

September 14, 2016

Todd Parker, Attorney at Law
Funkhouser Law
765 S. High Street
Columbus, Ohio 43206

Re: Clinical Anger Management Evaluation for Robbie Spencer (DOB – 01/21/1969)

Dear Mr. Parker:

I performed a Clinical Anger Management Evaluation for Mr. Spencer as requested by the court. This assessment included a 60-minute clinical interview, and the administration of:

- Quick PsychoAffective Symptoms Scan (QPASS)
- Beck Depression Inventory-2 (BDI-II)
- Anger Control Questionnaire
- General anxiety/depression screening

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

QPASS

Emotional Temperature Form: results for anxiety, depression, and anger all fell within the minimal range (a subclinical category) of severity

Subscale Analysis Form:

- subscales for depression did not indicate a problem with dysphoria, unsustained effort, negative cognitions, fatigue, or anhedonia;
- subscales for anxiety did not indicate a problem with apprehension, interpersonal anxiety or physiological arousal;
- subscales did not indicate a problem with angry mood, resentment, indignation, internalized anger, verbal or physical anger expression;

Clinical Profile Form: screening did not indicate any concerns with regard to phobic avoidance, obsessive compulsive traits, or psychoticism; no indications of homicidal or suicidal ideation; overall global psychopathology index was in the minimal range of severity;

BDI-II: score = 3; screening did not indicate any concerns with depressive symptoms;

Anger Control Questionnaire: score = 23; scores between “20-50” indicate normal range of anger control; does not typically indicate need for clinical interventions

PHQ-9: score=1; screening does not indicate any concern with regard to depression;

Clinical Interview/Summary:

Mr. Spencer’s written screenings did not provide indications of a problem in regards to

depression, anxiety, or anger control. Mr. Spencer and I discussed his separation and divorce from his ex-wife in 2009 and difficulties he has experienced in communication and parenting of children since that time. I also assessed his occupational, interpersonal/familial, social, and recreational functioning over the past year.

Mr. Spencer's clinical interview did not reveal any clinically significant impairment to his role functioning as a result of difficulties with anger or other negative mood states or experiences. Mr. Spencer freely acknowledged experiencing frustration with regards to communication with his ex-spouse and coordinating care for his children. However, I did not find evidence that such frustration has resulted in clinically significant impairment or harmful interpersonal interactions. Nor did I find evidence that suggests Mr. Spencer has an impulse control disorder, intermittent explosive disorder, or behavioral difficulty in managing expressions of his anger.

Overall I do not find Mr. Spencer showing signs of a behavioral disorder in regards to anger or another mood disorder. I did not find evidence that his approach to anger management typically results in physical or verbal aggression. I am recommending that Mr. Spencer engage in family counseling with his youngest son in an attempt to proactively address existing relational difficulties and problem solve difficulties in providing care in an adaptive manner.

DSM-5 DIAGNOSIS in Reference to Substances: Z62.820 Parent-child relational conflict;

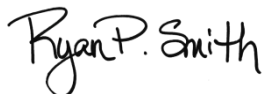
Treatment Recommendations:

- 1) Family Counseling, recommend Mr. Spencer and youngest son (along with other willing family members) participate in family counseling to address relational conflict and engage in proactive problem-solving.

If the court possesses 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. Spencer, and yourself in this important matter.

Sincerely,



Ryan P. Smith MSW, LISW-S
SW Lic. #1.1000155-S
cc: Robbie Spencer

Diagnostic Conclusions / Limitations: Directions Counseling Group provides Clinical Anger Management 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.