

November 15, 2016

Doug Funkhouser, Attorney at Law
Funkhouser Law
765 S. High Street
Columbus, Ohio 43206

Re: Clinical Alcohol Assessment for William Macke (DOB – 04/09/1991)

Dear Mr. Funkhouser:

I performed a Clinical Alcohol Assessment for Mr. Macke in reference to his October 2016 OVI 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: scores indicated an overall *low probability* of a moderate to severe alcohol use disorder; respondent's DEF score (defensiveness) was elevated beyond the norm which increases the likelihood of a missed moderate to severe alcohol use disorder but may also reflect situational factors;

MAST: score = 5 / *POSITIVE SCREEN*; direct and indirect indications of problem alcohol use, 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 alcohol related legal charge in July 2015; .2 BAC
- ☒ severity of incident – hit a parked car
- ☒ anxiety/depression/mental health – past difficulties with anxiety
- ☐ general health issues – NA
- ☐ exposure to trauma – NA
- ☒ use of liquor – mixed drinks was drink of choice
- ☐ other substance use – NA
- ☐ contraindicated prescription use – NA

- ☒ family history – extended family history has incidents of problem alcohol use
- ☐ prior treatment history – NA
- ☐ negative peer influence – NA
- ☐ at-risk work environment – previously worked as bartender; stopped previous use of Antabuse due to rashes on hands from spilled drinks
- ☐ current stress (relational, work, etc.) – NA

Summary - 5 of 13 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary:

ALCOHOL – Mr. Macke's written screenings provided mixed indications of an alcohol use disorder. He reported his normal use of alcohol prior to his July 2015 charge as 1-3 mixed drinks on 1-2 occasions per month. He also acknowledged use of 4-5 drinks on 2-3 special occasions (weddings, birthdays, etc.) per year. Following his July 2015 alcohol-related charge, Mr. Macke became abstinent from alcohol and maintained his abstinence until the night he received his present alcohol charge.

Mr. Macke and I discussed his 2015 and 2016 OVI incidents and his year-long abstinence from alcohol at length. During his clinical interview, he was open and shared information indicating 3 problem alcohol use symptoms (see below). Mr. Macke desires to gain and maintain a long-term abstinence from alcohol. My recommendations below are provided to assist with that goal in mind.

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 - 3 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 F10.20 alcohol use disorder, moderate

Treatment Recommendations:

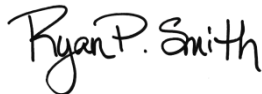
- 1) 72 Hour Driver Intervention Program – complete program and provide documentation to the court; recommend Wellness Driver, 614-791-8300, or Second Chance Counseling, 614-635-9011;

- 2) Physician consult – recommend consultation with primary care physician in order to resume use of Antabuse;
- 3) Outpatient Counseling – 8 outpatient sessions with a professional substance abuse counselor after completion of recommendation #1; update recommendations or discharge as appropriate;
- 4) Abstinence – abstaining from all alcohol use permanently; any consideration of resuming alcohol use should be done only in consultation with a physician and substance abuse professional;
- 5) If abstinence is compromised – it is likely that an increased level of treatment will be necessary (e.g. IOP, Inpatient, residential treatment, etc.);
- 6) 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. Macke'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. Macke, and yourself in this important matter.

Sincerely,



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

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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.