

October 3, 2016

D'Nisha Judson, PO
375 S. High Street
8th Floor
Columbus, Ohio 43215

Re: Clinical Alcohol Assessment for Jeremy Anderson (DOB – 12/15/1982)

Dear Ms. Judson:

I performed a Clinical Alcohol Assessment for Mr. Anderson in reference to his October 2015 OVI/DUI charge in Franklin County. This assessment included a 50-minute clinical interview, and the administration of:

- A Substance Abuse Subtle Screening Inventory (SASSI-3)
- 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:

SASSI-3: no scores indicative of an alcohol use disorder at any level (mild, moderate, or severe); respondent's DEF score (defensiveness) was elevated above the norm which increases the likelihood of a missed moderate to severe alcohol use disorder diagnosis but may also reflect situational factors;

MAST: score = 4 / *POSITIVE SCREEN*; screening indicates early to middle stage problem drinking, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

AUDIT: score = 4 / *NEGATIVE 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 (screen relative to use of alcohol within the past 24 months)

Alcohol Use Risk Factors:

- ☒ legal history – previous DUI in 2008 and 2010 (.2 BAC)
- ☐ severity of incident – NA
- ☐ anxiety/depression/mental health – NA
- ☐ general health issues – NA
- ☐ exposure to trauma – NA
- ☐ use of liquor – NA

- ☐ other substance use – NA
- ☐ contraindicated prescription use – NA
- ☐ family history – none reported
- ☒ prior treatment history – Driver Intervention Program with follow-up counseling
- ☐ negative peer influence – NA
- ☒ at-risk work environment – bartender
- ☐ current stress (relational, work, etc.) – NA

Summary - 3 of 13 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary:

ALCOHOL – Mr. Anderson's written screenings provided mixed indications of an alcohol use disorder. He reported his normal use of alcohol before this charge as 3-4 drinks on 1-2 occasions per week. He also acknowledged use of 5-6 drinks on 4-6 special occasions (weddings, birthdays, etc.) per year.

Mr. Anderson and I discussed his October 2015 OVI incident, his prior alcohol-related charges, and his general use of alcohol at length. His clinical interview indicated he meets DSM-5 criteria for 2 positive criteria (see below). Since his 2015 incident, Mr. Anderson has completed a 72-hour driver intervention program and attended MADD's victim impact panel. Due to his present risk factors and positive DSM-5 criteria, I am recommending some outpatient counseling to assist him in gaining skills to moderate his alcohol use and reduce the likelihood of any future negative consequences due 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; rule out alcohol use disorder, moderate

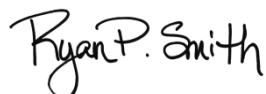
Treatment Recommendations:

- 1) Outpatient Counseling – 6-8 outpatient sessions with a professional substance abuse counselor; update recommendations or discharge as appropriate after session #6;
- 2) If another negative consequence is incurred as a result of any alcohol use 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. Anderson'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. Anderson, and yourself in this important matter.

Sincerely,



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

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.