

September 23, 2016

Dan Sabol, Attorney at Law  
Luftman, Heck & Associates  
580 E. Rich Street  
Columbus, Ohio 43215

**Re: Clinical Anger Management Evaluation for Charles Leonard (DOB – 04/16/1963)**

Dear Mr. Sabol:

I performed a Clinical Anger Management Evaluation for Mr. Leonard as requested by the court. This assessment included a 75-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 anxiety and depression fell within the mild range of severity; result for anger fell within the minimal range of severity (a subclinical category)

Subscale Analysis Form:

- subscales for depression indicated a moderate problem with dysphoria and anhedonia; mild difficulty with negative cognitions and fatigue; results did not indicate any difficulty with unsustained effort;
- subscales for anxiety indicated mild difficulty with interpersonal anxiety and physiological arousal; subscale for apprehension did not indicate any difficulty with apprehension;
- subscales indicated mild difficulty with resentment and indignation; subscales did not indicate any concern with regard to angry mood, anger in, anger out verbal or anger out physical;

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 = 6; screening indicated mild 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 = 32; scores between 0-39 indicate low risk of clinical concern with regard to anger;

**PROMIS Anger SF:** t score = 41.3; t scores of 55 or below indicate “none to slight” concern with regard to anger;

**Clinical Interview/Summary:**

Mr. Miller’s written screenings did provide indications of mild impairment due to anxious and depressive symptoms. His written screenings did not provide any indications of clinically significant impairment due to anger. Mr. Leonard and I discussed the interpersonal incident that led to this evaluation at length. I also assessed his occupational, interpersonal/familial, social, and recreational functioning over the past three years.

Mr. Leonard’s clinical interview did reveal some clinically significant impairment to various role functioning as a result of difficulties with anxious and depressive symptoms. Specifically, he appears to have withdrawn socially and is no engaging in previously enjoyed activities. Mr. Leonard and I discussed the importance of physical exercise (e.g. walking daily), increasing his social support network, and taking time to engage in valued activities to deal adaptively with the present relational distress. Mr. Leonard was open and receptive to my suggestions of ways to increase his overall activity level in proactively dealing with distress.

Overall I do not find evidence of Mr. Leonard showing signs of a behavioral or mental health disorder in regards to anger. I did not find evidence that his approach to anger management is likely to result in physical or verbal aggression.

**DSM-5 DIAGNOSIS in Reference to Substances:** F43.23 Adjustment disorder with mixed anxiety and depression; Z63.0 Relational distress with current spouse; Z62.82 Parent-child relational distress

**Treatment Recommendations:**

- 1) At present there are no further clinical recommendations aside from the informal recommendations provided to Mr. Leonard to proactively deal with distress;
- 2) If Mr. Leonard continues to experience dysphoric or apprehensive mood states, experiences major fluctuations in sleep, weight, or appetite, or is unable to re-engage with previously enjoyed activities (e.g. playing guitar, taking walks) for the next 3 months, it is recommended that Mr. Leonard seek out a professional counselor for an additional evaluation and follow any/all updated recommendations.

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, Mr. Leonard, and yourself in this important matter.

Sincerely,

Ryan P. Smith

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

**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.