

October 19, 2016

Jeffrey T. Stavroff, Atty.
Jeffrey T. Stavroff & Co., LLC
901 South High Street, 2nd Floor
Columbus, OH 43206

Re: Clinical Alcohol Assessment for Nathan A. Swift (DOB – 11/22/1982)

Dear Mr. Stavroff:

I performed a Clinical Alcohol Assessment for Mr. Swift in reference to his domestic violence and charges in Fairfield county. This assessment included a 75-minute clinical interview, review of the case discovery, 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: POSITIVE SCREEN; screen relative to lifetime use of alcohol

AUDIT: score = 6 / *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:

- ☐ negative peer influence/at-risk work environment – NA
- ☒ current stress (relational, work, financial, etc.) – minor to moderate financial stress reported
- ☐ physical health concerns – NA
- ☒ anxiety/depression/mental health – ADD; recent symptoms of depression
- ☐ exposure to trauma – NA
- ☒ family history of substance abuse or alcoholism
- ☐ contraindicated prescription use – NA
- ☒ other substance use – tobacco; infrequent (“1 or 2 times” this year) use of marijuana
- ☐ regular use of liquor – NA
- ☐ voluntary treatment history – NA
- ☐ severity of incident – NA
- ☒ legal history – 1 offense in the last 10 years (2012 OVI - .12 BAC)

Summary - 5 of 12 concerns, mitigate concerns with clinical recommendations

Clinical Interview/Summary: Mr. Swift's written screenings provided mixed indications of a DSM-5 alcohol use disorder. He reported his normal use of alcohol before this charge as 2-4 beers on 2-3 occasions per week. He also acknowledged use of 6 or 7 beers on an about 12 occasions in a year and 10-12 drinks on approximately 3 special occasions (sporting events, concerts) per year.

Mr. Swift and I discussed his legal charge and general use of alcohol at length. I did not find him meeting DSM-5 alcohol use disorder criteria for diagnosis in the past 12-months but he did acknowledge he has cut his drinking back over the last 5 years, making difficult to ascertain the severity of his problem alcohol use in the past. I am including recommendations in the remainder of this report in an effort to discourage future problem alcohol use, as well as provide opportunity for further evaluation.

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: rule-out F10.10 Mild Alcohol Use Disorder and F10.20 Moderate/Severe Alcohol Use Disorder

Treatment Recommendations:

- 1) Outpatient Counseling – 4-6 outpatient sessions with a professional substance abuse counselor; follow-up provider to update recommendations, confirm impressions after speaking with collateral contacts, and discharge as appropriate;
- 2) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Swift seek an increased level of treatment or extended outpatient substance abuse counseling as appropriate.

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

Sincerely,



Trevor C. Davis, CDCA

Certificate # 150427

Reviewed by Brian T. Davis, LISW-S, SAP LIC# I-7948

cc: Nate A. Smith

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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.