

April 7, 2016

Douglas A. Funkhouser Co., LPA  
Funkhouser Law  
765 South High Street  
Columbus, OH 43206-1908

**Re: Anger Management Assessment for John P. Hale (DOB - 02/16/1965)**

Dear Funkhouser:

I provided a General Mental Health assessment for Mr. Hale in reference to his legal charges involving a 2/21/2016 domestic incident. This assessment included a 50-minute in-person clinical interview and the administration of the following:

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

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

**Beck Depression Inventory**

Score = 10; no clinical indications of acute depression symptoms or indications of an immediate mental health crisis, some indication of chronic low grade depression symptoms which should be explored in a clinical interview

**Zung Self Rating Anxiety Scale**

Raw Score = 28/ Anxiety Index = 35; minimal or normal response range, no clinical indications of chronic or acute anxiety symptoms or indications

**Mental Status Exam**

General Appearance – normal confidence, 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

**Anger Control Inventory**

Score = 34 out of 100 possible: normal responses to situations which might provoke feelings of frustration or anger

**Altercation Related Legal History:** denies any previous history of legal charges related to conflict or altercations of any kind

**Clinical Interview/Summary:** Mr. Hale's written screenings provided some indications of a low grade chronic but intermittent depressive condition but no other overt signs of a mental health condition.

During the interview Mr. Hale was at ease and appeared to be non-defensive in general. He spoke in an unguarded manner without hesitation or apparent calculation. He had appropriate eye contact and displayed self-awareness with regard to his emotional and mental health. He noted that since going through a divorce 3 years ago he manifests some signs of depression at relatively mild level. These are: decreased energy, a desire to sleep more than necessary, increased difficulty concentrating and some decrease in appetite. He stated that he saw his primary care physician (Dr. \_\_\_\_\_) and a psychologist (Jack Tarpy, Ph.D) to treat the symptoms and has had good success. However, since incurring this legal charge in February he has experienced some of the same symptoms again. I did not find in his written screenings or the clinical interview that the symptoms were any more severe than he experienced around the time of his divorce.

In my best clinical judgement, I believe Mr. Hale has a dysthymic disorder (low grade depression) which increases during times of atypical stress but which is not at an acute level at this time. An appropriate intervention for Mr. Hale is to engage with Dr. Tarpy and his primary care physician for further consultation. I would expect the outcome of such an intervention to be productive and help him return to his normal level of functioning within a period of 1-3 months given his past utilization and success in using such services.

**DSM-5 DIAGNOSES:** F34.1 Dysthymia

**Treatment Recommendations:**

- 1) Resume individual outpatient therapy sessions with Dr. Jack Tarpy, Ph.D.;
- 2) Regular visits with primary care physician and inform of progress regarding depressive symptoms.

If the court possesses additional information about Mr. Hale's 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.

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

Sincerely,

A handwritten signature in black ink, reading "Brian F. Davis". The signature is written in a cursive, flowing style.

Brian Davis, LISW-S, SAP  
cc: John P. Hale

**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.