

November 3, 2016

Joe Roush, Criminal Justice Administrator
City of Upper Arlington
City Attorney's Office
3600 Tremont Road
Upper Arlington, OH 43221-1558

Re: Clinical Alcohol Assessment for Woodrow David Burrier (DOB – 10/07/1993)

Dear Mr. Roush:

I performed a Clinical Alcohol Assessment for Mr. Burrier in reference to his May 2016 domestic violence and assault charges in Franklin County. This assessment was part of a dual assessment (see anger management evaluation as well) that included a 75-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 diagnosis; score may also reflect situational factors

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*, 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 – alcohol related to May 2016 charges
- ☐ 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 – none reported
- ☐ prior treatment history – NA
- ☒ negative peer influence – some close peers engage in binge pattern alcohol use
- ☐ at-risk work environment – NA
- ☒ current stress (relational, work, etc.) – recent high relational distress

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

Clinical Interview/Summary:

ALCOHOL – Mr. Burrier'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 prior to his May 2016 charges as 1-3 drinks on 1-2 occasions per week. He also acknowledged use of 6 or more drinks on 3-4 special occasions (primarily holidays) per year.

Mr. Burrier and I discussed his OVI incident and his general use of alcohol at length. He acknowledged engaging in a pattern of binge alcohol use during his freshman and sophomore years of college but reported reducing his overall intensity and frequency of alcohol use over the past year. Since his incident he has remained abstinent from alcohol use both in order to address concerns in his past intimate relationship and to abide by stipulations for his diversion program. He denied any difficulty in abstaining from alcohol, and I did not find evidence of preoccupation with alcohol use.

SUMMARY – While Mr. Burrier does have a history of hazardous alcohol use during his freshman and sophomore years of college, he does not meet criteria for an alcohol use disorder when considered within a past 12-month frame of reference. I am providing a brief educational recommendation for prevention purposes.

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)

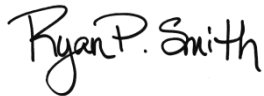
Treatment Recommendations:

- 1) Attend a local MADD – Victim Impact Panel, 5900 Roche Dr. #250
Columbus, OH 43229, Phone - 614.885.6233, email - oh.state@madd.org
- 2) If another negative consequence is incurred as a result of any alcohol use within the next year, it is recommended Mr. Burrier seek a further evaluation and follow all updated treatment recommendations.

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

Sincerely,



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

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.