

July 7, 2016

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

**Re: Clinical Alcohol Assessment for Alex M. Cappel (DOB – 05/04/1985)**

Dear Mr. Luftman:

I performed a Clinical Alcohol Assessment for Mr. Cappel in reference to his June 2016 OVI charge in Delaware County. This assessment included a 60-minute clinical interview by videoconference, 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 2 alcohol-related legal charges; (screen relative to lifetime use of alcohol)

**AUDIT:** score = 5 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, whereas scores of 15 or more in men indicate a *moderate to severe* disorder may be present; mitigate concerns with clinical recommendations (screen relative to use of alcohol within the past 24 months)

**Alcohol Use Risk Factors:**

- ☒ legal history – prior alcohol-related legal charge in 2012
- ☐ severity of incident – NA
- ☐ anxiety/depression/mental health – NA
- ☐ general health issues – NA
- ☐ exposure to trauma – NA
- ☒ use of liquor – rare but contributing factor to present charge
- ☐ other substance use – NA
- ☐ contraindicated prescription use – NA
- ☐ family history – none reported
- ☐ prior treatment history – NA
- ☒ negative peer influence – one friend who engages in excessive alcohol use
- ☐ at-risk work environment – NA

☐ current stress (relational, work, etc.) – NA

Summary - 2 of 13 concerns, mitigate concern with clinical recommendations

**Clinical Interview/Summary:**

ALCOHOL – Mr. Cappel's written screenings did not provide any clear indications of an alcohol use disorder. Mr. Cappel reported his typical alcohol use over the past 24 months prior to his present charge as 2-4 drinks on 1-3 occasions per week. He acknowledged consuming more than 5 standard drinks per occasion on 3-4 special events (e.g. holidays, vacations, celebrations, etc.) per year. While Mr. Cappel's clinical interview did not reveal indications of continued use despite impairment to role functioning, tolerance to alcohol, signs of an acute withdrawal symptom, or cravings, his clinical interview was positive for recurrent use beyond intention and use in physically hazardous situations.

Mr. Cappel and I discussed his OVI incident and his general use of alcohol at length, reviewing standards for responsible alcohol use set forth by the World Health Organization and the National Institute for Alcoholism and Alcohol Abuse. Mr. Cappel expressed a strong willingness to reduce his alcohol use and learn strategies to reduce the likelihood of any future negative consequences related to alcohol use.

**DSM-5 Alcohol Use Symptoms:**

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

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

**DSM-5 DIAGNOSIS in Reference to Substances:** F10.10 alcohol use disorder, mild

**Treatment Recommendations:**

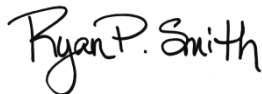
- 1) Preventative Education – 9 hrs. of Ohio Health's Drug/Alcohol Awareness Series (Riverside Methodist Hospital contact 614-566-3700)

- 2) Prevention Planning – 3-5 sessions with a substance abuse professional to identify and implement strategies to reduce overall alcohol use.
- 3) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Cappel seek an increased level of treatment or extended outpatient substance abuse counseling as appropriate;

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

Sincerely,



Ryan P. Smith MSW, LISW-S, LICDC, SAP  
SW Lic. #I.1000155-S, CD Lic. #101182  
cc: Alex M. Cappel

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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.