

September 23, 2016

Steve Fox, Attorney at Law  
The Steven T. Fox Law Firm  
1335 Dublin Road Suite 205A  
Columbus, Ohio 43215

**Re: Clinical Anger Management Evaluation for Dwayne Scaggs (DOB – 08/07/1967)**

Dear Mr. Fox:

I performed a Clinical Anger Management Evaluation for Mr. Scaggs as requested by the court in reference to his September 2016 domestic violence charge in Madison County. This assessment included a 60-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 severe concern with dysphoria and anhedonia; subscales for unsustained effort, negative cognition, and fatigue all fell within the moderate range of severity;
- subscales for anxiety indicated a severe concern with physiological arousal; subscales for apprehension and interpersonal anxiety fell within the mild range of severity;
- subscales for angry mood and resentment fell within the mild range of severity; subscales did not indicate a concern with regard to indignation, anger in, anger out verbal, or anger out physical;

Clinical Profile Form: screening indicated moderate concern with obsessive compulsive traits and a mild concern with psychotic traits; screening did not indicate any concern with phobic avoidance; no indications of homicidal ideation; screening did suggest further assessment of suicidal ideation; overall global psychopathology index was in the mild range of severity;

**BDI-II:** score = 24; screening indicated severe depressive symptoms;

**Anger Control Questionnaire:** score = 28; scores between “20-50” indicate normal range of anger control; does not typically indicate need for clinical interventions

**AMA-SF:** score = 22; scores between 0-39 indicate low risk of clinical concern with regard to anger;

**PROMIS Anger SF:** t score = 46.3; t scores of 55 or below indicate “none to slight” concern with regard to anger;

**Clinical Interview/Summary:**

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

Mr. Scaggs’ clinical interview did reveal some clinically significant impairment to various role functioning as a result of difficulties with negative mood states and present relational and financial distress. While I did not find evidence of Mr. Scaggs meeting criteria for intermittent explosive disorder or showing signs of a behavioral or mental health disorder in regards to anger, he does meet DSM-5 criteria for an adjustment disorder with mixed anxiety and depression. I did not find evidence that his typical response to anger is maladaptive, but it is my clinical opinion that he would benefit from individual outpatient therapy to gain better coping skills to deal with stress and negative mood states. Couples’ counseling is also advised if Mr. Scaggs and his wife decide to reconcile and work on their relationship.

**DSM-5 DIAGNOSIS in Reference to Substances:** F43.23 Adjustment disorder with mixed anxiety and depression; Z60.0 Phase of Life problem

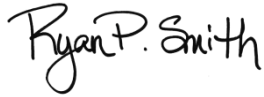
**Treatment Recommendations:**

- 1) Medication Consultation, recommend consultation with psychiatrist or physician for medication consultation on anxiety and depressive symptoms;
- 2) Outpatient Counseling, recommend 8-10 outpatient individual therapy sessions; sessions should focus on gaining and practicing coping skills to increase Mr. Scaggs’ ability to adaptively handle emotional distress; session frequency and duration at recommendation of providing counselor;
- 3) Couples’ Counseling, after completion of #1 & #2 it is advisable for Mr. Scaggs and his spouse to engage in marriage counseling should they decide to reconcile their present relationship (recommend Joe Johnston, 614-329-5729);
- 4) 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. Scaggs seek an updated evaluation where the minimum level of care would be group therapy or extended outpatient counseling.

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. Scaggs, and yourself in this important matter.

Sincerely,

A handwritten signature in black ink that reads "Ryan P. Smith". The signature is written in a cursive, flowing style.

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

**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.