

July 20, 2016

Robert F. Healey Jr., Attorney
Suhre & Associates, LLC
600 Vine Street, Suite 1004
Cincinnati, OH 45202-2400

Re: Clinical Alcohol Assessment for Michael Ralph Nypaver (DOB – 11/23/1991)

Dear Mr. Healey:

I performed a Clinical Alcohol Assessment for Mr. Nypaver in reference to his June 2016 OVI charge in Clermont County. This assessment included a 50-minute clinical interview by telephone, and the administration of:

- 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:

MAST: score = 1 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use, mitigate concerns with clinical recommendations (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, 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 – binge alcohol use
- ☐ anxiety/depression/mental health – NA
- ☒ general health issues – Barrett's esophagus
- ☐ 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 – NA
- ☐ at-risk work environment – NA

- ☐ current stress (relational, work, etc.) – low stress

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

Clinical Interview/Summary:

ALCOHOL – Mr. Nypaver's written screenings provided no clear indications of an alcohol use disorder at any level (mild, moderate or severe). He reported his normal use of alcohol prior to his June 2016 charge as 1-3 drinks on 1-2 occasions per month. He also acknowledged use of 2-5 standard drinks on 2-3 special occasions (weddings, birthdays, etc.) per year.

Mr. Nypaver and I discussed his OVI incident, his general use of alcohol, and his plans for future alcohol use at length. We also reviewed the standards set forth by the World Health Organization for low risk problem alcohol use. While I did not find him meeting DSM-5 alcohol use disorder criteria, he was positive for one of the DSM-5 criteria (see below) and evidenced some risk factors: occasional binge use of alcohol and drinking with peers who engage in binge alcohol use. Accordingly, I am including some standard alcohol education recommendations in the remainder of this report.

DSM-5 Alcohol Use Symptoms:

- ☒ Recurrent use beyond intention – “2-3 times in past year”
- ☐ 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 - 1 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); rule out F10.10 alcohol use disorder, mild

Treatment Recommendations:

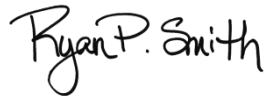
- 1) 72 Hour Driver Intervention Program – complete program and provide documentation to the court (recommend Clermont Recovery Center, Inc., 513-735-8100 or similar program);

- 2) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Nypaver seek an increased level of treatment or extended outpatient substance abuse counseling as appropriate;

If you or the court possess additional information about Mr. Nypaver'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. Nypaver, 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 Ralph Nypaver

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.