

July 27, 2016

Kip Greenhill, Dean of Students  
55 North High Street  
New Albany, Ohio 43054

**Re: Clinical Alcohol Assessment for Zach G. Hall (DOB – 11/24/1998)**

Dear Mr. Greenhill:

I performed a Clinical Alcohol Assessment for Mr. Hall in reference to his April 2016 violation of New Albany student code of conduct. This assessment included a 50-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); respondent's DEF score (defensiveness) was elevated beyond the norm which increases the likelihood of a missed moderate to severe alcohol use disorder diagnosis but 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 – denies previous history
- ☐ severity of incident – NA
- ☐ anxiety/depression/mental health – None
- ☐ general health issues – No known allergies or diseases
- ☐ exposure to trauma – NA
- ☐ use of liquor – NA
- ☐ other substance use – NA
- ☐ contraindicated prescription use – NA

- ☒ family history – extended family history of problem alcohol use
- ☐ prior treatment history – NA
- ☐ negative peer influence – NA
- ☐ at-risk work environment – NA
- ☐ current stress (relational, work, etc.) – NA
- ☐ poor academics – NA

Summary - 1 of 14 concerns, mitigate concern with clinical recommendations

### **Clinical Interview/Summary:**

ALCOHOL – Mr. Hall's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported consuming alcohol on one prior occasion before his April 2016 incident. He reported no difference in the amount consumed if he was attending a special event or celebratory occasion.

Mr. Hall and I discussed his April 2016 incident, past alcohol use, family history of alcohol consumption, and his understanding of moderate alcohol use. Mr. Hall and I discussed his potential increase risk of developing alcohol-related problems due to his family history. We also reviewed World Health Organization's standards for low risk problem alcohol use.

In summary Mr. Hall's clinical interview did not reveal any positive criteria as set forth by the DSM-5.

### **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)

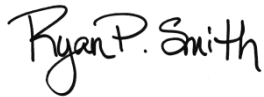
### **Treatment Recommendations:**

Having found no basis for a DSM-5 alcohol use disorder, I have no further recommendations for Mr. Hall at this time. If, however, another negative consequence is incurred as a result of any alcohol use, it is recommended Mr. Hall seek an updated evaluation and engage in brief outpatient counseling.

If you possess any additional information about Mr. Hall'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 New Albany high school, Mr. Hall, and yourself in this important matter.

Sincerely,



Ryan P. Smith MSW, LISW-S, LICDC, SAP  
SW Lic. #1.1000155-S, CD Lic. #101182  
cc: Zach G. Hall

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**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.