

August 5<sup>th</sup>, 2015

Phillip Strigger III, PO  
373 S. High St. 8<sup>th</sup> Floor  
Columbus, OH 43215

**Re: Clinical Alcohol Assessment for Tyler Boyd**

Dear Mr. Strigger:

I performed a Clinical Alcohol Assessment for Mr. Boyd in reference to his September 2014 OVI charge. This assessment included the administration of: a MAST, an AUDIT, an anxiety/depression screening, and a clinical interview. The following are my findings and recommendations:

**MAST:** score = 8 / *POSTIVE*; indications of an apparent problem with alcohol; “6” points are related to 3 alcohol-related legal charges; lifetime frame of reference

**AUDIT:** score = 7; scores of “8” or more indicate hazardous alcohol use; screening covered time frame from January 2014 to January 2015

**DSM/Other Substance Related Concerns:** reported subtle indicators of problem alcohol use including mild memory loss after use, continued use despite negative financial impact, previous legal consequences, previous treatment, occasional binge use pattern

**Anxiety/Depression Screening:** no clinically significant concerns reported

**Substance Related Legal History Reported:** OVI in 2011 with .16 BAC; OVI in February 2014 where BAC was refused

**Clinical Interview/Summary:** Mr. Boyd’s written screenings provided an initial mixed indication of a problem with alcohol use. Mr. Boyd reported his previous alcohol use as 3-5 standard drinks on 3-4 occasions per week. Mr. Boyd has been abstinent from alcohol since February 2015 as directed by the terms of his probation. He denied any difficulties maintaining his present abstinence from alcohol. Mr. Boyd also provided details regarding his OVI charges in September 2011 and February 2014. He attended a Driver Intervention Program after his February 2014 charge. His clinical interview did not reveal a preoccupation with alcohol use, cravings for alcohol, nor clear indications of loss of control of alcohol use. Mr. Boyd’s clinical interview did reveal use beyond intention, use in hazardous situations, and indications of tolerance to alcohol. Mr. Boyd has attended a victim impact panel and is presently attending twice weekly AA meetings.

**DSM 5 DIAGNOSIS in reference to substances:** 305.00 mild alcohol use disorder, early full remission; Rule out 303.90 moderate alcohol use disorder

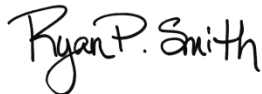
**Treatment Recommendations:**

- 1) Counseling, recommend 6-8 outpatient sessions with a professional substance abuse counselor; update recommendations at session five;

- 2) Abstinence, recommend abstaining from all alcohol use for 3 year minimum, any consideration of resuming alcohol use should be done only in consultation with a physician and substance abuse professional;
- 3) Drug Testing, recommend random drug screens at the direction of probation;
- 4) If another negative consequence is incurred as a result of any alcohol use it is likely that an increased level of treatment will be recommended (e.g. IOP, Inpatient, residential treatment, etc.)

Mr. Boyd has signed a release to communicate the results of this assessment to you. Feel free to contact me should you have any questions about this assessment.

Sincerely,



Ryan Smith, LISW-S, SAP, LICDC  
cc: Tyler Boyd

**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.