

September 19, 2016

Matt Richter, Labor Relations
5101 Trabue Road
Columbus, Ohio 43228

Re: Clinical Anger Management Evaluation for Jennifer L. Miller (DOB – 02/15/1965)

Dear Mr. Richter:

I performed a Clinical Anger Management Evaluation for Mrs. Miller per the request of her employer. 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 = 26; scores between “20-50” indicate normal range of anger control; does not typically indicate need for clinical interventions

PHQ-9: score=0; screening does not indicate any concern with regard to depression;

Clinical Interview/Summary:

Mrs. Miller’s written screenings did not provide indications of a problem in regards to depression, anxiety, or anger control. Mrs. Miller and I discussed the workplace situation that

led to this evaluation at length. I also assessed her overall occupational, interpersonal/familial, social, and recreational functioning over the past year.

Mrs. Miller's clinical interview did not reveal any clinically significant impairment to her various role functioning as a result of difficulties with anger or other negative mood states. Mrs. Miller and I did discuss her tendency to have high, perfectionistic standards for herself and her tendency to have similar expectations on other people. However, I did not find evidence that such a process has resulted in clinically significant impairment in anger management or harmful interpersonal interactions.

Overall I do not find Mrs. Miller showing signs of a behavioral disorder in regards to anger or another mood disorder. I did not find evidence that her approach to anger management typically results in physical or verbal aggression.

DSM-5 DIAGNOSIS in Reference to Substances: z03.89 Suspected mental/behavioral health condition not found

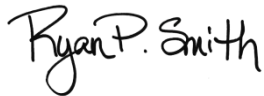
Treatment Recommendations:

1) There are no further clinical recommendations at this time.

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 Mrs. Miller and yourself in this important matter.

Sincerely,



Ryan P. Smith MSW, LISW-S
SW Lic. #I.1000155-S
cc: Jennifer Miller

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.