not contain any quantitative information or any confirmation by itself that Mr. Owen's was over using the medication; only that a benzodiazepine was in his system.

Related Legal Convictions Reported: reports no prior criminal charges or convictions of any kind

Clinical Interview/Summary: Mr. Owens; written screenings indicated marked struggles with anxiety. For example, he worries a great deal about what his co-workers think of him if they walk past him without acknowledging him. He had concerns after our session about how he conveyed certain symptoms to me. He noted on the Zung Anxiety Screening that during the last 7 days he "got upset easily" most of the time, was "more nervous and anxious than usual most or all of the time", and felt he was "falling apart and going to pieces a good part of the time." While I did not have opportunity to contact Mr. Owens' physician, the two prescribed medications that Mr. Owens uses are typically prescribed for anxiety. Mr. Owens denied any recent thoughts of self-harm or marked depression. Though he does experience depressive symptoms from time to time they do not rise to the severity or intensity that his anxious thoughts and feelings do.

The interview showed Mr. Owens to be oriented to person, place and time. His intelligence and vocabulary impressed me as above average. He displays a wide variety of motor and vocal tics which also suggest a primary diagnosis related to anxiety disorders. Mr. Owens appears to obsess on various thoughts and displays repetitive thought and questioning processes in conversation. He reviewed some items several times with me without adding new content to his original statements. He may be experiencing Obsessive Compulsive Disorder but more clinical evaluation would be appropriate to clarify his diagnosis more precisely. My diagnostic summary will present a variety of possible conditions to rule out in the context of meeting with a qualified mental health professional.

In my opinion, Mr. Owens' mental health condition(s) could create a false impression that he is that he is under the influence of a drug or that he is over using his anti-anxiety medication. It is possible that the officer who detained him in June could have mistakenly assumed Mr. Owens was impaired when in fact he was not. It is possible that poor eye contact, delayed thought processing or responses to commands, and high

anxiety all played into the interaction with the officer. These may have been further exacerbated by the time of arrest (lack of sleep) as well as the potential for benzodiazepines to cause drowsiness.

I will provide a recommendation below which should help Mr. Owens address the functional impairments referenced in this report.

DSM 5 DIAGNOSIS in Reference to Mental Health Conditions: conditions to rule out include – obsessive compulsive disorder (F42), unspecified personality disorder (F60.9), generalized anxiety disorder (F41.1)


Treatment Recommendations:

- 1) Psychiatric Follow Up - Continue regularly scheduled follow visits with psychiatrist Dr. Michael Saribalas; discuss diagnosis with physician for clarification;
- 2) Counseling, recommend regular outpatient sessions with a qualified mental health professional (2 per month minimum) to address anxiety, social impairment and interventions to reduce unwanted symptoms, recommend Michael Bayda LISW-S, CTS.

If you or the court possess additional information about Mr. Owens' mental health that might impact the outcome of this assessment, I would be happy to review it and consider appropriate modifications or amendments to the present report.

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

Sincerely,



Brian Davis, LISW-S, SAP
cc: Curtis Owens

Diagnostic Conclusions / Limitations: Directions Counseling Group provides Clinical Mental 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.

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