

July 22, 2016

Robert C. Kokor, Attorney
Rice Law Offices
48 West Liberty Street
Hubbard, Ohio 44425-1705

**Re: Clinical Alcohol and Anger Management Assessment for Kenneth E. Hores
(DOB – 12/19/1964)**

Dear Mr. Kokor:

I performed a Clinical Alcohol and Anger Management Assessment for Mr. Hores in reference to his disorderly conduct and criminal mischief charges in Trumbull County (6/10/16). This assessment included a 60-minute clinical interview by telephone, and the administration of:

Alcohol Assessment Instruments

- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorders Identification Test (AUDIT)
- A general anxiety/depression screening

Impulse/Anger Control Instruments

- Patient Health Questionnaire (PHQ-9)
- An Anger Control Inventory
- Mental Status Exam

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

ALCOHOL ASSESSMENT

MAST: score = 2 / *NEGATIVE SCREEN*; no direct indication of problem alcohol use, both concern items scored were related to the present offense being considered

AUDIT: score = 5 / *NEGATIVE 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

Anxiety/Depression Screening: no clinically significant concerns reported

Alcohol Use Risk Factors:*Concerns/Risks*

- ☐ previous legal history – denies prior history
- ☐ severity of incident – impaired confrontation but states he was offered opportunity to leave the scene with friends
- ☐ anxiety/depression/mental health – not found
- ☐ other substance use – not found
- ☐ family history – reports no problems
- ☐ prior treatment history – NA
- ☐ peer influences– NA
- ☐ work environment – NA
- ☐ contraindicated prescription use – NA
- ☐ general health problems – NA
- ☐ current family stress – NA

Summary - 0 of 11 concerns

DSM - 5 Alcohol Use Symptoms:

- ☐ Use beyond intention – no pattern found
- ☐ Persistent desire or unsuccessful efforts to reduce/quit use – none found
- ☐ Substantial time spent obtaining, using, or recovering from use – no pattern
- ☐ Strong craving/desire – no evidence
- ☐ Failure to fulfill a major role (work, home, school) – not found
- ☐ Use despite recurrent social/interpersonal problems – not found
- ☐ Important social, occupational, recreational activities relinquished - NA
- ☐ Physically hazardous use – not found
- ☐ Continued use despite knowledge of contra physical or psychological condition – no indications
- ☐ Tolerance – not found
- ☐ Withdrawal symptoms - not found

Summary - 0 of 11 symptoms found as recurrent or pattern

Clinical Interview/Summary: Mr. Hores' written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported his normal use of alcohol as 2-3 drinks on 1-2 occasions per week. He also acknowledged use of 3-5 drinks on about 2 special occasions (weddings, birthdays, etc.) per year.

Mr. Hores and I discussed his arrest incident (6/10/16) and general use of alcohol at length. I was unable through direct or indirect questioning, or review of his written screenings to find him meeting DSM-5 alcohol use disorder criteria. His overall presentation seemed unguarded and open and he denies any previous history of legal offenses associated with intoxication throughout his lifetime. It is plausible that this offense was an aberration from his normal behavior and a consequence of his

consuming strong mixed drinks outside of his normal habit of drinking 2-3 beers.

Having found no cause for an alcohol use disorder diagnosis I have no further professional recommendations regarding alcohol use. Mr. Hores seems to be insightful and articulate about the mistake he made and how to avoid any similar intoxication in the future.

DSM-5 DIAGNOSIS in Reference to Substances: Z03.89 (suspected substance use condition not found)

ANGER MANAGEMENT ASSESSMENT

PHQ-9

Score = 0; no chronic or acute depression symptoms or indications of recent or current mental health crisis

Anger Control Inventory

Score = 29 out of 100 possible: normal responses to situations which might provoke feelings of anger in the average respondent

Mental Status Exam

Speech Emotional State – appropriate volume and rate of speech, appropriate demonstration of emotional range congruent with content of speech

Thought Processes – logic and reasoning intact, no evidence of delusions, hallucinations, obsessions/compulsions

Sensorium & Mental Capacity – oriented x 3, normal

Insight & Judgment – intact and appropriate

Altercation Related Legal History: denies any previous history of legal charges related to conflict or altercations of any kind

Clinical Interview/Summary (Anger Management): Mr. Hores' written screenings provided no indication a disruptive, impulse control, or social conduct disorder which would suggest he has a problem controlling his anger. He presented as non-defensive in the clinical interview as we discussed the incident and also displayed appropriate remorse for his behavior. I did not gain any clinical impression that he has global unresolved conflict, loss of control when experiencing normal irritations, violent or abnormal impulses in reaction to real or perceived offenses.

DSM-5 DIAGNOSES relative to anger management/impulse control disorders: Z03.89 (suspected mental condition not found)

SUMMARY

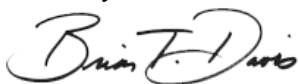
Since I found no indications of a DSM-5 *alcohol use disorder* or a DSM-5 *disruptive, impulse control or social conduct disorder* I have no further professional recommendations for Mr. Hores at this time.

If Mr. Hores experiences altercations or involvement with law enforcement or any other legal charge it is recommended that he seek further professional evaluation and follow all treatment recommendations. Likewise, if Mr. Hores incurs any future negative consequences associated with the use of alcohol it is recommended that he seek further evaluation and follow all treatment recommendations.

If the court possesses additional information about Mr. Hores' use of alcohol, a history of public or personal altercations, or mental health issues, that might aid in the accuracy of this assessment I would be happy to review it and consider appropriate modifications to the present report.

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

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: Kenneth E. Hores

Diagnostic Conclusions / Limitations: Directions Counseling Group provides Clinical Alcohol and Clinical Anger Management assessments based on objective and standardized screenings and interviewing methods. Conclusions made are to the best of the professional's ability with data on hand at the time of the assessment. Expanded assessments which involve extensive background research, collateral information and third party verification can be provided as an additional service upon request.

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.)