

October 10, 2016

Gerald Sunbury
35 East Livingston Ave.
Columbus, Ohio 43215

Re: Clinical Anger Management Evaluation for Jacob Follrod (DOB – 08/20/1966)

Dear Mr. Sunbury:

I performed a Clinical Anger Management Evaluation for Mr. Follrod in reference to his August 2016 domestic violence and assault charge in Franklin County. This assessment included a 60-minute in-person 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)
- Anger Control Questionnaire
- Beck Depression Inventory-2 (BDI-II)
- 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, negative cognitions, fatigue or anhedonia;
- subscales for anxiety did not indicate a clinical concern for apprehension, physiological arousal or interpersonal anxiety;
- subscales for anger did not indicate a clinical concern in regards to angry mood, resentment, indignation, internalized anger or verbal 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;

AMA-SF: score = 28; scores between 0-39 indicate low risk of clinical concern with regard to anger;

PROMIS Anger SF: t score = 43; t scores of 55 or below indicate “none to slight” concern with regard to anger;

Anger Control Questionnaire: score = 29; scores between “20-50” indicate normal range of anger control; does not typically indicate need for clinical interventions;

BDI-II: score = 0; screening indicated a mild problem with depression;

Depression Screening (PHQ-9): score= 0; no clinically significant concerns reported;

Present Substance Use Status: Present alcohol use does not indicate problem use;

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.) – NA

Summary - 0 of 11 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary:

Mr. Follrod’s written screenings provided no overt indications of a clinical problem in regards to anxiety, depression, or anger control. Mr. Follrod and I discussed the incident, which led to his present charge along with a general review of his occupational, relational, familial, and personal stressors. I did not find evidence that suggests Mr. Follrod has had or presently has any significant issues with depression, anxiety or anger control. I did not find evidence that Mr. Follrod’s approach to anger control has caused or exacerbated any clinically significant impairment. At present Mr. Follrod does not meet DSM-5 criteria for a mood disorder. I also did not find indications of any clinically significant impairment due to anger management. I have no clinical recommendations for Mr. Follrod at this time.

DSM-5 DIAGNOSIS in Reference to Substances: Z03.89 (suspected mental health condition not found)

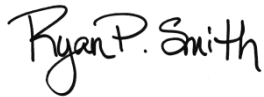
Treatment Recommendations:

- 1) There are no clinical recommendations for Mr. Follrod at this time;
- 2) If there is another negative consequence regarding anger expression or anger control within the next year, it is recommended that Mr. Follrod pursue brief outpatient counseling and/or enroll in an anger management group.

If the court possesses additional information about Mr. Follrod 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. Follrod, and yourself in this important matter.

Sincerely,



Ryan P. Smith MSW, LISW-S
SW Lic. #1.1000155-S
cc: Jacob Follrod

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.