

March 7, 2016

Benjamin L. Luftman, Attorney Luftman, Heck & Associates LLP 580 E Rich Street, Floor 2 Columbus OH 43215-5335

Re: Clinical Alcohol Assessment for Jeremy Liams (DOB - 04/02/1982)

Dear Mr. Luftman:

I performed a Clinical Alcohol Assessment for Mr. Liams in reference to his November 2015 OVI charge in Logan County. This assessment included a 50-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 = 2 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use; all points related to two lifetime alcohol-related driving charges

**AUDIT:** score = 3 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 15 or more in men indicates *moderate to severe* disorder present

**Alcohol Use Risk Factors:** Mr. Liams denied having a family history of problem alcohol or other substance use; denied any current or recent past prescription medication use and denied ever receiving any substance abuse related treatment; Mr. Liams acknowledged receiving a prior alcohol-related driving charge

**Present Use Status:** presently not using alcohol; plans to resume alcohol use in future with strict adherence to no alcohol use if operating a vehicle

Anxiety/Depression Screening: no clinically significant concerns reported

**Substance Related Legal History Reported:** one prior alcohol-related driving charge (04/2015 with blood alcohol concentration of .06)

**Clinical Interview/Summary**: Mr. Liams' written screenings provided no indications of an alcohol use disorder at any level (mild, moderate or severe). He reported his normal use of alcohol prior to this charge as 2-4 standard beers (e.g. domestic beer) on 1-2

occasions per month. He also acknowledged use of up to 5 standard drinks on an estimated 2-3 special occasions (weddings, birthdays, etc.) per year.

Mr. Liams and I discussed this OVI incident, his prior alcohol-related incident, and his general use of alcohol at length. I did not find any evidence of symptoms of a DSM 5 alcohol use disorder. Mr. Liams reported that he has already attended a 72-hour Driver Intervention Program to increase his awareness of the potential dangers of alcohol misuse. While I did not find indications of a DSM 5 alcohol use disorder, I did discuss with Mr. Liams my concern about his receiving two alcohol-related legal charges in one year. Mr. Liams stated that his recent experiences have convinced him to adopt a strict regulation of abstinence from alcohol if and when it is possible that he will be operating a vehicle. Due to his recent participation in a 3-day alcohol education program and the absence of DSM 5 symptoms, I am not providing any clinical recommendations at this time.

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

## Treatment Recommendations:

- 1) There are no clinical recommendations at this time.
- 2) However, if another negative consequence is incurred as a result of any alcohol use within the next two years, it is recommended Mr. Liams seek further evaluation and follow all treatment recommendations where minimum recommendation is extended outpatient counseling.

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

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

Sincerely.

Ryan P. Smith MSW, LISW-S, LICDC, SAP

SW Lic. #I.1000155-S, CD Lic. #101182

cc: Jeremy Liams

Kyan P. Snith

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**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.

