

September 14, 2016

David Rieser, Attorney
502 South 3rd Street
Columbus, OH 43215-5702

Re: Clinical Alcohol and Drug Assessment for William Quinn (DOB – 02/14/1983)

Dear Mr. Rieser:

I performed a Clinical Alcohol and Drug Assessment for Mr. Quinn in reference to his August 2016 OVI charge in Delaware County. This assessment included a 50 minute clinical interview, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- A Drug Abuse Screening Test (DAST-10)
- A general anxiety/depression screening

The following items provide a summary of the screening results, my diagnostic opinion and professional recommendations:

MAST: score = 3 / *SCREEN FURTHER* for potential mild to moderate alcohol use disorder and provide appropriate clinical recommendations

DAST-10: score = 3 / *SCREEN FURTHER*; scores of 3-5 indicate moderate level of concern and further screening is appropriate

Alcohol & Substance Use Risk Factors:

Concerns/Risks

- ☒ previous legal history – one prior alcohol OVI, one prior marijuana related OVI
- ☐ severity of incident – unable to access collateral information at time of interview
- ☒ anxiety/depression/mental health – mild but noticeable anxiety symptoms
- ☐ other substance use – NA
- ☒ family history – reported 2 family members with history of issues
- ☐ prior treatment history – NA
- ☐ peer influences– NA
- ☐ work environment – NA
- ☐ contraindicated prescription use – NA
- ☐ general health problems – NA
- ☐ current family stress – NA

Summary - 3 of 11 concerns, mitigate concerns with clinical recommendations

Clinical Interview/Summary:

ALCOHOL – Mr. Quinn’s written screenings provided suggestion of an alcohol use disorder at the mild to moderate level. He was open in the clinical interview and shared information indicating at least 4 problem alcohol use symptoms (per DSM-5 criteria) which substantiates a *moderate alcohol use disorder*. While Mr. Quinn does not have a history of daily alcohol use, physiological withdrawal symptoms, or excessive use on every occasion, he does appear to have difficulty controlling his consumption in certain settings or at certain times. Appropriate treatment recommendations for his alcohol use are provided below.

NON-PRESCRIPTION DRUG – Mr. Quinn acknowledged near daily use of marijuana for the past several years and reported 5 negative side effects of marijuana use (decreased motivation, concentration difficulties, negative impact financially and legally and appetite changes) effects as well as side effects after stopping use (mild irritability). Appropriate treatment recommendations for his marijuana use are provided below.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Quinn denied any history of illicit use of prescription medications including narcotic painkillers, stimulants sleeping medications, anxiolytics/ benzodiazepines. The interview did not reveal hesitation, discrepancy with his written screenings, or other non-verbal signs of minimization or covering a prescription drug use problem.

SUMMARY – Mr. Quinn was open about the negative impact alcohol and cannabis have had on him personally, financially and legally. He was open to my recommendation of completing an Intensive Outpatient Program, where he can simultaneously address the use of both substances. Further, Mr. Quinn appears to have a readiness to engage in meaningful therapeutic discussion in such a setting.

DSM-5 DIAGNOSIS in Reference to Substances: F10.20 moderate alcohol use disorder; F12.10 mild cannabis use disorder (rule out moderate cannabis use disorder)

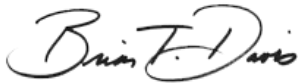
Treatment Recommendations:

- 1) Complete a Local Intensive Outpatient Program – (e.g. Cornerstone of Recovery 614-889-0000, Dublin Counseling 614-717-1800);
- 2) Drug Testing – random drug screens at the direction of the IOP;
- 3) Physician consult – for continuity of care, inform primary care doctor of the results of this assessment, discuss/monitor anxiety symptoms and obtain appropriate medical recommendations;
- 4) Follow IOP Completion with individual outpatient therapy with a substance abuse professional to develop relapse prevention plan or before resuming any use of alcohol in the future.

If you or the court possess additional information about Mr. Quinn's use of alcohol or drugs 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. Quinn, and yourself in this important matter.

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: William Quinn

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.