

July 6, 2016

David Rieser, Attorney at Law
502 S. Third Street
Columbus, Ohio 43215

Re: Clinical Alcohol Assessment for Michael Diersing (DOB – 08/04/1979)

Dear Mr. Rieser:

I performed a Clinical Alcohol Assessment for Mr. Diersing in reference to his June 2016 OMVI charge in Delaware 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: no scores indicative of an alcohol use disorder at any level (mild, moderate, or severe)

MAST: score = 1 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use; (screen relative to lifetime use of alcohol)

AUDIT: score = 3 / *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; (screen relative to use of alcohol within the past 12 months)

Alcohol Use Risk Factors:

- ☒ legal history – physical control charge in 2009
- ☐ severity of incident – NA
- ☐ anxiety/depression/mental health – None
- ☐ general health issues – None
- ☐ exposure to trauma – NA
- ☐ use of liquor – NA
- ☐ other substance use – NA
- ☐ contraindicated prescription use – None
- ☐ family history – none reported/known
- ☐ prior treatment history – NA
- ☐ negative peer influence – NA

- ☐ at-risk work environment – NA
- ☐ current stress (relational, work, etc.) – NA

Summary - 1 of 13 concerns; low risk profile

Clinical Interview/Summary:

ALCOHOL – Mr. Diersing's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported his normal use of alcohol over the past 2 years prior to this charge as 2-3 standard beers on 2-3 occasions per month. He also acknowledged use of 2-3 craft beers on average of 2-3 special occasions (weddings, celebrations, birthdays, etc.) per year.

Mr. Diersing and I discussed his OMVI incident and his general use of alcohol at length. His clinical interview did not reveal any positive DSM-5 criteria in regards to an alcohol use disorder. Mr. Diersing and I reviewed the standards for low risk problem alcohol use as set forth by the World Health Organization and the National Institute of Alcohol Abuse and Alcoholism. I did not find any instance in which his alcohol use went beyond those standards in the past two years. At present Mr. Diersing does not meet criteria for an alcohol use disorder per DSM-5 criteria.

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 - 0 of 11 symptoms (Mild 2-3 | Moderate 4-5. Severe 6+)

DSM-5 DIAGNOSIS in Reference to Substances: Z03.89 (suspected substance use condition not found)

Treatment Recommendations:

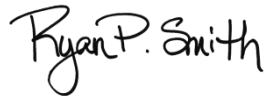
Having found no basis for a DSM-5 alcohol use disorder, I have no further recommendations for Mr. Diersing at this time.

If, however, another negative consequence is incurred as a result of any alcohol use within the next year, it is recommended that Mr. Diersing seek an updated evaluation and follow all treatment recommendations.

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

Sincerely,



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

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.