

August 18, 2016

Krystal Reeb, Program Coordinator
The Ohio State University
The Office of Student Life -Student Conduct
550 Lincoln Tower
1800 Cannon Drive
Columbus, OH 43210-1209

Re: Clinical Alcohol Assessment for Ryan Gardner (DOB – 01/11/1996)

Dear Ms. Reeb:

I performed a Clinical Alcohol Assessment for Mr. Gardner in reference to his March 2016 alcohol-related incident on The Ohio State University campus. This assessment included a 50-minute clinical interview by telephone, 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 = 3 / *POSITIVE SCREEN*; screening indicates early to middle stage problem drinking; mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

**AUDIT:** score = 11 / *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 – denies previous history
⋈ severity of incident – "became belligerent" after alcohol use
□ anxiety/depression/mental health – NA
☐ general health issues – NA
□ exposure to trauma – NA
□ use of liquor – occasionally
□ other substance use – NA
□ contraindicated prescription use – NA
☐ family history – none reported
prior treatment history – NA

$\boxtimes$	negative peer influence – peers engage in excessive alcohol use
	at-risk work environment – NA
	current stress (relational, work, etc.) - NA
	poor academics – NA
X	use to relieve emotional distress - occasional use of alcohol to escape
	unwanted/negative mood states

Summary - 5 of 15 concerns, mitigate concern with clinical recommendations

## Clinical Interview/Summary:

ALCOHOL – Mr. Gardner's written screenings provided clear indications of an alcohol use disorder at some level. He was open in the clinical interview and shared information indicating 4 problem alcohol use symptoms (see below). While Mr. Gardner does not have a history of daily alcohol use nor reports experiencing acute withdrawal symptoms, he does appear to have difficulty controlling his drinking on occasions, drinks alcohol in a binge pattern and has experienced multiple instances of alcohol-related memory impairment.

SUMMARY – Mr. Gardner meets criteria for a moderate alcohol use disorder diagnosis. I am recommending he engage in outpatient counseling services for assistance in moderating his alcohol use and reducing his potential for future harm. Ongoing assessment may reveal a need for a higher level of care.

## **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
☐ Withdrawal symptoms

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

DSM-5 DIAGNOSIS in Reference to Substances: Alcohol use disorder, moderate

**Treatment Recommendations:** 



- 1) Outpatient Counseling 8-12 outpatient sessions with a professional substance abuse counselor; update recommendations or discharge as appropriate;
- 2) Monitoring 6 months of monitoring with same counselor after initial counseling completed, meeting frequency at discretion of counselor;
- 3) <u>If another negative consequence</u> is incurred as a result of any alcohol use it is likely that an increased level of treatment will be necessary.

If you possess additional information about Mr. Gardner'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 Ohio State University, Mr. Gardner, and yourself in this important matter.

Sincerely,

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

cc: Ryan Gardner

Kyan P. Snith

**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.

