

January 20, 2016

Brad Koffel, Attorney at Law
The Koffel Law Firm
1801 Watermark Drive Suite 350
Columbus, OH 43219

Re: Anger Management Evaluation for Gregory Rand

Dear Mr. Koffel:

I performed an anger management evaluation for Mr. Gregory Rand in regards to his November 2015 domestic violence charge in Franklin County. As part of his evaluation, I administered a

- Quick PsychoAffective Symptoms Screen (Q-PASS)
- a Beck Depression Inventory II (BDI-II)
- an anger control questionnaire
- a clinical interview

Below are the results of his evaluation and my clinical recommendations:

QPASS

Emotional Temperature Form: overall scores for anxiety and depression fell within a mild category of severity; overall scores for anger fell within the minimal range (a subclinical category)

Subscale Analysis Form:

- subscales for depression did not indicate a clinical concern regarding dysphoria or negative cognitions; subscale scores did indicate a mild problem with unsustained effort, fatigue and anhedonia;
- subscales for anxiety did not indicate a clinical concern for apprehension or interpersonal anxiety; subscale scores did indicate a moderate problem with physiological arousal – may represent somatic experiencing of distress;
- subscales for anger did not indicate a clinical concern in regards to angry mood or physical expression of anger; subscales did show signs of a mild problem with resentment, indignation, and internalized 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

BDI-II: score = 8; screening indicates a problem with depression

Anger Control Questionnaire: score = 22; scores between “20-50” indicate normal range of anger control; does not typically indicate need for clinical interventions

Anxiety/Depression Screening: no clinically significant concerns reported

Clinical Summary: Mr. Rand’s written screenings provided mixed indications of a mild problem with depression, anxiety, and anger control. Mr. Rand and I discussed the incident, which led to

his present charge along with a general review of his occupational, relational, recreational, and interpersonal functioning. Mr. Rand reported a series of personal, relational, and occupational stressors which appears to have resulted in his experiencing of acute depressive and anxious symptoms. Mr. Rand and I discussed coping strategies he has used to deal with difficult emotions and experiences and present barriers to his use of such coping skills. Mr. Rand reported that prior to this charge he was working 60-70 hours/week and reported he has and continues to experience ongoing problems with his sleep. While his clinical interview did not reveal indications of intermittent explosive disorder or another behavioral health concern, I am recommending some brief outpatient counseling to assist Mr. Rand in gaining adaptive coping skills to deal with ongoing occupational and relational stressors.

DSM-5 Diagnosis: F43.25 Adjustment disorder with mixed emotions and disturbance of conduct; Z63.0 relational distress with spouse

Recommendations:


- 1) Outpatient Counseling, recommend 6-10 outpatient counseling sessions with a professional counselor who has experience in dealing with anger management

OR

- 2) Anger Management Group, recommend attendance and participation with group anger management counseling;
- 3) Physician consult, recommend consultation with primary care physician if there is no improvement with sleep by completion of outpatient counseling.

Mr. Seciliot has signed a release to communicate the results of this assessment to you. Feel free to contact me should you have any questions about this assessment.

Sincerely,



Ryan Smith, MSW, LISW-S
SW Lic. #I.1000155-S
cc: Gregory Rand