

September 28, 2016

Sallynda R. Dennison, Attorney
500 S. Front St. Suite 102
Columbus, OH 43215

Re: Anger Management Assessment for Holly Jaudzems

Dear Ms. Dennison:

I provided a Clinical Anger Management assessment for Ms. Jaudzems in reference to her legal charges involving a September 9, 2015 domestic incident in Delaware County. This assessment included a 50-minute clinical interview and the administration of the following:

- A Mental Status Exam
- A Beck Depression Inventory
- A Zung Self Rating Anxiety Scale
- An Anger Control Inventory

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

Mental Status Exam

General Appearance – good eye contact, appropriate attire and hygiene

Speech Emotional State – appropriate volume and rate of speech, appropriate demonstration of emotional range congruent with content of speech

Thought Processes – logic and reasoning intact, no evidence of delusions, hallucinations, obsessions/compulsions

Sensorium & Mental Capacity – oriented x 3, normal

Insight & Judgment – appropriate in the individual as well as joint interview

Beck Depression Inventory

Score = 17; no acute depression symptoms or indications but mild to moderate signs of recent stress and dysphoria

Zung Anxiety Self Rating Scale

Anxiety Screening: Score = anxiety index = 60 or “marked to severe anxiety” (see clinical summary)

Anger Control Inventory

Score = 39 out of 100 possible; normal range of responses to typical circumstances and atypical circumstances that might provoke irritation or anger; answers congruent with clinical interview

Altercation Related Legal History and Incident Self-Report: Ms. Jaudzems denied any previous history of legal charges related to conflict or altercations of any kind. She shared with me that on the evening of September 9, her husband was calling her highly offensive names in front of their two children. She reported that their marriage of 24 years has seen a pattern of increasing conflict in recent years. She acknowledged that she slapped him on September 9th in response to the offensive name calling. Her husband called 911 right after she slapped him. She stated that she left the house but the sheriff responded to the 911 call and upon arriving, called her back to the home. She did return, admitted to slapping her husband, and was charged with domestic violence, disorderly conduct, and assault.

Clinical Interview/Summary: Ms. Jaudzems written screenings provided no indication a disruptive, impulse control, or social conduct disorder. We discussed the history of her marriage as well as her history in regards to how she copes with everyday frustrations or irritations that might occur outside of her marriage.

There were no indications in the written screenings or in the interview that Ms. Jaudzems has a problem or pattern of controlling her anger. I believe she regrets slapping her husband and has the capacity to refrain from doing so in the future. I also gained the clear impression that Ms. Jaudzems may have difficulty asserting herself when she needs to.

In my best clinical judgment, I believe Ms. Jaudzems would be best served by pursuing therapy with her husband (couple's therapy). If her husband does not wish to participate in therapy, I strongly recommend that Ms. Jaudzems engage with a therapist for her own wellbeing in terms of anxiety symptoms she is experiencing and in terms of guidance in her marriage in the event that conflict and tension continue. As a therapist with over 20 years' experience (including work with couples), I have concerns that without professional intervention and support, more high risk conflicts will occur in this relationship and that couple's therapy is a more appropriate place to address it than in an anger management service context.

Ms. Jaudzems is likely experiencing an anxiety disorder which seems to be directly related to the difficulty she is having in the marriage combined with the difficult experience and memories attached to her weekend in jail. While this assessment did not focus on anxiety disorders, her anxiety symptoms were palpable and in my opinion deserving of further assessment and treatment.


If the court possesses additional information about Ms. Jaudzems' history 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.

DSM-5 DIAGNOSES relative to anger management/impulse control disorders:
Z03.89 (suspected mental condition not found)

Treatment Recommendations: Since I found no cause of a DSM-5 disruptive, impulse control, or social conduct disorder, I have no professional recommendations at this time for Ms. Jaudzems in regards of anger management classes or training. I do however, recommend that Ms. Jaudzems meet with her husband and a couple's therapist to consider how to improve their relationship. If Mr. Jaudzems does not wish to participate in couples' therapy I recommend that Ms. Jaudzems see a therapist on her own to further diagnose and treat the anxiety symptoms she is experiencing. In this context Ms. Jaudzems could also find an opportunity to discuss her marriage and various healthy means to best respond and interact in times of conflict, disagreement, verbal abuse or name-calling, in case they reoccur in the future.

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

Sincerely,



Brian Davis, LISW-S, SAP
cc: Holly Jaudzems

Diagnostic Conclusions / Limitations: Clinical Anger Management assessments are based on objective and standardized screenings and interviewing methods. Conclusions made are to the best of the professional's ability with data on hand at the time of the assessment. Expanded assessments which involve extensive background research, collateral information and third party verification can be provided as an additional service upon request.