

July 15, 2016

Will Nesbitt, Attorney at Law
Koffel Law Firm
1801 Watermark Drive Suite 350
Columbus, Ohio 43219

Re: Clinical Anger Management Evaluation for Christopher Adkins (DOB – 08/24/1980)

Dear Mr. Nesbitt:

I performed a Clinical Anger Management Evaluation for Mr. Adkins in reference to his April 2016 charges for assault, domestic violence, and aggravated menacing. This assessment included a 60-minute clinical interview, and the administration of:

- State-Trait Anger Expression Inventory (STAXI-2)
- 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:

STAXI-2: screening revealed low-moderate scores for overall state anger and anger that is felt or expressed verbally or physically; screening revealed low scores regarding angry temperament and anger response; screening revealed low score for anger expression-outward and anger expression-in; screening revealed a moderate score for anger control-out and a moderate score for anger control-in;

QPASS

Emotional Temperature Form: results for depression fell within the mild range of severity; results for anxiety fell within the moderate range of severity; results for anger fell within the minimal range (a subclinical category) of severity

Subscale Analysis Form:

- subscales for depression indicated a severe problem with dysphoria and a moderate problem with negative cognitions, fatigue, and anhedonia; scores show a mild problem with unsustained effort;
- subscales for anxiety indicated a severe problem with physiological arousal and a moderate problem with apprehension; scores did not reveal any problem with interpersonal anxiety;

- subscales for anger indicated a moderate problem with resentment and indignation and a mild problem with angry mood and the verbal expression of anger; scores did not indicate a problem with internalized anger 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;

BDI-II: score = 13; screening indicates a moderate problem with depression; may be related to present relational difficulties;

Anger Control Questionnaire: score = 38; scores between “20-50” indicate normal range of anger control; does not typically indicate need for clinical interventions

Prior Legal History Reported: denied any prior legal charges

Clinical Interview/Summary:

Mr. Adkins’ written screenings provided indications of a clinical problem in regards to anxiety and depression but did not provide indications of a problem in regards to anger control. Mr. Adkins’ and I discussed the incident, which led to his present charge along with a general review of his occupational, interpersonal, and social functioning along with a past-year review of various life stressors. Mr. Adkins reported high level of stress in regards to his marital relationship and reported low stress in all other areas of role functioning.

Mr. Adkins’ clinical interview revealed mild to moderate impairment related to his anxious and depressive symptoms. At present he appears to meet DSM-5 criteria for an adjustment disorder related to the stress in his marital relationship. I did not find evidence that suggests Mr. Adkins has an impulse control disorder, intermittent explosive disorder, or behavioral difficulty in managing expressions of his anger. Mr. Adkins’ clinical interview revealed that his general approach to anger control is of suppressing unwanted or negative thoughts, emotions, and urges. This is in line with what is represented in his STAXI-2 screening. If anything Mr. Adkins may overcontrol his anger, having difficulty in expressing angry feelings and is likely to be underreactive in regards to anger. While I do not find Mr. Adkins showing signs of a behavioral disorder in regards to anger, I am recommending that he engage in brief outpatient counseling to help him gain skills to deal adaptively with the stress of his current relational situation and rule out a major mood disorder.

DSM-5 DIAGNOSIS in Reference to Substances: F43.23 adjustment disorder with mixed anxiety and depression

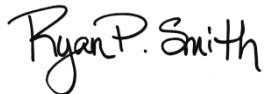
Treatment Recommendations:

- 1) Outpatient Counseling, recommend 6 outpatient counseling sessions; session should focus on gaining and practicing coping skills to increase Mr. Adkins' ability to adaptively handle emotional distress;
- 2) If there is any negative consequence regarding anger expression, anger control, or an increase in negative mood symptoms within the next year, it is recommended that Mr. Adkins seek an updated evaluation and follow all treatment recommendations.

If the court possesses 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. Adkins, and yourself in this important matter.

Sincerely,



Ryan P. Smith MSW, LISW-S
SW Lic. #1.1000155-S
cc: Christopher Adkins

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.