

December 17, 2015

Doug Funkhouser, Attorney at Law
765 South High Street
Columbus, OH 43026

Re: Clinical Alcohol Assessment for John Dwyer

Dear Mr. Funkhouser:

I performed a Clinical Alcohol Assessment for Mr. Dwyer in reference to his July 2015 OVI charge in Franklin County. This assessment included 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
- 50 minute in-person clinical interview

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

SASSI-3: no scores indicative of an alcohol use disorder at any level (mild, moderate, or severe); client's DEF score (defensiveness) was elevated beyond the norm which increases the likelihood of a missed moderate to severe alcohol use disorder diagnosis but may also reflect situational factors unrelated to alcohol use

MAST: score = 3; every point was related to an alcohol-related legal charge; lifetime frame of reference

AUDIT: score = 5 / *NEGATIVE SCREEN*; scores of 8 or more indicate hazardous use, of 15 or more indicates moderate to severe disorder present (respondent appeared to provide forthright responses to questions); past 12 months frame of reference

DSM/Other Substance Related Concerns: denied subtle indicators of problem alcohol use including pattern of mild hangovers, memory loss after use, recurrent alcohol use to relieve stress, previous treatment, or conflict with significant others during or shortly after use of alcohol; acknowledged 1-2 instances of binge alcohol use (5 or more standard drinks in a 2 hours period) within the last year

Anxiety/Depression Screening: no clinically significant concerns reported

Substance Related Legal History Reported: previous physical control charge in 2010; previous reckless operation charge in 2012

Clinical Interview/Summary:

ALCOHOL – Mr. Dwyer's written screenings provided minimal overt indications of an alcohol use disorder at any level. He reported his normal use of alcohol before and since this charge as 2-4 drinks on 1-2 occasions per week. He also acknowledged use of 5-6 drinks on special occasions (primarily vacations) on an estimated 1-3 occasions per year. Mr. Dwyer and I discussed his OVI incident and

general use of alcohol at length as well as his attendance in December 2015 of a 72-hour Driver Intervention Program.

Mr. Dwyer's clinical interview revealed one instance of use beyond intention and one instance of alcohol use in a hazardous situation within the past twelve months. I did not find evidence of increasing amounts of time spent using or recovering from alcohol use, withdrawal syndrome, continued alcohol use despite negative impact to social, occupational, or interpersonal functioning nor clear evidence of a tolerance condition to alcohol. In light of his previous alcohol-related legal charges, I am recommending some brief follow-up with a professional substance abuse counselor to further assist Mr. Dwyer in moderating his alcohol use so as to prevent any future negative consequences.

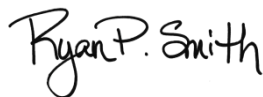
DSM-5 DIAGNOSIS: z03.89 suspected substance use disorder not found; rule out F10.10 mild alcohol use disorder

Treatment Recommendations:

- 1) Prevention Planning, recommend 3 sessions with a substance abuse professional to identify future situations that may pose an increased risk of excessive alcohol use and identify strategies to help moderate overall alcohol consumption;
- 2) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Dwyer seeks further evaluation and follow any and all updated treatment recommendations in which extended outpatient counseling or intensive outpatient counseling should be the minimum level of care suggested.

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

Sincerely,



Ryan Smith, LISW-S, LICDC, SAP
SW Lic.# I.1000155-S, CD Lic.# 101182
cc: John Dwyer

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.