

September 28, 2016

Dan Sabol, Attorney at Law
Luftman, Heck & Associates
580 E. Rich Street
Floor 2
Columbus, Ohio 43215

Re: Clinical Alcohol Assessment for Matthew Noland (DOB – 10/08/1979)

Dear Mr. Sabol:

I performed a Clinical Alcohol Assessment for Mr. Noland in reference to his June 2015 OVI charge in Franklin County. 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); screening was valid and covered a lifetime frame of reference;

MAST: score = 2 / *NEGATIVE SCREEN*; screening did not indicate likelihood of problem drinking (screen relative to lifetime use of alcohol)

AUDIT: score = 8 / *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 24 months prior to June 2015)

Alcohol Use Risk Factors:

- ☐ legal history – denies previous history
- ☒ severity of incident – elevated blood alcohol content (.24); accident left respondent comatose for a month
- ☐ 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 – one extended relative has history of problem substance use
- ☐ prior treatment history – NA
- ☐ negative peer influence – NA
- ☐ at-risk work environment – NA
- ☐ current stress (relational, work, etc.) – NA

Summary - 2 of 13 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary:

ALCOHOL – Mr. Noland's written screenings provided some indications of a possible alcohol use disorder. He was open in the clinical interview and shared information about his June 2015 OVI charge, his alcohol use prior to that event, and complications stemming from that incident. He reported his typical alcohol use prior to his charge as 3-5 standard drinks on 2-3 occasions per week. He also reported consuming 7-9 drinks on special occasions which occurred approximately 2-4 times per year.

Since his June 2015 incident, Mr. Noland has decreased his overall alcohol use and frequency. As of the past year he will consume 1-3 standard drinks on 1-2 occasions per week. Additionally, he has completed a 72-hour Driver Intervention Program in August 2016. While Mr. Noland and I noted the above risks and concerns, I did not find evidence of him meeting DSM-5 criteria for an alcohol use disorder at this time.

DSM-5 Alcohol Use Symptoms (met within 12 months leading up to June 2015):

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

DSM-5 DIAGNOSIS in Reference to Substances: Present - z03.89 (suspected substance use condition not found); Past – F10.10 alcohol use disorder, mild, in sustained full remission

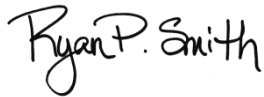
Treatment Recommendations:

- 1) If any negative consequence is incurred as a result of any alcohol use within the next 3 years, it is recommended that Mr. Noland seek an updated evaluation where the minimum level of care is intensive outpatient treatment.

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

Sincerely,



Ryan P. Smith MSW, LISW-S, LICDC, SAP
SW Lic. #1.1000155-S, CD Lic. #101182
cc: Matthew Noland

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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.