

April 29, 2016

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

**Re: Clinical Anger Management / Behavioral Health Evaluation for Laura Stuckey (DOB – 04/29/1963)**

Dear Mr. Koffel:

I performed a Clinical Anger Management / Behavioral Health Evaluation for Ms. Stuckey in reference to her December 2015 domestic violence charge in Franklin County. This assessment included a 100-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 and depression fell within the mild range of severity; results for anger fell within the “minimal” category, a sub-clinical range

### Subscale Analysis Form:

- subscales for depression indicated a moderate problem with dysphoria and a mild problem with unsustained effort, negative cognition and fatigue; subscales did not indicate any clinical concern regarding anhedonia;
- subscales for anxiety indicated a moderate problem physiological arousal and a mild problem with apprehension; subscales did not reveal a clinical concern in regards to interpersonal anxiety;
- subscales for anger did not indicate a clinical concern in regards to angry mood, resentment, indignation, internalized anger, verbal expression of 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;

screening did not suggest further evaluation for risk of harm to self or violence to others;

**BDI-II:** score = 17; screening indicated a moderate to severe problem with depression; respondent stated positive remarks were related to or exacerbated by related to present legal charge and relational distress with spouse and child

**Anger Control Questionnaire:** score = 27; scores between “20-50” indicate normal range of anger control; does not typically indicate need for clinical intervention

**Clinical Interview/Summary:**

Ms. Stuckey’s written screenings provided some indications of a clinical problem in regards to anxiety and depression, but did not provide any indications of a problem with anger control. Ms. Stuckey and I discussed the incident, which led to her present charge along with a general review of her occupational, relational, and personal stressors. Ms. Stuckey’s clinical interview revealed symptoms of a depressive and anxiety mood disorder, and she presented with moderate difficulty in regulating her emotions. Ms. Stuckey reported significant distress in her marital relationship and in her relationship with her son which appears to be exacerbating her emotional dysregulation. In discussing her strategies for dealing with anger, I did not find evidence of inappropriate strategies or instances of physical aggression. Her general approach to anger control is of suppressing unwanted or negative thoughts and emotions by exiting the local environment.

A collateral phone call was made to Ms. Stuckey’s present counselor, Melanie Thornberg with Choices. Ms. Thornberg identified Ms. Stuckey as experiencing difficulty in her marital relationship along with clinical concerns around depression and post-traumatic stress. Ms. Thornberg denied having any knowledge of Ms. Stuckey having a problem with anger control and did not have any knowledge of instances in which Ms. Stuckey had acted in a physically aggressive manner beyond the December 2015 incident.

A second collateral phone call was made to Ms. Stuckey’s psychologist, Dr. Jim Fidelibus PhD. Dr. Fidelibus has been working with Ms. Stuckey for over a year, typically seeing her on one to two occasions per week. Dr. Fidelibus noted that he has witnessed Ms. Stuckey become frustrated and angry but not at levels beyond a normal and expected range. He noted that she has reported to him being the recipient of physical and verbal aggression by her husband. Dr. Fidelibus acknowledged that he has seen Ms. Stuckey become emotionally dysregulated when expressing herself and stated that this has been a focus of their treatment.

After surveying Ms. Stuckey’s written screening and with the additional collateral information from multiple mental health clinicians, I do not find evidence that Ms. Stuckey shows signs of a clinically significant impairment in regards to her anger control. While I do not find evidence of an intermittent explosive disorder or of another anger control-related behavioral disorder, I am recommending that she continue in outpatient counseling to gain skills that will help her handle distress in a more adaptive manner and to increase her overall capacity to adaptively regulate her emotional experience.

**DSM-5 DIAGNOSIS:** F32.9 Major Depressive Disorder, unspecified; F43.12 Post Traumatic Stress Disorder

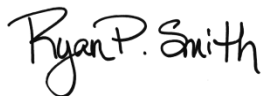
**Treatment Recommendations:**

- 1) Outpatient counseling, recommend continuation of weekly outpatient counseling sessions which are focused upon increasing Ms. Stuckey's acquisition of adaptive coping skills to increase her ability to regulate her emotions along with acceptance and mindfulness skills; total duration of counseling to be determined by ongoing assessment of professional counselor/psychologist;
- 2) If there is another negative consequence regarding anger expression or anger control within the next year, it is recommended that Ms. Stuckey discuss further options with a professional counselor.

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, Ms. Stuckey, and yourself in this important matter.

Sincerely,



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

**Prohibition against Re-Disclosure:** This information has been disclosed to you from records protected by Federal Confidentiality rules. The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client. Drug abuse patient records are also protected under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.R.R parts 160 & 165. (These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.)

**Diagnostic Conclusions / Limitations:** Directions Counseling Group provides Clinical Alcohol 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.