

August 25, 2016

Doug Funkhouser, Attorney
Funkhouser Law
729 S. 3rd Street
Columbus, Ohio 43206

Re: Anger Management Assessment for Landis McIntyre

Dear Mr. Funkhouser:

I provided a Clinical Anger Management assessment for Mr. McIntyre in reference to his domestic violence and aggravated menacing charges in Franklin County (June 2016). This assessment included a full clinical interview and the administration of the following:

- Mental Status Exam
- A Q-PASS (Quick Psychoaffective Symptoms Scale)
- A Beck Depression Inventory
- An Anger Control Inventory
- DSM-5 Cross Cutting Symptom Measure

The following items provide a summary of the screening results, my diagnostic opinion and professional recommendations:

Mental Status Exam

General Appearance – normal confidence, good eye contact, appropriate attire and hygiene

Speech Emotional State – appropriate volume and rate of speech, appropriate demonstration of emotional range congruent with content of speech

Thought Processes – logic and reasoning intact, no evidence of delusions, hallucinations, obsessions/compulsions

Sensorium & Mental Capacity – oriented x 3, normal

Insight & Judgment – appropriate in the individual as well as joint interview

Q-PASS Screening Results

Depression Screening: Score= 0 - no chronic or acute depression indicated

Anxiety Screening: Score = 8 - no chronic or acute anxiety indicated

Anger Screening: Score = 0 - no chronic or acute signs or symptoms of anger control

Beck Depression Inventory

Score = 0; no chronic or acute depression symptoms or indications

Anger Control Inventory

Score = 20 out of 100 possible: normal responses to situations which might provoke feelings of anger

DSM-5 Cross Cutting Symptom Measure

No chronic or acute conditions identified, all screening for depression, anxiety and anger problems consistent with negative QPASS results

Altercation Related Legal History: denies any previous history of legal charges related to conflict or altercations of any kind

Client's Report of the Incident: Mr. McIntyre stated that while he was waiting for his son to return to his truck after retrieving his electronic tablet from his mother's house, Ms. Lindsay (the child's mother) came out and initiated a verbal altercation. Mr. McIntyre reports that he remained in his truck with his seat belt on. Ms. Lindsay's boyfriend (Jeff Davis III) then came out and stated that he was going to "snatch Mr. McIntyre out of the vehicle" and beat him up. Mr. McIntyre warned Mr. Davis not to proceed, and advised him that he had his (concealed carry) pistol with him. He denies pointing the weapon at Mr. Davis or anyone else, and stated that he did not raise it off the seat, but did reveal to Mr. Davis that the weapon was on the seat and in its holster. After his son got in the truck, Mr. McIntyre went home and called the police. Officer Agee came over to speak with Mr. McIntyre and took a report. Later, an officer McKenzie apparently spoke with Ms. Lindsay and/or Mr. Davis and subsequently the *menacing* and *domestic violence* charges were filed against Mr. McIntyre in reference to the described interaction. Mr. McIntyre stated that both of his twin sons were witnesses of the incident.

Clinical Interview/Summary: Mr. McIntyre's written screenings provided no indication a disruptive, impulse control, or social conduct disorder. He presented in a non-defensive and calm manner in the clinical interview as we discussed the incident as well his general means to handle disappointments, everyday irritations, or emotionally difficult situations and/or relationships. My clinical impression is that he has normal control over his anger. I found no cause to believe Mr. McIntyre is experiencing suicidal, homicidal or other destructive urges of any kind. Furthermore, I did not get the sense that he experiences global chronic unresolved conflicts or loss of control with regard to normal irritations or angry impulses.

If the court possesses additional information about Mr. McIntyre's history 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.

DSM-5 DIAGNOSES relative to anger management/impulse control disorder:

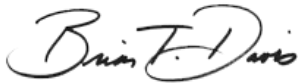
Z03.89 (suspected mental condition not found)

Treatment Recommendations: Since I found no cause of a DSM-5 disruptive, impulse control, or social conduct disorder, I have no further professional recommendations at

this time. If Mr. McIntyre experiences repeated involvement with law enforcement related to domestic incidents it is recommended that he meet with a mental health professional for additional assessment and follow all treatment recommendations.

Thank you for the opportunity to assist the court, Mr. McIntyre, and yourself in this important matter.

Sincerely,

A handwritten signature in black ink, reading "Brian F. Davis". The signature is fluid and cursive, with the first name "Brian" and last name "Davis" clearly legible.

Brian Davis, LISW-S, SAP
cc: Landis McIntyre

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.