DIRECTIONS
COUNSELING GROUP

March 24, 2016

Seth Parker
5596 Diamond Loch
Columbus, Ohio 43228

Re: Clinical Behavioral Health / Anger Management Evaluation

Dear Mr. Parker:

I performed a Clinical Anger Management for you in reference to your February 2016 disorderly conduct charge in Youngstown, Ohio. This assessment included a 50-minute in-person clinical interview, and the administration of:

- Quick PsychoAffective Symptoms Scan (QPASS)
- Beck Depression Inventory-2 (BDI-II)
- Anger Control Questionnaire
- General anxiety/depression screening
- 50 minute in-person clinical interview

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)

Subscale Analysis Form:

- subscales for depression did not indicate a clinical concern regarding dysphoria, unsustained effort, fatigue, negative cognitions or anhedonia;

- subscales for anxiety did not indicate a clinical concern for apprehension, interpersonal anxiety or physiological arousal;

- subscales for anger did not indicate a clinical concern in regards to angry mood, resentment, indignation, or internalized anger; anger subscales indicated a mild problem with verbal expression of anger

Clinical Profile Form: screening did not indicate any concerns in regards to phobic avoidance, obsessive-compulsive traits, or psychosis; no indications of suicidal or homicidal ideation; screening did suggest further evaluation on the violence risk scale;

BDI-II: score = 2; screening did not indicate any problems or difficulties with a depressed mood state;

Anger Control Questionnaire: score = 29 scores between "20-50" indicate normal range of anger control; does not typically indicate need for clinical interventions

Depression Screening (PHQ-9): score= 1; no clinically significant concerns reported

Clinical Interview/Summary:
Your written screenings provided no overt indications of a clinical problem in regards to anxiety, depression, or anger control. During your clinical interview, we discussed the incident with your mother, which led to the aforementioned charge, along with a general review of your occupational, relational, and personal functioning to identify significant sources of personal stress. I did not find evidence that suggests you have any significant issues with depression or anxiety. You did, however, remark that there have been times in which your expression of anger has surprised you and that you do not handle your anger in a manner similar to most people. You also acknowledged that you have moderate to significant difficulty in controlling your anger when with your mother in part due to difficulties maintaining healthy boundaries in that relationship. Your general approach to anger control is of suppressing unwanted or unpleasant thoughts, emotions, and urges which tends to work only in the short-term. While I do not find evidence of intermittent explosive disorder or clear symptoms of another behavioral health disorder, I am recommending that you engage in outpatient counseling to gain skills that will help him handle uncomfortable psychological experiences in a more adaptive manner.

DSM-5 DIAGNOSIS in Reference to Substances: Z03.89 (suspected mental health condition not found); V61.20 Parent-child relational distress

Treatment Recommendations:

1) Outpatient counseling, recommend completion of an anger management group (recommend Kim Welsh PCC-S, CAMS-II 614-888-9200; next group begins May 2, 2016);

2) If there is another negative consequence regarding anger expression or anger control within the next year, it is recommended that you pursue an updated evaluation and enroll in extended outpatient counseling.

Thank you for the opportunity to assist you in this important matter.

Sincerely,

Ryan P. Smith

Ryan P. Smith MSW, LISW-S
SW Lic. #I.1000155-S

Diagnostic Conclusions / Limitations: Directions Counseling Group provides Clinical Behavioral 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.

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