

September 29, 2014

Jeff Anderson, Attorney at Law
Jeff Anderson Law
3083 Columbus St.
Grove City, OH 43123

Re: Clinical Alcohol Assessment for Ryan Bickel

Dear Mr. Anderson:

I performed a Clinical Alcohol Assessment for Mr. Bickel in reference to his pending August 2014 OVI charge. This assessment included the administration of: a SASSI-3, a MAST, a DAST, an AUDIT, an anxiety/depression screening, and a clinical interview. The following are my findings and recommendations:

SASSI-3: scores indicated further screening to assess for a mild alcohol use disorder condition

MAST: score =10; indicates problematic alcohol use; lifetime frame of reference

AUDIT: score =8; scores of “8” or more indicate hazardous alcohol use

DSM/Other Substance Related Concerns: reports subtle indicators of problem alcohol use including recurrent use to relieve emotional or work stress, previous legal consequences, previous alcohol-related education, conflict with significant others during or shortly after use of alcohol, guilt or regret associated with use

Anxiety/Depression Screening: no clinically significant concerns reported

Substance Related Legal History Reported: OMVI charge in 2012

Clinical Interview/Summary: Mr. Bickel’s written screenings provided indication of a possible moderate to severe alcohol use disorder diagnosis. He reported his normal use of alcohol as 4-6 standard drinks on 2-3 occasions per week with use increasing to 7-8 standard drinks on special celebrations. He reported symptoms of use beyond intention and use despite negative impact to interpersonal relationships. His clinical interview also revealed evidence of a tolerance condition, use despite exacerbation to depressive symptoms, and increased time spent using and recovering from alcohol use. Mr. Bickel meets criteria for a moderate alcohol use disorder diagnosis but also reports recent alcohol abstinence for more than 30 days. He appears to be strongly motivated to continue his abstinence and is appropriate for outpatient counseling. This and other supportive recommendations are outlined in detail below.

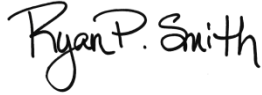
DSM 5 DIAGNOSIS in reference to substances: 303.90 moderate alcohol use disorder; Rule out 303.90 severe alcohol use disorder

Recommendations: 1) Education, recommend 9 hrs. of Ohio Health’s Drug/Alcohol Awareness Series (contact 614-566-3700); 2) Counseling, recommend 10-12 sessions with a professional substance abuse counselor; 3) AA, recommend 2-3 weekly AA meetings; sponsor should be obtained; 4) If another negative consequence is incurred as a result of any alcohol use within the

next twelve months, it is recommended Mr. Bickel seek enrollment in an intensive outpatient counseling program.

Mr. Bickel 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,

A handwritten signature in black ink that reads "Ryan P. Smith". The signature is written in a cursive, flowing style.

Ryan Smith, LISW-S, SAP, LCDC-III
cc: Ryan Bickel

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.