

March 29, 2016

William H. Nesbitt, Attorney
The Koffel Law Firm
1801 Watermark Drive, Suite 350
Columbus, OH 43215-7033

Re: Clinical Alcohol Assessment for Thomas S. Wade Jr. (DOB – 09/08/1979)

Dear Mr. Nesbitt:

I performed a Clinical Alcohol Assessment for Mr. Wade in reference to his OVI charge in Franklin County (2/3/16). This assessment included a 60-minute in-person 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 = 5 / *POSITIVE SCREEN*; clarify further in clinical interview, address concerns with clinical recommendations

AUDIT: score =10 / *POSITIVE 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

Alcohol Substance Use Risk Factors:

Concerns/Risks

- legal history – 2001 OVI (.21 BAC), 2011 OVI (refusal)
- severity of incident – auto accident
- anxiety – NA
- NIAAA/NIH low risk guidelines – occasional binge use exceeds guideline
- other substance use – NA
- family history – 2 blood relatives
- prior treatment history – NA
- peer influences– NA
- work environment – NA
- contraindicated prescription use – NA
- general health problems – NA
- current family stress – NA

Summary - 4 of 12 concerns, mitigate concern with clinical recommendations

Anxiety/Depression Screening: moderate to severe symptoms for anxiety and depression, no current clinical crisis but condition is under-treated and directly impacts a tendency toward intermittent binge use of alcohol

Clinical Interview/Summary: Mr. Wade's written screenings provided indications of an alcohol use disorder at a mild, if not moderate level. He reported his normal use of alcohol before this charge, as 3-5 drinks on 1-2 occasions per week. He also acknowledged use of up to double this amount on 3-5 special occasions (weddings, birthdays, etc.) per year.

Mr. Wade and I discussed his OVI history and general use of alcohol at length. He appeared to be non-defensive and forthcoming in the interview. He has significant problems with anxiety and depression and is fully aware that he has at times medicated the symptoms with alcohol. In more recent times he has been a moderate user of alcohol while still vulnerable to occasional binge-use that results in negative consequences.

My clinical impression is that Mr. Wade has not sufficiently treated his anxiety and depressive symptoms and they are underlying his alcohol use disorder. It is my strong recommendation that Mr. Wade focus treatment first on his anxiety and depression, with the help of his doctor and a therapist who can meet with him weekly to address the same. The therapist should have a substance abuse specialization. Once the primary problems are assessed and progress has been made, a better assessment of his alcohol use can be accomplished. I do believe that Mr. Wade should be held accountable to not use alcohol for an extended period of time (ignition interlock). If he is unable to do so he may have no choice but to enroll in an IOP program and/ or wear a SCRAM monitor.

DSM-5 DIAGNOSIS in Reference to Substances: F10.10 mild alcohol use disorder (rule out F10.20 moderate) / no signs or symptoms of alcohol withdrawal syndrome observed or detected

Treatment Recommendations:

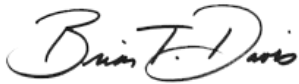
- 1) 72 Hour Driver Intervention Program – complete program and provide documentation to the court;
- 2) Ignition Interlock Device – since Mr. Wade's employment depends on his ability to drive, an ignition interlock is recommended to help assure he does not drive his vehicle while impaired;
- 3) Outpatient Counseling – weekly outpatient sessions with a professional substance abuse counselor who also has expertise in treating anxiety disorders and preferably someone experienced in the use of EMDR or another anxiety/exposure-response-prevention therapy;

- 4) Abstinence – abstaining from all alcohol use for 18 months and possibly permanently, discuss options in counseling;
- 5) Other possible treatment options after treatment of anxiety and depression have progressed – AA, sponsor, IOP completion;
- 6) If abstinence is compromised – it is likely that an increased level of treatment will be recommended (e.g. IOP, Inpatient, residential treatment, etc.).

If you or the court possess additional information about Mr. Wade's use of alcohol or drugs 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. Wade, and yourself in this important matter.

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: Thomas S. Wade Jr.

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.