

February 17, 2015

Jeffrey Stavroff, Attorney  
The Koffel Law Firm  
Watermark Island Building  
1801 Watermark Drive  
Columbus, OH 43215

**Re: Anger Management Assessment for Daniel Domanowski**

Dear Mr. Stavroff:

I provided a Clinical Anger Management assessment for Mr. Domanowski in reference to his *Domestic Violence* and *Domestic Assault* charges in Franklin County in December of 2014. This assessment included the administration of: a depression screening, an anxiety screening, an anger control screening inventory, a psychoaffective symptom scan, 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. Domanowski shared that on the evening of his charges, he and his wife had been drinking heavily. He states that an argument ensued shortly after they arrived home from a club late that evening. Mr. Domanowski admitted that he hit his wife with the back of his hand during the altercation. He states that she did not retaliate physically. When Mr. Domanowski left their residence shortly after the incident, his wife called the police. Mr. Domanowski states that there had been no previous physical altercations between he and his wife and none since the night of his charges in 2014. Mr. Domanowski maintains that their argument was mainly fueled by excessive drinking as well as poor coping and communication skills between he and his wife. He stated in addition that he and his wife are currently engaging in marital counseling where they are both working towards a healthier relationship going forward.

**Clinical Instrument Scores/Brief Interpretation**

**Beck Depression inventory:** score = 0 on a 0-62 scale; negative screen, no depressive symptoms of clinical concern

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

**Basic Anger Control Screening Inventory:** Score = 36 on a 20-100 scale; no overt dysfunction or loss of control in frustrating circumstances indicated by this score; scores below 27 may be suspect of respondent "faking good" or denying the existence of normal human emotions of frustration and/or anger.

**QPASS- Quick Psychoaffective Symptom Scan**

Depression - scores are within the normal range, no diagnosis or treatment indicated.

Anxiety - scores are within the normal range, no diagnosis or treatment indicated.

Anger - scores within normal range; no impulse control disorder found. No treatment indicated.

**Other Related Concerns or Related DSM 5 Diagnoses:** none reported or observed  
**Substance Use Screening:** self-report indicated use of one drink approximately 2 times per week since the incident; Mr. Domanowski states he has significantly decreased his drinking as a result of his charges and the physical dispute with his wife; no inconsistencies or discrepancies found to suggest otherwise in the interview  
**Altercation Related Legal History:** no previous legal incidents reported

**Clinical Interview/Summary:** Mr. Domanowski's written screenings provided no indication of an impulse control disorder, sociopathic characteristics or clinical suggestions of a propensity toward violence or loss of anger control. We discussed his December 2014 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. Domanowski I gained several significant clinical impressions: 1) that Mr. Domanowski has spent considerable time reflecting on the assault he committed against his wife; 2) that Mr. Domanowski has been reflecting on his behaviors and as a result is attending marriage counseling with his wife to lessen the likelihood of any further incidents; 3) that Mr. Domanowski has realized that excessive drinking was a factor in the incident with his wife and as a result, he has decreased his drinking with no plans to increase in the future.

I am of the opinion, to a reasonable degree of clinical certainty, that Mr. Domanowski 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. Domanowski at this time. He reports ongoing and voluntary marital therapy with his wife and feels that it has been helpful for him to communicate more effectively and incorporate different coping skills to regulate his emotions and tolerate the distress he feels during arguments and disagreements without resorting to physical violence. I am supportive of Domanowski'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. Domanowski has difficulty with any further physical altercations with his wife or any other person, I recommend that he seek further evaluation and follow all treatment recommendations.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Anita McLeod', with a stylized, cursive script.

Anita McLeod, LCSW, SAP  
cc: Daniel Domanowski

**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.