

November 18, 2016

Doug Riddell, Attorney at Law  
Riddell Law  
1335 Dublin Road  
Columbus, Ohio 43215

**Re: Clinical Anger Management Evaluation for Ross Larger (DOB – 03/08/1995)**

Dear Mr. Riddell:

I performed a Clinical Anger Management Evaluation for Mr. Larger in reference to his August 2016 disorderly conduct charge in Franklin County. This assessment included a 50-minute clinical interview, and the administration of:

- Quick PsychoAffective Symptoms Scan (QPASS)
- Anger Management Assessment -Short Form (AMA-SF)
- PROMIS Anger Short Form (PROMIS Anger SF)
- National Anger Management Assessment (NAMA SF)
- 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)

Subscale Analysis Form:

- subscales for depression did not indicate a clinical concern regarding dysphoria, unsustained effort, fatigue, negative cognitions nor anhedonia;
- subscales for anxiety did not indicate a clinical concern for apprehension or interpersonal anxiety, nor physiological arousal;
- subscales for anger did not indicate a clinical concern in regards to angry mood, resentment, indignation, internalized anger, verbal or physical 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;

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

**NAMA SF:** score=22; scores between 0-39 indicate “none to mild” problem with anger;

**BDI-II:** score = 2; screening indicated a mild problem with depression;

**Substance Related Legal History Reported:** denied any previous legal history

**Anger Risk Factors:**

- ☒ low frustration/distress tolerance – NA
- ☐ judgmental and critical reactions – NA
- ☐ perfectionism toward self or others – NA
- ☐ all or nothing / “black or white” thinking – NA
- ☐ possessiveness in behavior toward others – NA
- ☐ significant difficulties in communication – NA
- ☐ punitive behavior toward others / receiving punitive behavior as a child – NA
- ☐ history of substance use or other addictive behavior – NA
- ☐ use of anger to feel powerful or in control – none reported
- ☐ prior anger-related counseling – NA
- ☐ current stress (relational, work, etc.) – NA

Summary – 1 of 11 concerns, mitigate concern with clinical recommendations

**Clinical Interview/Summary:**

Mr. Larger’s written screenings provided no overt indications of a clinical problem in regards to anxiety, depression, or anger control. Mr. Larger and I discussed the incident, which led to his present charge along with a general review of his occupational, relational, and personal stressors. I did not find evidence that suggests Mr. Larger has or has had any significant issues with depression or anxiety. I also did not find evidence that Mr. Larger has a maladaptive approach to dealing with his or other individual’s anger.

Mr. Larger’s clinical interview did not reveal any symptoms of an intermittent explosive disorder or other disruptive behavioral condition. He denied experiencing any changes to weight, diet, or sleeping patterns over the past year. He also denied any use of prescription or other the counter medication aside from sporadic use of ibuprofen. His mental status exam did not provide indications of hallucinations, delusions, or examples of cognitive errors.

Summary – I did not find evidence that Mr. Larger has any clinically significant impairment in controlling or appropriately managing his anger.

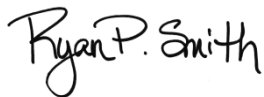
**DSM-5 DIAGNOSIS:** Z03.89 (suspected mental health condition not found)

**Treatment Recommendations:**

- 1) Since there is no clear diagnosis, I am not providing any recommendations for Mr. Larger at the present time.
- 2) If there is another negative consequence regarding anger expression or anger control within the next year, it is also recommended that Mr. Larger pursue extended outpatient counseling and/or enroll in an anger management group.

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

Sincerely,



Ryan P. Smith MSW, LISW-S  
SW Lic. #1.1000155-S  
cc: Ross Larger

**Diagnostic Conclusions / Limitations:** Directions Counseling Group provides Clinical Anger Management Evaluations 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.