

March 5, 2015

Zach Mayo, Attorney Franklin County Public Defender 373 S. High St. 12<sup>th</sup> Floor Columbus, OH 43215

Re: Clinical Alcohol Assessment for Philip Liddell

Dear Mr. Mayo:

I performed a Clinical Alcohol Assessment for Mr. Liddell in reference to his October 2013 OVI charge in Franklin County. This assessment included the administration of: a Michigan Alcohol Screening Test (MAST), an Alcohol Use Disorder Identification Test (AUDIT), an anxiety/depression screening, and a clinical interview. The following items provide a summary of the screening results, my diagnostic opinion and professional recommendations:

MAST: score = 1 NEGATIVE SCREEN; no direct indication of problem alcohol use AUDIT: score = 3 / NEGATIVE SCREEN; scores above 8 indicate hazardous use, above 13 indicates moderate to severe disorder present DSM/Other Substance Related Concerns: denies subtle indicators of problem alcohol use including pattern of mild hangovers, mild memory loss after use, repeat use to relieve emotional or work stress, previous treatment, conflict with significant others during or shortly after use of alcohol, guilt or regret associated with use Anxiety/Depression Screening: no clinically significant concerns reported Substance Related Legal History Reported: denies any previous history of alcohol or substance related arrests/legal charges

Clinical Interview/Summary: Mr. Liddell's written screenings provided no indication of an alcohol use disorder. He reported his normal use of alcohol prior to October 2013 as 3-4 drinks on 1-2 occasions per week. Since this time he has reduced his use of alcohol to 1-2 drinks on one occasion per week (or less). He also acknowledged use of a maximum of 2-4 drinks on special occasions, or 3-4 times per year at a maximum.

Mr. Liddell and I discussed his 2013 OVI incident as well as his general alcohol use hisotry, but I was unable to find the incident or his overall history and presentation indicative of someone experiencing DSM 5 alcohol use disorder symptoms. His general demeanor was open, non-defensive and I was unable to find discrepancies or contradictions that would suggest he is covering for problem alcohol use.

Mr. Liddell shared that he attended a MADD Victim Impact Panel last November. I believe this was an appropriate action for him to take with regard to increasing his awareness of the risks of alcohol use and driving. He appeared to be articulate about his personal motives and means to avoid impaired driving going forward.

## DSM 5 DIAGNOSIS in reference to substances: V71.09 (none found)

**Treatment Recommendations**: Since I was unable to find Mr. Liddell meeting criteria for a DSM 5 alcohol use disorder and he has completed attendance at a Victim Impact Panel I have no further professional recommendations for him at this time. If Mr. Liddell incurs another negative consequence (legal or otherwise) I recommend he seek further evaluation and follow all treatment recommendations.

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

Sincerely,

Brian Davis, LISW-S, SAP

cc: Philip Liddell

**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.

