

86th Circuit Court, Grand Traverse County**Re: [REDACTED], DOB: [REDACTED]**

To Whom It May Concern,

[REDACTED] has been seeing me for counseling since June 2024. She returned to counseling after a month break when she was charged with assault. Since this time, our treatment plan has shifted to addressing her anxiety and the various trauma responses that likely contributed to her reactions and behaviors on the night in question.

My clinical impressions are based on my observations as [REDACTED]'s counselor along with what she has shared with me about her experiences.

Clinical Impression #1: [REDACTED] has a long history of negative experiences with men, and addressing this has been a priority since the first day of assessment. Some of these experiences involved violence and other non-physical abuse in the form of domination, negative sexual experiences and emotional abuse including isolation. This was amplified when she witnessed multiple police beat and subdued her boyfriend at an airport. From a clinical perspective, when taken in their entirety, the trauma from these past experiences could have played a precipitating role in her behavior on the night of the traffic stop.

[REDACTED] presents with the first criteria for PTSD through witnessing the police violence against a loved one at the airport as well as the past physical, sexual and abusive trauma from her first-hand experiences with intimates and men close to her. She also re-experiences the trauma regularly, displays negative cognitions related to the stimuli associated with the trauma including acute anxiety and panic and has an acute arousal response to being constrained or, in her perception, being physically and/or roughly handled by men and/or police that results in aggressive, reckless or self-destructive behavior that leads to either a fight or flight response characteristic of PTSD.

In summary, [REDACTED] displays the clinical symptoms of PTSD regarding both men and police, and all these stimuli were present the night of the incident. While this in no way excuses her behavior that night, they serve to indicate the direction for correcting this cluster of reactions, behaviors and cognitions.

Clinical Impression #2: In my clinical observation, [REDACTED] displays a high level of remorse for her decisions and behavior on the night in question. She is also very concerned about the long-term ramifications of a conviction of this type on her life. She has expressed that this was the turning point for her to get sober, address her traumas and take a more proactive approach to healing and rebalancing herself from the long-term negative effects of her traumas.

Recommendations:

- **Some Form of Supervised Probation**
- **Ongoing Counseling with a Trauma Informed Approach to Address PTSD/Anxiety**
- **Anger Management Program with Certification from Provider of Completion**
- **Some form of Outpatient Substance Abuse Counseling**

It is my opinion that if this clinical approach is adopted and embraced, Sarah will not pose this type of threat to anyone again. This presents as an important turning point for her in her life.

If you have any questions, please feel free to contact me.

Sincerely,

Adam C. DeVaney, LCSW, CECP, Clinical Director, Life's Work Clinic, PLLC

