

August 24, 2016

Brian Joslyn, Attorney at Law
Joslyn Law Firm
501 S. High Street
Columbus, Ohio 43215

Re: Clinical Anger Management Evaluation for Shane Schifer (DOB – 08/08/1980)

Dear Mr. Joslyn:

I performed a Clinical Anger Management Evaluation for Mr. Schifer in reference to his assault charge in Ottawa 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
- 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, depression, and anger all fell within the minimal range (a subclinical category) of severity

Subscale Analysis Form:

- subscales for depression did not indicate a problem with dysphoria, unsustained effort, negative cognitions, fatigue, or anhedonia;
- subscales for anxiety did not indicate a problem with apprehension, interpersonal anxiety or physiological arousal;
- subscales for anger did not indicate a problem with angry mood, resentment, indignation, internalized anger, or verbal/physical anger expression;

Clinical Profile Form: screening did not indicate any concerns with regard to phobic avoidance, obsessive compulsive traits, or psychoticism; no indications of homicidal or suicidal ideation; overall global psychopathology index was in the minimal range of severity;

BDI-II: score = 1; screening did not indicate any concerns with depressive symptoms;

Anger Control Questionnaire: score = 21; scores between “20-50” indicate normal range of anger control; does not typically indicate need for clinical interventions

PHQ-9: score=1; screening does not indicate any concern with regard to depression;

Clinical Interview/Summary:

Mr. Schifer’s written screenings did not provide indications of a problem in regards to depression, anxiety, or anger control. Mr. Schifer and I discussed the alleged assault incident in Ottawa County, which led to his present charge along, with a general review of his occupational, interpersonal/familial, and social functioning as well as a past-year review of various life stressors.

Mr. Schifer’s clinical interview did not reveal any clinically significant impairment to his role functioning as a result of difficulties with anger or in attempts to adaptively manage anger. I did not find evidence that suggests Mr. Schifer has an impulse control disorder, intermittent explosive disorder, or behavioral difficulty in managing expressions of his anger.

Overall I do not find Mr. Schifer showing signs of a behavioral disorder in regards to anger nor did I find evidence that his approach to anger management typically results in physical or verbal aggression. Due to an absence of clinically significant symptoms, I am not making any ongoing recommendations at this time.

DSM-5 DIAGNOSIS in Reference to Substances: Z03.98 No suspected behavioral health disorder found

Treatment Recommendations:

- 1) There are no ongoing recommendations at the present time.
- 2) However, 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. Schifer seek an updated evaluation and seek out professional counseling services.

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. Schifer, and yourself in this important matter.

Sincerely,

Ryan P. Smith

Ryan P. Smith MSW, LISW-S
SW Lic. #1.1000155-S
cc: Shane Schifer

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.