

December 23, 2014

Chelan County Superior Court  
P.O. Box 3025  
Wenatchee, WA 98807

**Re: Anger Management Assessment for Jesse Goerlitz**

Dear Chelan County Clerk:

I provided a Clinical Anger Management assessment for Mr. Goerlitz in reference to his Assault II (F3) in November of 2012 in Chelan County. This assessment included the administration of: a anger control screening inventory, a depression screening, an anxiety screening, and a 50 minute clinical interview by telephone. The following items provide a summary of the screening results, my diagnostic opinion and professional recommendations:

**Incident:** Mr. Goerlitz shared that there was a history of what he felt to be harassment by an individual who was previously married to his cousin. In response to a threat against his family, whispered to Mr. Goerlitz in a public setting (11/2012), Mr. Goerlitz lost control and attacked the man physically and caused him injury. Consequently Mr. Goerlitz was charged with assault, served 60 days in jail and was put on probation.

**Depression Screening:** no clinically significant symptoms reported

**Anxiety Screening:** reported mild symptoms which are being successfully managed with medical intervention and pastoral counseling

**Anger Control Screening Inventory:** Score = 4/ Negative Screening, raw score provided no indication of clinically significant impulse control, repeat or chronic problems with public or domestic rage

**Other Related Concerns or Related DSM 5 Diagnoses:** none found or reported

**Substance Use Screening:** self-report indicated rare use of one drink in social settings, no inconsistencies or discrepancies to suggest otherwise in the interview

**Altercation Related Legal History:** reported one disorderly conduct charge related to his attempt to break up a fight taking place in a bar/restaurant (about 2009); Mr. Goerlitz reported that he has had no recurring incidents with the individual, no probation violations and no unreported outbursts of anger or violence at home or in public

**Clinical Interview/Summary:** Mr. Goerlitz's written screenings provided no indication of an impulse control disorder, sociopathic characteristics or clinical suggestions of a propensity toward violence or explosions of anger. We discussed his November 2012 assault charge at length as well as his general emotional state and responses in situations where frustration present the need to adapt, problem solve and respond with conscientious forethought.

After speaking with Mr. Goerlitz for 50 minutes I gained several significant clinical impressions: 1) that Mr. Goerlitz has spent considerable time reflecting on the original assault he committed; 2) that Mr. Goerlitz has come to a point where is not shifting blame for the incident; 3) that Mr. Goerlitz has identified several alternative thinking and behaving alternatives should a similar situation ever present itself again.

I believe that his jail time (60 days served) and counseling (12-15 sessions to date) have helped him reflect and develop appropriate insight. I am of the opinion, to a reasonable degree of clinical certainty, that Mr. Goerlitz does not have a DSM 5 disorder which suggests that he is in need of anger management treatment at this time.


**DSM 5 DIAGNOSIS Relative to Anger Control:** V 71.09 (none found)

**Recommendations:** Based on the screening results and clinical interview, I do not recommend a formal anger management program for Mr. Goerlitz at this time. He reports ongoing voluntary/ self -motivated use of pastoral counseling and that he has found it helpful not only to process this legal incident but for self- improvement in general. I am supportive of Mr. Goerlitz's choice to continue utilizing such support but am not making any specific clinical recommendation to do so as part of a professional mental health assessment for control of his anger.

If Mr. Goerlitz has difficulty with a public outburst, violence, rage or even preoccupation with retaliating against someone in the future I recommend that he seek further evaluation and follow all treatment recommendations.

Thank you for the opportunity to assist the court and Mr. Goerlitz in this important matter.

Sincerely,



Brian Davis, LISW-S, SAP  
cc: Jesse Goerlitz

**Diagnostic Conclusions / Limitations:** Clinical anger management assessments are based on objective and standardized screenings and interviewing methods. Conclusions made are to the best of the professional's ability with data on hand at the time of the assessment. Expanded assessments which involve extensive background research, collateral information and third party verification can be provided as an additional service upon request.