

October 10, 2016

Diana Toth, PO
Franklin County Municipal Court
375 S. High Street 8th Floor
Columbus, Ohio 43215

Re: Clinical Anger Management Evaluation for Martha Monroe (DOB – 5/21/1951)

Dear Ms. Toth:

I performed a Clinical Anger Management Evaluation for Mrs. Monroe as requested by the court in regard to her domestic violence charge in Franklin County. This assessment included an 80-minute clinical interview, and the administration of:

- Quick PsychoAffective Symptoms Scan (QPASS)
- Beck Depression Inventory-2 (BDI-II)
- Anger Control Questionnaire
- Anger Management Assessment Short Form (AMA-SF)
- PROMIS Emotional Distress Anger Short Form

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

QPASS

Emotional Temperature Form: results for depression fell within the severe category; scores for anxiety fell within the moderate category; results for anger fell within the mild category of severity;

Subscale Analysis Form:

- subscales for depression indicated a severe problem with dysphoria, unsustained effort, negative cognitions and anhedonia; scores did not reveal any problem with fatigue;
- subscales for anxiety indicated a severe problem with interpersonal anxiety and moderate difficulty with apprehension; subscale scores did not indicate a problem with physiological arousal;
- subscales indicated severe difficulty with angry mood and moderate difficulty with resentment and internalized anger; subscale scores did not indicate any difficulty with indignation, verbal or physical expression of anger;

Clinical Profile Form: screening indicated traits of psychoticism and obsessive compulsive difficulties; mild difficulty with phobic avoidance; screening did not indicate homicidal ideation but flagged suicidal ideation for further screening

BDI-II: score =22; screening indicated moderate to severe depressive symptoms;

Anger Control Questionnaire: score = 32; scores between “20-50” indicate normal range of anger control; does not typically indicate need for clinical interventions

AMA-SF: score = 42; scores between 40-49 indicate mild clinical concern with regard to anger;

PROMIS Anger SF: t score = 65; t scores of 60.0 – 69.9 indicate moderate concern with regard to anger;

Clinical Interview/Summary:

Mrs. Monroe's written screenings did provide indications of moderate to severe impairment due to anxious and depressive symptoms. Her written screenings also provided indications of clinically significant impairment due to anger. Mrs. Monroe and I discussed the interpersonal incident that led to this evaluation at length. I also assessed her occupational, interpersonal/familial, social, and recreational functioning over the past three years.

Mrs. Monroe's clinical interview revealed clinically significant impairment to various role functioning as a result of difficulties with anxious and depressive symptoms as well as her alcohol use. Mrs. Monroe also reported past suicide attempts and present suicidal ideation but denied having intent to harm herself or a plan to do so. She was open during our clinical interview and was able to connect her difficulties in mood and disturbance in behavior to her resumption of alcohol use prior to her incident. Prior to 1996, Mrs. Monroe had been sober from alcohol, having been sober for 20 years. Her alcohol use appeared to be at low risk standards until 2010 when she described her alcohol use as becoming "alcoholic". Since her incident in August 2016 Mrs. Monroe has been sober from alcohol and plans on continuing her abstinence and involvement in women for sobriety.

Overall Mrs. Monroe meets DSM-5 criteria for a severe alcohol use disorder and major mood disorders. I am recommending ongoing involvement in social support groups for abstinence from alcohol and counseling to help her gain adaptive coping skills.

DSM-5 DIAGNOSIS in Reference to Substances: F10.20 alcohol use disorder, severe; F33.2 major depressive disorder, moderate, recurrent; F43.23 adjustment disorder with mixed anxiety and depression; Z63.0 relational distress with current spouse

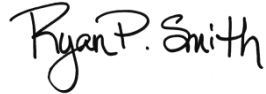
Treatment Recommendations:

- 1) AA/Women for sobriety, recommend 3-4 weekly social support meetings; minimum duration of 12 months;
- 2) Outpatient counseling, recommend 12-18 outpatient counseling sessions with professional counselor who has substance use and mental health disorder treatment in scope of practice;
- 3) Physician consult, recommend consultation with primary care physician for medication management;
- 4) If Mrs. Monroe continues to experience dysphoric or apprehensive mood states, experiences major fluctuations in sleep, weight, or appetite, is unable to re-engage with previously enjoyed activities or experiences a resumption of alcohol use within the next 3 months, it is recommended that Mrs. Monroe seek an updated evaluation where intensive outpatient or inpatient treatment is considered.

If there is any 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, Mrs. Monroe, and yourself in this important matter.

Sincerely,

A handwritten signature in black ink that reads "Ryan P. Smith". The signature is written in a cursive style with a large, stylized "R" and "S".

Ryan P. Smith MSW, LISW-S, LICDC, SAP
SW Lic. #I.1000155-S; CD Lic. #101182
cc: Martha Monroe

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