

January 28, 2015

David Rieser, Attorney 2 Miranova Place #710 Columbus, OH 43215

Re: Clinical Alcohol Assessment for Michael Willis

Dear Mr. Rieser:

I performed a Clinical Alcohol Assessment for Mr. Willis in reference to his OVI charge in Delaware County. This assessment included the administration of: a Substance Abuse Subtle Screening Inventory (SASSI-3), a Michigan Alcohol Screening Test (MAST), an anxiety/depression screening, and a 70 minute clinical interview. The following items provide a summary of the screening results, my diagnostic opinion and professional recommendations:

**MAST:** score = 2 *I NEGATIVE SCREEN*; no direct indication of problem alcohol use **AUDIT:** score = 0 / *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 with the exception of the present OVI charge incident

Anxiety/Depression Screening: no clinically significant concerns reported Substance Related Legal History Reported: acknowledged one DUI conviction at 27 years of age ('96 or '97)

Clinical Interview/Summary: Mr. Willis written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported his normal use of alcohol as 1 drink twice a week or 2 drinks once a week. He also acknowledged use of 2-4 drinks on special but infrequent (6 or less per year) occasions (weddings, birthdays, etc.) but also reported that he has not been consuming any alcohol since his July OVI charge. Mr. Willis and I discussed both of his OVI incidents as well as his general alcohol use history at length. He was clearly remorseful about the OVI and it was apparent that it has inspired a considerable amount of healthy self-reflection. In terms of symptom discovery, I was unable to find Mr. Willis meeting any DSM 5 alcohol use disorder criteria. Further, I did not find a connection between his use of alcohol 18 years ago, subsequent alcohol use history, or July 2014 OVI that suggested a pattern of alcohol abuse. Since Mr. Willis has had two life-time impaired driving charges I believe it was appropriate for him to complete some alcohol education. He will provide proof of recent completion of a 72 hour DIP at Second Chance Counseling.

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

**Treatment Recommendations**: Since I was unable to find Mr. Willis meeting DSM 5 alcohol use disorder criteria and he has successfully completed a 72 hour DIP I have no further treatment recommendations for him at this time.

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

Sincerely,

Brian Davis, LISW-S, SAP

cc: Michael Willis

**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.

