

January 8, 2016

Douglas A. Funkhouser, Attorney
Funkhouser Law
765 South High Street
Columbus OH 43206

Re: Anger Management Assessment for Jade Smith

Dear Mr. Funkhouser,

I provided a Clinical Anger Management assessment for Mr. Smith in reference to his legal charges involving a 2015 domestic incident. This assessment included a 60 minute in-person clinical interview and the administration of the following:

- Quick Psychoaffective Symptom Scan (Q-PASS)
- A Beck Depression Inventory (BDI)
- An Anger Control Inventory
- A DSM-5 Cross Cutting Symptom Measure

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

Q-PASS

Depression = 2, negative for depression

Anxiety = 0, negative for anxiety

Anger = 1, negative for anger/impulse control disorders

Beck Depression Inventory

Score = 6; normal range responses, no chronic or acute depression symptoms or indications

Anger Control Inventory

Score = 15 out of 100 possible, normal responses to situations which might provoke feelings of anger

DSM-5 Cross Cutting Symptom Measure

No chronic or acute conditions identified, all scores measuring depression and anxiety were consistent with negative QPASS results

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

Clinical Interview/Summary: Mr. Smith's written screenings provided no indication a disruptive, impulse control, or social conduct disorder. We discussed the incidents

which lead up to his being charged with domestic violence. Mr. Smith maintains that he was trying to remove himself from an interaction that he saw as hostile with his girlfriend at the time who he reports was being aggressive. He eventually was able to leave the situation. The incident took place on a Friday. The following Monday police came to his home but he was not there. At this point Mr. Smith contacted you to assist him in voluntarily contacting law enforcement regarding the matter.

Mr. Smith informed me he has been offered a reduced charge of criminal mischief, leading me to believe that evidence for the original charges against him is not strong. Therefore, my evaluation of Mr. Smith is largely based upon subjective elements of how he conversed with me as I asked him detailed questions about his intimate relationships and his relationships with his children. Throughout the 60 minute interview I did not gain any impression that Mr. Smith has a problem or pattern of difficulty controlling angry impulses.

Mr. Smith does present as confident and articulate about living a productive life. He has held a steady job at UPS for the past 5 years and supports three children, two of whom are not his or his current girlfriend's biological children. He denies using drugs or alcohol and reported that he has no criminal history.

In conclusion, I was unable to find any indications of an anger management problem, or to be more clinically accurate I did not uncover any symptoms of a DSM-5 disruptive, impulse control, or social conduct disorder. Consequently, I have no further professional recommendations for Mr. Smith at this time.

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

DSM-5 DIAGNOSES relative to anger management assessment: Z03.89 (suspected mental condition not found)

Treatment Recommendations: Since I found no symptoms of a DSM-5 disruptive, impulse control, or social conduct disorder, I have no further professional recommendations for Mr. Smith at this time. If Mr. Smith experiences any similar conflict, altercation or encounters with law enforcement related to a domestic incident it is recommended that he meet with a mental health professional for additional assessment and follow all treatment recommendations.

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

Sincerely,



Brian T. Davis, LISW-S, SAP

cc: Jade Smith

Diagnostic Conclusions / Limitations: Clinical Anger Management assessments are 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.