

October 19, 2016

Jason Blum, Atty.
52 W. Whittier St.
Columbus, OH 43206

Re: Clinical Alcohol Assessment for Tyler D. Englehart (DOB – 11/31/1991)

Dear Mr. Blum:

I performed a Clinical Alcohol Assessment for Mr. Englehart in reference to his pending OVI charge in Delaware county. This assessment included a 55-minute clinical interview by telephone, and the administration of:

- 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:

MAST: score = 4 / *LOW-LEVEL POSITIVE SCREEN*; some direct and indirect indication of a present alcohol use disorder, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

AUDIT: score = 1 / *NEGATIVE SCREEN*; scores of 8 or more indicate potential *hazardous use*, whereas scores of 15 or more in men indicate a *moderate to severe* disorder may be present (screen predominantly relative to current use of alcohol)

Alcohol Use Risk Factors:

- ☐ negative peer influence/at-risk work environment – bartends on a less than monthly basis
- ☐ current stress (relational, work, financial, etc.) – NA
- ☐ physical health concerns – NA
- ☐ anxiety/depression/mental health – NA
- ☐ exposure to trauma – NA
- ☐ family history of substance abuse or alcoholism – none reported
- ☐ contraindicated prescription use – NA
- ☒ other substance use – regular use of tobacco
- ☐ regular use of liquor – less than monthly
- ☐ voluntary treatment history – NA
- ☐ severity of incident – NA
- ☒ legal history – OVI approximately 5 years ago

Summary - 2 of 12 concerns, mitigate concern with clinical recommendations

Present Use Status: Mr. Englehart is currently abstaining from alcohol due to lack of desire but not necessarily because he feels it is necessary for him to avoid problem alcohol use.

Clinical Interview/Summary: Mr. Englehart's written screenings provided mixed indications of an alcohol use disorder. He reported his normal use of alcohol before this charge as 2-3 light beers on up to 2 occasions per week (monthly use of alcohol but not necessarily weekly). He also acknowledged use of 4-5 beers on approximately 3 special occasions (e.g. "Thanksgiving," "Christmas eve," etc.) per year.

Mr. Englehart and I discussed his OVI and his general use of alcohol at length. I did not find him meeting DSM-5 alcohol use disorder criteria for diagnosis and his drinking habits seem to be within NIAAA recommendations for men's low-risk drinking. I did note the risks and concerns associated with his past and present situations. Accordingly, I am including some preventative recommendations in the remainder of this report.

DSM-5 Alcohol Use Disorder Symptoms:

- ☐ Use beyond intention
- ☐ Persistent desire or unsuccessful efforts to reduce/quit use
- ☐ Substantial time spent obtaining, using, or recovering from use
- ☐ Strong craving/desire
- ☐ Failure to fulfill a major role (work, home, school)
- ☐ Use despite recurrent social/interpersonal problems
- ☐ Important social, occupational, recreational activities relinquished
- ☒ Physically hazardous use
- ☐ Continued use despite knowledge of contraindicated physical or psychological condition
- ☐ Tolerance
- ☐ Withdrawal symptoms

Summary - 1 of 11 symptoms (Mild 2-3 | Moderate 4-5 | Severe 6+)

DSM-5 DIAGNOSIS in Reference to Substances: Z03.89 (suspected substance use condition not found)

Treatment Recommendations:

- 1) 72 Hour Driver Intervention Program – complete program and provide documentation to the court;

- 2) If another negative consequence is incurred as a result of any alcohol use within the next 3 years, it is likely that an increased level of treatment will be recommended (e.g. IOP, extended outpatient counseling, residential treatment, etc.)

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

Sincerely,



Trevor C. Davis, CDCA

Certificate # 150427

Reviewed by Ryan Smith, MSW, LISW-S, LICDC, SAP

SW Lic. #I.1000155-S; #101182

cc: Tyler D. Englehart

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.