

September 8, 2016

Brad Koffel, Attorney at Law  
The Koffel Law Firm  
1801 Watermark Drive Suite 350  
Columbus, Ohio 43219

**Re: Clinical Alcohol and Behavioral Health Assessment for Raymond Niswonger  
(DOB – 02/14/1969)**

Dear Mr. Koffel:

I performed a Clinical Alcohol and Behavioral Health Assessment for Mr. Niswonger in reference to his July 2016 OVI charge in Delaware County. This assessment included a 70-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)
- Quick PsychoAffective Symptoms Scan (QPASS)
- A Beck Depression Inventory (BDI-II)
- Anger Control Questionnaire

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

**SASSI-3:** scores indicated an overall *high probability* of a moderate to severe alcohol use disorder; screening was negative for rules #1-8 and positive for rule #9; screening had a lifetime frame of reference

**MAST:** score = 4 / *POSITIVE SCREEN*; screening indicates early to middle stage problem drinking, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

**AUDIT:** score = 7 / *NEGATIVE 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 – previous alcohol-related legal charge in 1993
- ☐ severity of incident – NA
- ☐ anxiety/depression/mental health – NA
- ☐ general health issues – NA
- ☐ exposure to trauma – NA
- ☐ use of liquor – NA

- ☒ other substance use – experimentation with cannabis in early college
- ☐ contraindicated prescription use – NA
- ☐ family history – none reported
- ☐ prior treatment history – NA
- ☒ negative peer influence – has peers/coworkers who engage in excessive alcohol use
- ☐ at-risk work environment – NA
- ☒ current stress (relational, work, etc.) – relational distress with spouse at time of OVI charge

Summary - 4 of 13 concerns, mitigate concern with clinical recommendations

### **Clinical Interview/Summary with regard to Substance Use:**

ALCOHOL – Mr. Niswonger's written screenings provided indications of a mild alcohol use disorder. He reported his normal use of alcohol before this charge as 2-4 beers on 1-3 occasions per week. He also acknowledged use of 4-6 drinks on 3-5 special occasions (weddings, birthdays, etc.) per year.

Mr. Niswonger and I discussed the circumstances around his July 2016 OVI incident and his historical and recent use of alcohol at length. Mr. Niswonger's clinical interview identified 2 positive DSM-5 criteria for an alcohol use condition (see below). I am providing educational and brief outpatient counseling sessions to help Mr. Niswonger reduce the likelihood of any future negative consequences related to alcohol use.

### **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

Summary - 2 of 11 symptoms (Mild 2-3 | Moderate 4-5. Severe 6+)

**DSM-5 DIAGNOSIS in Reference to Substances:** F10.10 alcohol use disorder, mild

### **QPASS**

Emotional Temperature Form: results for anxiety, depression, and anger all fell within the minimal range (a subclinical category)

Subscale Analysis Form:

- subscales did not indicate any difficulty with dysphoria, negative cognitions, anhedonia, unsustained effort or fatigue
- subscales for anxiety did not indicate a mild difficulty with apprehension, interpersonal anxiety, or physiological arousal
- subscales did not indicate any difficulty angry mood, resentment, internalized anger, indignation, verbal expression of anger, or physical expression of anger

Clinical Profile Form: clinical scales did not indicate any psychotic, phobic avoidance, or obsessive compulsive traits; no indications of homicidal or suicidal ideation

**Anger Control Questionnaire**: score = 23; scores between “20-50” indicate normal range of anger control; does not typically indicate need for clinical interventions

**Beck Depression Inventory (BDI-II)**: score = 4; screening did not reach the minimum threshold to indicate a clinical concern

#### **Behavioral Health Clinical Summary:**

Mr. Niswonger’s written screenings did not provide any indications of a clinical problem in regards to anxiety, anger, or depression. Mr. Niswonger and I reviewed his primary social relationships along with assessing his occupational, relational, and personal functioning along with a review of his medical history. I did not find evidence that suggests Mr. Niswonger has or has had any significant issues with a behavioral health condition, and his clinical summary did not reveal the presence of any chronic or acute stress symptoms.

At present I do not find Mr. Niswonger meeting DSM-5 criteria for a behavioral health disorder.

#### **Treatment Recommendations:**

- 1) 72 Hour Driver Intervention Program – complete program and provide documentation to the court; recommend Wellness Driver (contact 614-791-8300) or Second Chance Counseling (contact 614-635-9011);
- 2) Prevention Planning – 5 sessions with a substance abuse professional to address potentially high risk future scenarios;

If you or the court possess additional information about Mr. Niswonger’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. Niswonger, and yourself in this important matter.

Sincerely,

Ryan P. Smith

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

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**Diagnostic Conclusions / Limitations:** Directions Counseling Group provides Clinical Alcohol and Behavioral Health 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.