

May 26, 2016

Douglas A. Funkhouser Co., LPA
765 South High Street
Columbus, OH 43206-1908

Re: Clinical Alcohol and Drug Assessment for Larry W. Horn (DOB – 05/11/1973)

Dear Mr. Funkhouser:

I performed a Clinical Alcohol and Drug Assessment for Mr. Horn in reference to his May 2015 OVI charge and Attempt to Possess a Controlled Substance charge in Franklin County. This assessment included a 50-minute in-person clinical interview, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- A Drug Use Disorder Identification Test (DUDIT)
- A 10 panel urine drug screen
- A general anxiety/depression screening

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

MAST: score = 2 / *NEGATIVE SCREEN*; both items of concern related to OVI history, one over 20 years prior

DUDIT: score = 0 / *NEGATIVE SCREEN*; scores of 6 or more indicate problematic use (“mild-moderate”), scores of 2 or more (female) suggest presence of mild or moderate condition, 25 or more indicate high likelihood of a severe disorder present

Alcohol and Other Substance Use Risk Factors:

Concerns/Risks

- ☒ previous legal history – 1995 (22 y.o.) OVI (refusal)
- ☐ severity of incident – unremarkable
- ☐ anxiety/depression/mental health – mild anxiety
- ☒ other substance use – no Rx for benzodiazepine at time of arrest
- ☐ family history – reports none
- ☐ prior treatment history – NA
- ☐ peer influences– NA
- ☐ work environment – NA
- ☐ contraindicated prescription use – reports no use of alcohol with benzodiazepine
- ☐ general health problems – NA
- ☐ current family stress – NA

Summary - 2 of 11 concerns, mitigate concern with clinical recommendations

10 Panel Urine Drug Screening:

Negative for 9 substances tested – cocaine, amphetamine, methamphetamine, cannabis, methadone, MDMA, Opiates, PCP, barbiturates

Positive for 1 substance with prescription - benzodiazepines

Clinical Interview/Summary:

ALCOHOL – Mr. Horn'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 as 4-6 drinks on 1-2 occasions per month. He stated his last use of alcohol was at his daughter's wedding one month ago. While NIAAA and NIH advises no more than 4 drinks on any one occasion, this low risk recommendation is general in nature and mitigated by Mr. Horn's body weight (220 lbs.).

Mr. Horn and I discussed his recent and previous OVI incident as well as his general use of alcohol. I did not find his use of alcohol to meet DSM-5 alcohol use disorder criteria.

NON-PRESCRIPTION DRUG – Mr. Horn acknowledged use of marijuana as a teenager but denied any use since that time. He also denied use of use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. Mr. Horn stated that he was "scared of drugs", referring to street drugs as well as prescription drugs; and he has only used Xanax because he felt it was necessary on an as-needed basis to treat some intermittent but acute anxiety.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Horn reported that he has used very few prescription drugs in his lifetime. He did acknowledge however, that he has periodically used Xanax, at times with a prescription and at times without a prescription to treat anxiety. Since the arrest he has obtained a current prescription and states that the prosecuting attorney has a copy of same. He also reported that at this time he has been able to reduce his dosage from 1mg per dose to .5mg. per dose.

Mr. Horn denied any recreational use of prescription medications which are prone to abuse including stimulant/ADD medications, narcotic painkiller medications, and anxiolytics and sleeping medications.

SUMMARY – While I did not find Mr. Horn meeting criteria for an alcohol or drug use disorder I am recommending some brief follow up with a substance abuse professional. In this setting some constructive discussion about Mr. Horn's anxiety, various options for treating it and any concerns he has about working directly with a physician for an appropriate prescription could be addressed.

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

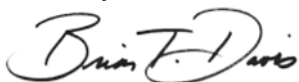
Treatment Recommendations:

- 1) Counseling Follow Up – meet with a substance abuse professional 1-2 times for further discussion of anxiety condition, use of benzodiazepines and any concerns Mr. Horn might have about physician consultation;
- 2) Physician and therapy consults – meet with primary care physician once per quarter if anxiety symptoms persist to discuss treatment options, consider meeting with a therapist that specializes in treating anxiety disorders if symptoms persist;
- 3) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Horn seek further evaluation and follow all treatment recommendations.

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

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: Larry W. Horn

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 and Drug 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.