

April 27, 2016

Benjamin L. Luftman, Attorney  
Luftman, Heck & Associates LLP  
580 E Rich Street, Floor 2  
Columbus OH 43215-5335

**Re: Clinical Alcohol Assessment for Matthew Hattenbach (DOB – 08/29/1995)**

Dear Mr. Luftman:

I performed a Clinical Alcohol Assessment for Mr. Hattenbach in reference to his April 2016 OVI charge in Franklin County. This assessment included a 50-minute clinical interview, and the administration of:

- A Subtle Substance Abuse 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:** overall scores indicated a *high probability* of a moderate to severe alcohol use disorder; scores were positive for rule #9 and negative for rules #1-8; screening had a lifetime frame of reference;

**MAST:** score = 10 / *POSITIVE SCREEN*; screening indicated high likelihood of problem drinking;

**AUDIT:** score = 21 / *POSITIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 15 or more in men indicates *moderate to severe* disorder present

**Alcohol Use Risk Factors:** Mr. Hattenbach acknowledged having a family history of problem alcohol and other substance use and acknowledged a history of previous alcohol-related legal charges (e.g. underage consumption);

**Present Use Status:** presently not using alcohol; unsure of whether to continue present abstinence indefinitely;

**Anxiety/Depression Screening:** screening indicated clinically relevant concerns regarding depression and anxiety symptoms; reports history of panic attacks and prior diagnosis of Panic disorder; previously treated unsuccessfully with anti-depressant medication;

**Substance Related Legal History Reported:** prior alcohol-related legal charges; unsure of month/year – reported underage consumption and public intoxication charge

**Clinical Interview/Summary:** Mr. Hattenbach's written screenings provided clear and overt indications of an alcohol use disorder. He reported his normal use of alcohol prior to this charge as 8-10 standard beers (e.g. domestic beer) on 3-4 occasions per week. He also acknowledged use of up to 12 standard drinks on special occasions (weddings, birthdays, etc.), which he reported occur at random times throughout the year. Mr. Hattenbach stated that his maximum number of drinks per occasion in the past year was 15 drinks at the New Years' Eve party.

Mr. Hattenbach and I discussed his OVI incident, his alcohol use as related to his anxiety symptoms, and his overall history of alcohol use at length. Mr. Hattenbach's clinical interview revealed the following positive symptoms: tolerance, recurrent use beyond intention, continued use despite negative impact to role functioning, continued use despite negative impact to interpersonal relationships, and preoccupation with alcohol use. Mr. Hattenbach was unclear as to whether he was experiencing cravings for alcohol but denied experiencing any withdrawal symptoms over the past two weeks. Mr. Hattenbach acknowledged experiencing an increase in anxiety since abstaining from alcohol use which he used to suppress his panic disorder symptoms. At present I am recommending Mr. Hattenbach engage in professional substance abuse treatment services and behavioral health care.

**DSM-5 DIAGNOSIS in Reference to Substances:** F10.20 alcohol use disorder, moderate;  
F41.0 Panic disorder

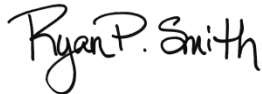
**Treatment Recommendations:**

- 1) Intensive Outpatient Treatment, recommend Cornerstone of Recovery's modified-IOP program; if ongoing assessment reveals need, full-course IOP may be required (contact Cornerstone of Recovery, 614-889-0000);
- 2) Outpatient counseling, recommend initial weekly outpatient counseling for behavioral health care to treat anxiety symptoms; recommend professional counselor with training in cognitive behavioral therapy (CBT), acceptance and commitment therapy (ACT), or other behaviorally-based treatment;
- 3) Abstinence, recommend minimum of 3-year abstinence from all alcohol use; resumption of alcohol use should be done only in consideration with professional counselor and/or family physician;
- 4) Medication management, recommend consultation with family physician or psychiatrist for medication options to help moderate anxiety symptoms;
- 5) If there is any other negative consequence in regards to alcohol use within the next year, it is recommended that Mr. Hattenbach receive an updated evaluation and follow all treatment recommendations.

If the court possesses additional information about Mr. Hattenbach's use of alcohol that might impact the outcome of this assessment, I would be happy to review it and consider any appropriate modifications or amendments to the present report.

Thank you for the opportunity to assist the court, Mr. Hattenbach, and yourself in this important matter.

Sincerely,



Ryan P. Smith MSW, LISW-S, LICDC, SAP  
SW Lic. #I.1000155-S, CD Lic. #101182  
cc: Matthew Hattenbach

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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.