

July 6, 2016

Robert Calesaric, Attorney at Law
Calesaric Law
35 South Park Place
Suite 150
Newark, Ohio 43055

Re: Clinical Alcohol Assessment for Jeffrey Gillispie (DOB – 03/11/1988)

Dear Mr. Calesaric:

I performed a Clinical Alcohol Assessment for Mr. Gillispie in reference to his May 2016 OVI charge in Muskingum County. This assessment included a 60-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 *high probability* of a moderate to severe alcohol use disorder; scores were negative for rules #1-8; scores were positive for rule #9; screening had a lifetime frame of reference;

MAST: score = 4 / *NEGATIVE SCREEN*; screening indicates early to middle stage problem drinking; screening referenced respondent's entire lifetime; mitigate concerns with clinical recommendations;

AUDIT: score = 7 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, whereas scores of 15 or more in men indicate a *moderate to severe* disorder may be present; mitigate concerns with clinical recommendations (screen relative to use of alcohol within the past 12 months)

Alcohol Use Risk Factors:

- ☒ legal history – prior alcohol-related legal charge in 2009
- ☐ 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 – problem alcohol use in extended family
- ☐ prior treatment history – NA
- ☒ negative peer influence – excessive alcohol use by peers
- ☐ at-risk work environment – NA
- ☐ current stress (relational, work, etc.) – NA

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

Clinical Interview/Summary:

ALCOHOL – Mr. Gillispie's written screenings provided clear indications of an alcohol use disorder at a mild level. He was open in the clinical interview and shared information indicating 3 problem alcohol use symptoms (see below). While Mr. Gillispie does not have a history of daily alcohol use, he does appear to have some difficulty controlling his consumption in celebratory situations and/or around peers who are engaging in excessive alcohol use.

Mr. Gillispie and I reviewed standards for low risk problem alcohol use as set forth by the World Health Organization and the National Institute for Alcohol Abuse and Alcoholism. At present I am recommending some alcohol awareness education and brief outpatient counseling to assist him in moderating his overall 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 - 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

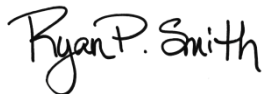
Treatment Recommendations:

- 1) Preventative Education – 9 hrs. of Ohio Health's Drug/Alcohol Awareness Series (Riverside Methodist Hospital contact 614-566-3700)
- 2) Outpatient Counseling – 6-8 outpatient sessions with a professional substance abuse counselor after completion of recommendation #1; update recommendations or discharge as appropriate;
- 3) If another negative consequence is incurred as a result of any alcohol use within the next year, it is recommended Mr. Gillispie seek an updated evaluation and pursue extended outpatient substance abuse counseling.

If you or the court possess additional information about Mr. Gillispie'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. Gillispie, and yourself in this important matter.

Sincerely,



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

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.