

October 24, 2016

Dustin M. Blake, Attorney at Law  
580 S. High Street  
Suite 200  
Columbus, Ohio 43215

**Re: Clinical Anger Management Evaluation for Alexander Gessel (DOB – 03/01/1991)**

Dear Mr. Blake:

I performed a Clinical Anger Management Evaluation for Mr. Gessel regarding his July 2016 assault charge. This assessment included a 75-minute clinical interview, and the administration of:

- Quick PsychoAffective Symptoms Scan (QPASS)
- Beck Depression Inventory-2 (BDI-II)
- Anger Control Questionnaire
- Anger Management Assessment Short Form (AMA-SF)
- PROMIS Emotional Distress Anger Short Form

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 of severity (a subclinical category)

Subscale Analysis Form:

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

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 = 2; screening indicated no 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

**AMA-SF:** score = 20; scores between 0-39 indicate low risk of clinical concern with regard to anger;

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

**Clinical Interview/Summary:**

Mr. Gessel’s written screenings did not provide any indications of impairment due to anxiety, depression, or anger management. His written screenings did not provide any indications of clinically significant impairment due to anger control or expression. Mr. Gessel and I discussed the incident that led to this evaluation at length as well as reviewing his occupational, interpersonal, social, and recreational functioning over the past three years. Mr. Gessel has sustained upwards of 10+ concussions/head injuries with his most recent TBI in May 2016. Mr. Gessel has received post-concussive treatment to deal with mild TBI symptoms.

Mr. Gessel’s clinical interview did not reveal any indications of a mental health disorder as defined by DSM-5 standards. Furthermore, I did not find evidence of significant stress, black-and-white thinking, difficulties in communication, or maladaptive coping skills. Mr. Gessel and I discussed the importance of ongoing monitoring of his mental health and behavioral functioning as TBI symptoms may manifest months after receiving head injuries. We also discussed strategies to adaptively manage and cope with daily stressors. Mr. Gessel was open and receptive to my suggestions of ways to increase his ability to cope with daily stressors.

Overall I do not find evidence of Mr. Gessel showing signs of a behavioral or mental health disorder. I did not find evidence that his approach to anger management is likely to result in physical or verbal aggression or cause clinically significant impairment.

**DSM-5 DIAGNOSIS in Reference to Substances:** z03.89 Suspected mental health disorder not found

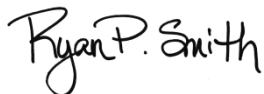
**Treatment Recommendations:**

- 1) At present there are no further clinical recommendations;
- 2) If there is any other incident related to anger expression or control, it is recommended that Mr. Gessel seek an updated mental health evaluation, consult with a physician with experience in head injuries and engage in brief outpatient counseling.

If there is any 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. Gessel, and yourself in this important matter.

Sincerely,



Ryan P. Smith MSW, LISW-S  
SW Lic. #I.1000155-S  
cc: Alexander Gessel

**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.