

November 3, 2016

Joe Roush, Criminal Justice Administrator
City of Upper Arlington
City Attorney's Office
3600 Tremont Road
Upper Arlington, OH 43221-1558

**Re: Clinical Anger Management Evaluation for Woodrow David Burrier
(DOB – 10/07/1993)**

Dear Mr. Roush:

I performed a Clinical Anger Management Evaluation for Mr. Burrier in reference to his May 2016 domestic violence and assault charges in Franklin County. This assessment was part of a dual assessment (alcohol as, see separate evaluation) that included a 75-minute clinical interview, and the administration of:

- Quick PsychoAffective Symptoms Scan (QPASS)
- Anger Management Assessment -Short Form (AMA-SF)
- PROMIS Anger Short Form (PROMIS Anger SF)
- National Anger Management Assessment (NAMA SF)
- 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)

Subscale Analysis Form:

- subscales for depression did not indicate a clinical concern regarding dysphoria, unsustained effort, fatigue, negative cognitions nor anhedonia;
- subscales for anxiety did not indicate a clinical concern for apprehension or interpersonal anxiety, nor physiological arousal;
- subscales for anger did not indicate a clinical concern in regards to angry mood, resentment, indignation, internalized anger, verbal 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;

PROMIS Anger SF: t score =41.3; t scores of 55 or below indicate “none to slight” concern regard to anger;

NAMA SF: score=18; scores between 0-39 indicate “none to mild” problem with anger;

BDI-II: score = 6; screening indicated a mild problem with depression;

Substance Related Legal History Reported: alcohol was related to presently considered charges

Anger Risk Factors:

- ☐ low frustration/distress tolerance – NA
- ☐ judgmental and critical reactions – NA
- ☐ perfectionism toward self or others – NA
- ☐ all or nothing / “black or white” thinking – NA
- ☐ possessiveness in behavior toward others – NA
- ☐ significant difficulties in communication – NA
- ☐ punitive behavior toward others / receiving punitive behavior as a child – NA
- ☐ history of substance use or other addictive behavior – NA
- ☐ use of anger to feel powerful or in control – none reported
- ☐ prior anger-related counseling – NA
- ☒ current stress (relational, work, etc.) – stress-related to relational distress

Summary – 1 of 11 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary:

Mr. Burrier’s written screenings provided no overt indications of a clinical problem in regards to anxiety, depression, or anger control. Mr. Burrier and I discussed the incident, which led to his present charge along with a general review of his occupational, relational, academic, and personal stressors. I did not find evidence that suggests Mr. Burrier has or has had any significant issues with depression or anxiety. I also did not find evidence that Mr. Burrier has a maladaptive approach to dealing with his or others’ anger.

Mr. Burrier’s clinical interview did suggest that he was experiencing considerable distress in his most recent dating relationship. He described a pattern of action by his significant other that was first described by psychologist Lenore Walker as a pattern in abusive relationships: tension building, acute physical/verbal aggression, and then “honeymoon” period. Mr. Burrier stated that he left that relationship three weeks ago and has no desire to resume or reconcile that relationship.

Summary – I did not find evidence that Mr. Burrier has any clinically significant impairment in controlling or appropriately managing his anger.

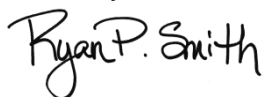
DSM-5 DIAGNOSIS: Z03.89 (suspected mental health condition not found); Rule out F43.21 adjustment disorder with depressed mood

Treatment Recommendations:

- 1) Since there is no clear diagnosis, I am not providing any recommendations for Mr. Burrier at the present time. However, if his depressive symptoms persist or cause increasing impairment to his overall functioning, Mr. Burrier is advised to seek further mental health care.
- 2) If there is another negative consequence regarding anger expression or anger control within the next year, it is also recommended that Mr. Burrier pursue extended outpatient counseling and/or enroll in an anger management group.

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

Sincerely,



Ryan P. Smith MSW, LISW-S
SW Lic. #1.1000155-S
cc: Woodrow David Burrier

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 Anger Management Evaluations 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.