

September 5, 2016

Shawn R. Dominy, Attorney The Dominy Law Firm 1900 Polaris Parkway, Suite 450 Columbus, OH 43240-4064

Re: Clinical Alcohol Assessment for Christopher J. Fitzharris (DOB – 04/04/1974)

Dear Mr. Dominy:

I performed a Clinical Alcohol Assessment for Mr. Fitzharris in reference to his OVI charge in Franklin County. This assessment included a 45-minute clinical interview 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 = 1 / NEGATIVE SCREEN; no direct or indirect indication of problem alcohol use recommendations (screen relative to lifetime use of alcohol)

AUDIT: score = 3 / 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:

□ legal history – OVI per se in July 2013 (non-alcohol)
□ severity of incident – breathalyzer refused
☐ anxiety/depression/mental health – NA
☐ general health issues – NA
□ exposure to trauma – NA
☐ regular use of liquor – NA
☐ contraindicated prescription use – NA
☐ family history – none reported
□ prior treatment history – NA
☐ negative peer influence – NA
□ at-risk work environment – NA
☐ current stress (relational, work, financial, etc.) – minimal stress reported

Summary – 2 of 13 concerns, mitigate concern with treatment recommendations

Clinical Interview/Summary: Mr. Fitzharris' written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported his normal use of alcohol before this charge as drinks on 1-2 beers on a less than monthly basis. He also acknowledged use of 2-3 drinks in times of special occasion; these occur an average of 2-3 times in a year.

Mr. Fitzharris 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 an alcohol use disorder and his drinking habits are within the NIAAA recommendations for men's low-risk drinking. He reported that has completed a Driver Intervention Program as part of his legal proceedings and had a very positive experience with this. As a preventative measure, I am recommending he complete one more educational recommendation in effort to help build his awareness further and prevent future problem alcohol use.

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 - 0 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: Attend a local MADD – Victim Impact Panel, 5900 Roche Dr. #250 Columbus, OH 43229, Phone - 614.885.6233, email - oh.state@madd.org

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

Sincerely,

Trevor C. Davis, CDCA

Cert.# 150427

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

cc: Christopher J. Fitzharris

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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.

