

June 28, 2016

Ryan Shafer, Attorney at Law  
Joslyn Law Firm  
501 S. High Street  
Columbus, Ohio 43215

**Re: Clinical Anger Management Evaluation for Amanda Staton (DOB – 03/03/1969)**

Dear Mr. Shafer:

I performed a Clinical Anger Management Evaluation for Ms. Staton in reference to her March 2016 domestic violence and assault charges. This assessment included a 60-minute clinical interview and the administration of:

- Quick PsychoAffective Symptoms Scan (QPASS)
- Beck Depression Inventory-2 (BDI-II)
- Anger Control Questionnaire
- General anxiety/depression screening

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, anhedonia or any concern regarding negative cognitions; subscales indicated a mild concern with fatigue;
- subscales for anxiety indicated a mild concern regarding physiological arousal and apprehension; subscales did not indicate any concern with interpersonal anxiety;
- subscales for anger did not indicate a clinical concern in regards to angry mood, resentment, or internalized anger; anger subscales indicated a mild concern with indignation 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 or homicidal ideation;

**BDI-II:** score = 2; screening did not indicate any difficulty with depression; respondent's answers were in agreement with other screenings and her self-report

**Anger Control Questionnaire:** score = 28; scores between "20-50" indicate normal range of anger control; does not typically indicate need for clinical interventions

**Patient Health Questionnaire (PHQ-9):** score = 1; score does not indicate problems with depression

**Prior Legal History Reported:** denied receiving prior legal charges

**Clinical Interview/Summary:**

Ms. Staton's written screenings provided no overt indications of a clinical problem in regards to anxiety, depression, or anger control. Ms. Staton and I discussed the incident, which led to her present charges along with a general review of her occupational, relational, and personal functioning along with a past-year review of various life stressors. I did not find evidence that suggests Ms. Staton has any significant issues with depression or anxiety though she acknowledged experiencing panic attacks after her separation from her ex-husband. I also did not find evidence that suggests Ms. Staton has an impulse control disorder, intermittent explosive disorder, or behavioral difficulty in managing healthy expression of anger. Ms. Staton's clinical interview revealed that her general approach to anger control is of suppressing unwanted or negative thoughts and emotions. Ms. Staton acknowledged that such behaviors do not provide a long-term solution to distress but that she is presently exploring yoga, exercise, and other activities to have more adaptive coping skills which I encouraged further participation.

In summary I do not find any clinically significant indications of Ms. Staton having a behavioral health condition in regards to anger, anxiety, or depression.

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

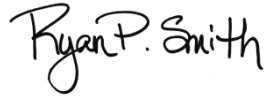
**Treatment Recommendations:**

- 1) There are no clinical recommendations at this time;
- 2) If there is another negative consequence regarding anger expression or anger control within the next year, it is recommended that Ms. Staton seek an updated evaluation where outpatient counseling or an anger management group is the minimum level of care.

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, Ms. Staton, 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: Amanda Staton

**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.