

June 16, 2016

Will Nesbitt, Attorney at Law
The Koffel Law Firm
1801 Watermark Drive
Suite 350
Columbus, Ohio 43215

Re: Clinical Anger Management Evaluation for Todd Skipton (DOB – 10/24/1964)

Dear Mr. Nesbitt:

I performed a Clinical Anger Management Evaluation for Mr. Skipton in reference to his May/June 2016 domestic violence and assault charges. This assessment included a 60-minute in-person 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 fall within the minimal range off severity (a subclinical category); results for anger fell within the mild range of severity

Subscale Analysis Form:

- subscales for depression did not indicate a clinical concern regarding dysphoria, unsustained effort, fatigue, or anhedonia; subscales indicated a mild concern regarding negative cognitions;
- subscales for anxiety did not indicate a clinical concern for apprehension, physiological arousal or interpersonal anxiety;
- subscales for anger indicated a moderate concern regarding angry mood, indignation, and internalized anger; subscales indicated a mild concern regarding resentment and 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 ideation;

screening suggested further evaluation to rule out violence risk;

BDI-II: score = 6; screening indicated mild difficulty with depression; score appears to be elevated due to present circumstances;

Anger Control Questionnaire: score = 53; scores between “20-50” indicate normal range of anger control; scores between “51-80” suggest outpatient counseling could be beneficial in acquiring adaptive coping skills;

Prior Legal History Reported: denied receiving any prior legal charges

Clinical Interview/Summary:

Mr. Skipton’s written screenings provided no indications of a clinical problem in regards to anxiety or depression but did suggest some clinical concern in regards to his anger control. Mr. Skipton and I discussed the incident, which led to his present charge along with a general review of his occupational, relational, and personal functioning. We also discussed at length historical and present relational conflict with his spouse as well as life stressors. I did not find evidence that suggests Mr. Skipton has any significant issues with depression or anxiety. I also did not find evidence that suggests Mr. Skipton has an impulse control disorder or intermittent explosive disorder, but his clinical interview did reveal some behavioral difficulty in managing healthy expression and control of anger. Mr. Skipton’s clinical interview revealed that his general approach to anger control is of suppressing unwanted or negative thoughts, emotions, and urges or engaging in various behaviors to manage anger through use of a short-term distraction. Mr. Skipton freely acknowledged that such behaviors do not provide a long-term solution to distress but that he lacked knowledge of other coping skills.

Given his report of ongoing relational distress, I advised Mr. Skipton to seek marital/couples’ counseling if his spouse is willing to engage in such services. I am also recommending that he engage in counseling services to acquire adaptive skills to deal effectively with his anger and general life stressors.

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

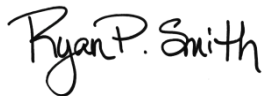
Treatment Recommendations:

- 1) Outpatient counseling, recommend 8-10 outpatient counseling sessions focusing on acquiring coping skills to deal with anger and emotional distress; counseling may be individual or group oriented;
- 2) If there is another negative consequence regarding anger expression or anger control within the next year, it is recommended that Mr. Skipton seek an updated evaluation and follow all treatment recommendations.

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. Skipton, and yourself in this important matter.

Sincerely,

A handwritten signature in black ink that reads "Ryan P. Smith". The signature is written in a cursive, flowing style.

Ryan P. Smith MSW, LISW-S
SW Lic. #1.1000155-S
cc: Todd Skipton

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.