

August 23, 2016

Keith Schneider, Attorney at law  
Maguire and Schneider LLP  
1650 Lakeshore Drive Suite #150  
Columbus, OH 43212

**Re: Clinical Anger Management Evaluation for Andrew Lombardi (DOB – 08/18/1988)**

Dear Mr. Schneider:

I performed a Clinical Anger Management Evaluation for Mr. Lombardi in reference to his April 2016 charges of domestic violence and disorderly conduct in Franklin 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 and depression fell within the moderate range of severity; results anger fell within the minimal range (a subclinical category) of severity

Subscale Analysis Form:

- subscales for depression indicated a severe problem with dysphoria; scores for fatigue, negative cognitions, and anhedonia were all within the moderate range of severity; score for unsustained effort fell within the mild range of severity;
- subscales for anxiety indicated a moderate problem with apprehension; result for interpersonal anxiety and physiological arousal fell within the minimal range of severity;
- subscales for anger indicated a mild problem with resentment, angry mood, and internalized anger; scores for indignation, anger out/verbal, and anger out/physical were all within the minimal range of severity;

Clinical Profile Form: screening indicated a moderate to severe problem with phobic avoidance and neuroticism; screening indicated mild concern in regards to obsessive-

compulsive traits; no indications of homicidal ideation but screening did flag respondent for further screening due to increased suicide risk; overall global psychopathology index was in the moderate range of severity;

**BDI-II:** score = 17; screening indicates a moderate to severe problem with depressive symptoms;

**Anger Control Questionnaire:** score = 23; scores between “20-50” indicate normal range of anger control; does not typically indicate need for clinical interventions

**PHQ-9:** score=13; indicates moderate to severe problem with depression;

**Clinical Interview/Summary:**

Mr. Lombardi's written screenings provided indications of a clinical problem in regards to anxiety and depression but did not provide indications of a problem in regards to anger control. Mr. Lombardi and I discussed the alleged domestic violence and disorderly conduct incident with his fathers, 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. Lombardi reported that he works as the general manager of a family owned restaurant where he works with his father on a daily basis. Mr. Lombardi also resides with his father.

Mr. Lombardi's clinical interview revealed moderate impairment related to his anxious and depressive symptoms. At present he appears to meet DSM-5 criteria for major depressive disorder, recurrent with melancholia and generalized anxiety disorder. I did not find evidence that suggests Mr. Lombardi has an impulse control disorder, intermittent explosive disorder, or behavioral difficulty in managing expressions of his anger. Mr. Lombardi is presently prescribed anti-depressant medication and reported drinking alcohol on the night of his charge. It is advisable for him to consult with his present psychiatrist about possible contraindications of consuming alcohol while prescribed anti-depressant medication.

Overall I do not find Mr. Lombardi 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. I am recommending that he consult with his present psychiatrist for medication management. If anxious and depressive symptoms do not abate then it is advisable to seek professional counseling services as well.

**DSM-5 DIAGNOSIS in Reference to Substances:** F33.1 Major depressive disorder, recurrent, moderate; F41.1 Generalized anxiety disorder

**Treatment Recommendations:**

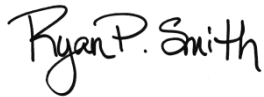
- 1) Medication Consultation, recommend consultation with present psychiatrist; review contraindications of prescribed medication and update physician on recent mood state and/or any behavioral difficulties;

- 2) 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. Lombardi seek an updated medication consultation 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. Lombardi, and yourself in this important matter.

Sincerely,



Ryan P. Smith MSW, LISW-S  
SW Lic. #1.1000155-S  
cc: Andrew Lombardi

**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.