

May 5, 2016

E. Scott Shaw, Attorney
500 South Front Street, Suite 130
Columbus, OH 43215

Re: Clinical Alcohol Assessment for Nidal H. Abu-Kwiek (DOB – 11/16/1982)

Dear Mr. Shaw:

I performed a Clinical Alcohol Assessment for Mr. Abu-Kwiek in reference to his OVI charge in Delaware County. This assessment included a 50-minute in-person 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: scores indicated an overall *low probability* of a moderate to severe substance use disorder; DEF score (defensiveness) was elevated beyond the norm which increases the likelihood of a missed moderate to severe substance use disorder but may also reflect situational factors; screening had a lifetime frame of reference

MAST: score = 3 / *POSITIVE SCREEN*; screening indicated an early to middle stage of problem drinking; lifetime frame of reference;

AUDIT: score = 4 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 15 or more in men indicates *moderate to severe* disorder present

Alcohol Use Risk Factors:

- family history = N/A
- prior DUI charge in summer 2008
- early onset of alcohol use = N/A
- completed Intensive Outpatient for opiates in 2015
- peer influences = past harmful peer relationships
- work environment = N/A
- contraindicated prescription use = N/A
- anxiety or depression symptoms = N/A
- general health problems = N/A
- current family stress = N/A

Substance Use Risk profile = 3 of 10; moderate risk profile

Present Use Status: presently not using alcohol

Anxiety/Depression Screening: no clinically significant concerns reported or noted

Substance Related Legal History Reported: prior alcohol-related driving charge in 2008

Clinical Interview/Summary: Mr. Abu-Kwiek's written screenings provided mixed indications of an alcohol use disorder. He reported his normal use of alcohol prior to this charge as 4-5 standard drinks on 3 occasions in the past year. All of these occasions appear to have been social, celebratory events.

Mr. Abu-Kwiek and I discussed his 2016 OVI charge, his 2008 alcohol-related driving charge and his general use of alcohol at length. Mr. Abu-Kwiek also shared about his physical and psychological dependence to opioids, his treatment at Maryhaven and his ongoing use of Suboxone and outpatient therapy. In my best clinical judgment, I was unable to find the incident or his overall history and presentation as indicative of someone experiencing DSM-5 alcohol use disorder symptoms.

Mr. Abu-Kwiek and I did discuss the importance of abstinence from all mood-altering substances as part of a sobriety and recovery program. Mr. Abu-Kwiek was receptive to my advice to abstain from all alcohol use and was open to ongoing counseling and the addition of attending AA meetings.

DSM-5 DIAGNOSIS in Reference to Substances: F11.20 opioid use disorder, severe, in early remission, on opioid substitution therapy

Treatment Recommendations:

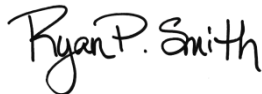
- 1) Abstinence – recommend abstaining from all alcohol and all other mood-altering substance; minimum of 7-year abstinence from alcohol; any resumption of alcohol use will necessitate an updated evaluation and ongoing therapy;
- 2) Outpatient Counseling – recommend continuation of outpatient counseling with Maryhaven counselor; recommend minimum twice monthly for minimum of 6 months;
- 3) Monitoring – recommend 6 months of monitoring with same counselor after initial counseling completed, meeting frequency at discretion of counselor;
- 4) AA/NA – recommend twice weekly NA meeting and once weekly AA meeting; minimum duration of 24 months; sponsor should be obtained;

- 5) Drug Testing – recommend random drug screens at the direction of probation officer and/or counselor;
- 6) If another negative consequence is incurred as a result of any alcohol use, it is recommended Mr. Abu-Kwiek seek an increased level of treatment or extended outpatient substance abuse counseling as appropriate.

If the court possesses additional information about Mr. Abu-Kwiek's use of alcohol that might impact the outcome of this assessment, I would be happy to review it and consider any appropriate modifications or amendments to the present report.

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

Sincerely,



Ryan P. Smith MSW, LISW-S, LICDC, SAP
SW Lic. #1.1000155-S, CD Lic. #101182
cc: Nidal H. Abu-kwiek; Andrew Conway

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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.