DIRECTIONS
COUNSELING GROUP

September 13, 2016

Sallynda Rothchild Dennison, Attorney
500 South Front Street, Suite 102
Columbus, Ohio 43215

Re: Clinical Alcohol, Drug, and Anger Management Assessment for Todd J. Walker (DOB – 11/12/1980)

Dear Ms. Dennison:

I performed a Clinical Alcohol, Drug, and Anger Management Assessment for Mr. Walker in reference to his Assault and Domestic Violence charges in Franklin County (Aug. 2016). This assessment included an in-person clinical interview, and the administration of:

General Mental Health Instruments
- Patient Health Questionnaire (PHQ-9)
- Mental Status Exam

Alcohol and Drug Assessment Instruments
- A Michigan Alcohol Screening Test (MAST)
- A Drug Abuse Screening Test (DAST)
- A 10-panel Urine Drug Screen

Impulse/Anger Control Instruments
- A Beck Depression Inventory
- A Zung Self Rating Anxiety Scale
- An Anger Control Inventory

The following items provide a summary of Mr. Walker's screening results, my diagnostic opinion, and professional recommendations:

GENERAL MENTAL HEALTH

Mental Status Exam
General Appearance – normal confidence, good eye contact, appropriate attire and hygiene
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 – appropriate in the individual as well as joint interview

PHQ-9 (Depression Screen)
Score: 4; No chronic or acute conditions identified

Clinical Interview (Overall Mental Health): Mr. Walker presented with no overt or immediately identifiable mental health concerns, including personality disorders (narcissistic personality, anti-social personality, etc.). The remainder of this report focuses more specifically on the identification of potential substance use disorders and impulse control disorders as they relate to his ability to self-manage anger.

ALCOHOL AND DRUG ASSESSMENT

MAST (alcohol): score = 2 / mitigate concern items with clinical recommendations

DAST-10 (drug): score = 1 / NEGATIVE SCREEN; scores of 1-2 = low level concern, clarify further in clinical interview

Alcohol or Substance Use Risk Factors:
Concerns/Risks
☐ previous legal history – denies any legal history related to use of alcohol
☒ severity of incident – acknowledges verbal argument was moderately escalated by use of alcohol
☒ anxiety/depression/mental health – has experienced significant past trauma and symptoms associated with the trauma
☒ other substance use – recent marijuana use disclosed, currently abstaining
☒ family history – one parent identified with problem alcohol use
☐ prior treatment history – NA
☐ peer influences– NA
☐ work environment – NA
☐ contraindicated prescription use – NA
☐ general health problems – NA
☐ current family stress – NA
Summary - 4 of 11 concerns, mitigate concern with clinical recommendations

DSM - 5 Alcohol Use Symptoms:
☒ Use beyond intention
☐ Persistent desire or unsuccessful efforts to reduce/quit use
☐ Substantial time spent obtaining, using, or recovering from use
☐ Strong craving/desire
☐ Failure to fulfill a major role (work, home, school)
☐ Use despite recurrent social/interpersonal problems
☐ Important social, occupational, recreational activities relinquished
☐ Physically hazardous use

☐ Continued use despite knowledge of contraindicated physical or psychological condition (*rule this out during outpatient counseling*)
☐ Tolerance
☐ Withdrawal symptoms
Summary - 1 of 11 symptoms (no clearly identified alcohol use disorder)

10 Panel Urine Drug Screening:
Positive for 1 substance - cannabis
Negative for 9 substances– cocaine, amphetamine, methamphetamine, methadone, MDMA, Opiates, PCP, Barbiturates, Benzodiazepines (normal temperature, no outstanding concerns during urine collection)

Clinical Interview (Alcohol/ Drug Use):
ALCOHOL – Mr. Walker's written screenings provided no overt indications of an alcohol use disorder. He reported his normal use of alcohol before his recent arrest as 2-4 standard drinks on 1-2 occasions per week. He reported no difference in the amount consumed if he was attending a special event or celebration. He also was transparent in sharing that he has at select times used alcohol in excessive amounts to possibly "self-medicate". When I probed what he might be self-medicating, Mr. Walker stated that he experienced a traumatic event in 2013. At that time, he discovered the body of his deceased girlfriend and clearly had lasting emotional repercussions from it. He stated that his mother and his sister have suggested he sometimes overuses alcohol, possibly to help him avoid difficult negative emotions from that trauma and from the other difficult emotions he has experienced in the context of intimate relationships. Though he believes his tendency to use alcohol in this manner has been decreasing Mr. Walker seemed very cognizant that his family members cared about him and were expressing genuine concern for him. He is therefore not drinking alcohol for an indefinite time period and expressed evidence of healthy contemplation; not only about past unhealthy use of alcohol but also regarding underlying emotions to he feels a need to address. As a result, Mr. Walker stated that he previously met with an EAP therapist through his former girlfriend's household benefit plan (6 sessions). Their breakup interfered Mr. Walker's ability to follow through on continued therapy but he is currently pursuing other avenues to obtain therapy.

NON-PRESCRIPTION DRUG – Mr. Walker acknowledged past infrequent use of marijuana and without any clear signs or symptoms of a cannabis disorder. He reported his last use to occur in August of this year and reports he has had no trouble abstaining from marijuana. Furthermore, he denied experimentation or use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. Mr. Walker's urine drug screen confirmed his use of marijuana in the past 30 days and did not find use of the other 9 substances screened. A urine drug test could be administered at the direction of Mr. Walker's therapist to confirm that Mr. Walker is not using marijuana or other substances while addressing the more primary concerns identified under the anger management assessment portion of this report.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Walker denied any recreational use of prescription medications which are prone to abuse including stimulant/ADD medications, narcotic painkiller medications, and anxiolytics and sleeping medications. The interview did not reveal hesitation, discrepancy with his written screenings, or other non-verbal signs of minimization or covering a prescription drug use problem. Further, his disclosure of occasions of excessive alcohol use, disclosure of previous marijuana use, and concerns expressed by family members suggest that Mr. Walker would also have been transparent if he were misusing or abusing prescription drugs.

ALCOHOL/DRUG USE SUMMARY – Mr. Walker may meet criteria for a mild to moderate alcohol use disorder (rule out diagnosis) but in in my best clinical judgement he would be best served to engage with a therapist who has experience treating trauma, as well as experience with substance use disorder identification and treatment. In this context the primary concern of untreated trauma (potential PTSD diagnosis) can be addressed first, meanwhile substance use disorders can be ruled out and a long term mental health plan can be designed and executed with full engagement by Mr. Walker. (see treatment recommendations at the conclusion of this report)

DSM-5 DIAGNOSIS in Reference to Substance Use Disorders: Z03.89 suspected substance use condition not found; rule out mild to moderate alcohol use disorder; rule out mild cannabis use disorder

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ANGER MANAGEMENT ASSESSMENT

Beck Depression Inventory
Score = 0; no chronic or acute depression symptoms or indications

Zung Anxiety Self Rating Scale
Anxiety Index Score: Score = 39; no chronic or acute anxiety indicated

Anger Control Inventory
Score = 34 out of 100 possible: normal responses to situations which might provoke feelings of anger

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

Clinical Interview (Anger Management): Mr. Walker's written screenings provided no indication a disruptive, impulse control, or social conduct disorder. He appeared to be at ease and non-defensive in the clinical interview as we discussed various aspects of his work and home life as well as the arrest incident. While his written screenings and general mental health screenings lacked any indications of an impulse control disorder he freely acknowledged that his relationship with his previous girlfriend involved intense verbal conflicts, where both parties were emotionally escalated and verbally

inappropriate. He denied the August incident which lead to his arrest, involving any violence or intent to physically harm his girlfriend. He did acknowledge that when he slammed a cabinet door shut in anger, it inadvertently closed on her finger and caused abrasions.

Mr. Walker denies having thoughts of pre-meditated violence or aggression such as hitting, slapping, kicking people he is frustrated with. However, he does acknowledge that alcohol use, on some occasions lowered his inhibitions (verbally) during an argument and has sought some professional help with the notion he has underlying emotions to address. He is aware that he has experienced previous traumatic events and that left untreated, they could become problematic for him even years after the event. We discussed the possibility of Mr. Walker having a post-traumatic stress disorder as a result of discovering his ex-girlfriend's body 3 years ago, after she died from alcohol poisoning. We identified past sleep disturbances and intrusive memories related to that event. My treatment recommendations will include further exploration of the event and associated symptoms in order to rule out/in a post-traumatic stress disorder condition which could very well underlie or be primary to his occasional misuse of alcohol as well as the heightened level of conflict he experienced in a recent romantic relationship.

DSM-5 DIAGNOSES relative to anger management/impulse control disorders:
Z03.89 suspected mental condition not found; rule out post-traumatic stress disorder as possible contributor to escalated conflict in intimate relationships

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Summary Treatment Recommendations Related to Overall Mental Health, Substance Use and Anger Management:

1) Individual outpatient counseling – engage in regular outpatient sessions with a professional counselor who has experience with treatment of trauma disorders as well substance use disorders; recommend initial treatment frequency of 3 sessions per month and frequency adjusted over a 3-6 month period in consultation with the professional counselor;

2) Conditions to rule out during outpatient counseling – rule out post-traumatic stress disorder; rule out mild to moderate alcohol use disorder; rule out cannabis use disorder;

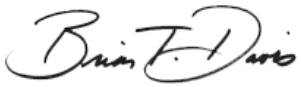
3) Physician consult – for continuity of care, inform primary care doctor of the results of this assessment and obtain appropriate medical recommendations;

4) If unable to maintain abstinence during outpatient counseling – Mr. Walker is advised to consult with mental health and/or substance abuse professionals regarding additional treatment and support (Intensive Outpatient Program, 12 step meeting attendance, etc.).

If the court possesses additional information about Mr. Walker's use of alcohol or drugs, having 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 any appropriate modifications or amendments to the present report.

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

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: Todd J. Walker

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.

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