

August 18, 2016

Marcus Van Wey, Attorney at Law Wolfe Van Wey & Associates, LLC. 1350 West 5th Avenue, Suite 124 Columbus, OH 43212

Re: Clinical Alcohol Assessment for Stanley G. Logan (DOB – 09/10/1988)

Dear Mr. Van Wey:

I performed a Clinical Alcohol Assessment for Mr. Logan in reference to his March 2016 OVI charge in Franklin County. This assessment included a 60-minute clinical interview, and the administration of:

- A Substance Abuse Subtle Screening Inventory (SASSI-3)
- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- A general anxiety/depression screening

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

SASSI-3: overall scores indicated a *high probability* of a moderate to severe alcohol use disorder diagnosis; screening was valid and referenced respondent's entire lifetime

MAST: score = 7 / *POSITIVE SCREEN*; screening indicates regular pattern of problem drinking; mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

AUDIT: score = 17 / *POSITIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 15 or more in men indicate *moderate to severe* disorder present; mitigate concerns with clinical recommendations (screen relative to use of alcohol within the past 24 months)

Alcohol Use Risk Factors:

□ legal history – prior alcohol-related OVI in 2009; 2 prior public intoxication charges
□ severity of incident – NA
□ anxiety/depression/mental health – history of GAD and panic symptoms
□ general health issues – NA
□ exposure to trauma – NA
□ use of liquor – NA
□ other substance use – NA
□ contraindicated prescription use – NA

☐ family history – none reported
□ prior treatment history – NA
 ☑ negative peer influence – peers engage in similar patterns of alcohol consumption ☐ at-risk work environment – NA
□ current stress (relational, work, etc.) – NA
Current stress (relational, work, etc.) – IVA
Summary - 3 of 13 concerns, mitigate concern with clinical recommendations
Clinical Interview/Summary:
ALCOHOL – Mr. Logan's written screenings provided clear indications of an alcohol use disorder at a moderate level. He appeared open and forthright in the clinical interview and shared information indicating 4 problem alcohol use symptoms (see below). Mr. Logan shared that his typical use of alcohol as the following: 1-2 India pale ales on 1-2 occasions during the week and 6-9 drinks on a Friday or Saturday. Mr. Logan reported that he has attended a 72-hour Driver Intervention Program through MESA as part his court proceedings.
SUMMARY – Mr. Logan's written screenings and clinical interview indicate he meets criteria for a moderate alcohol use disorder diagnosis. I am recommending some ongoing outpatient counseling to assist him in moderating his alcohol use and reducing his potential of future harm.
DSM-5 Alcohol Use Symptoms:
□ Recurrent use beyond intention
☐ Persistent desire or unsuccessful efforts to reduce/quit use
☐ Substantial time spent obtaining, using, or recovering from use
☐ Strong craving/desire
☐ Recurrent failure to fulfill a major role (work, home, school)
☑ Continued use despite recurrent social/interpersonal problems☐ Important social, occupational, recreational activities relinquished
 ☑ Recurrent physically hazardous use
☐ Continued use despite knowledge of contraindicated physical or psychological
condition ⊠ Tolerance
☐ Withdrawal symptoms
- Waldrawa Symptomo
Summary - 4 of 11 symptoms (Mild 2-3 Moderate 4-5. Severe 6+)
DSM-5 DIAGNOSIS in Reference to Substances : F10.20 alcohol use disorder, moderate

Treatment Recommendations:



- 1) Outpatient Counseling 8-12 outpatient sessions with a professional substance abuse counselor; update recommendations or discharge as appropriate;
- 2) <u>Monitoring</u> 6 months of monitoring with same counselor after initial counseling completed, meeting frequency at discretion of counselor;
- 3) <u>If another negative consequence</u> is incurred as a result of any alcohol use it is recommended Mr. Logan seek an increased level of treatment or extended outpatient substance abuse counseling as directed by a professional evaluation.

If you or the court possess additional information about Mr. Logan's use of alcohol that might impact the outcome of this assessment, I would be happy to review it and consider appropriate modifications or amendments to the present report.

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

Sincerely,

Ryan P. Smith MSW, LISW-S, LICDC, SAP SW Lic. #I.1000155-S, CD Lic. #101182

cc: Ryan Logan

Ryan P. Snith

Prohibition Against Re-Disclosure: This information has been disclosed to you from records protected by Federal Confidentiality rules. The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client. Drug abuse patient records are also protected under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.R.R parts 160 & 165. (These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.)

Diagnostic Conclusions / Limitations: Directions Counseling Group provides Clinical Alcohol 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.

