

July 27, 2016

Katherine A. Drummond, Attorney
Winstein, Kavensky & Cunningham, LLC.
224 18th Street, 4th Floor
Rock Island, Illinois 61201-8719

Re: Clinical Alcohol Assessment for Jim Wachenheim (DOB – 08/25/1955)

Dear Ms. Drummond:

I performed a Clinical Alcohol Assessment for Mr. Wachenheim in reference to his May 2016 DUI charge in Rock Island County. This assessment included a 60-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); respondent's DEF score (defensiveness) was elevated beyond the norm which increases the likelihood of a moderate to severe alcohol use disorder but may also reflect situational factors

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 = 6 / *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 within the past 24 months)

Alcohol Use Risk Factors:

- ☐ legal history – denies previous history
- ☒ severity of incident – elevated blood alcohol content (.20)
- ☒ anxiety/depression/mental health – history of anxiety symptoms; use of alcohol to find relief/escape
- ☐ general health issues – NA
- ☐ exposure to trauma – NA

- ☒ use of liquor – whiskey
- ☐ 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.) – moderate to high occupational stress; use of alcohol to relax

Summary - 4 of 13 concerns, mitigate concern with clinical recommendations

DSM-5 Alcohol Use Symptoms:

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

Clinical Interview/Summary:

ALCOHOL – Mr. Wachenheim’s written screenings did not provide clear or overt indications of an alcohol use disorder. He was open in the clinical interview and shared information indicating 3 problem alcohol use symptoms (see above). While Mr. Wachenheim does not have a history of daily alcohol use, he does appear to have difficulty controlling his alcohol use at times and has a history of using alcohol to deal with stress and/or anxious symptoms.

SUMMARY – At present Mr. Wachenheim meets DSM-5 criteria for a mild alcohol use disorder. I am providing recommendations below to assist Mr. Wachenheim in gaining skills to help him moderate his alcohol use. Ongoing assessment will also help rule out a potential moderate alcohol use disorder. In assessing Mr. Wachenheim per Illinois requirements, he appears to meet criteria for a “moderate risk”. Recommendations provided below are made in an attempt to be aligned with Illinois requirements and clinical need.

DSM-5 DIAGNOSIS in Reference to Substances: F10.10 alcohol use disorder, mild; rule out F10.20 alcohol use disorder, moderate

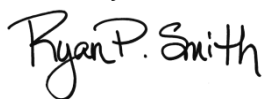
Treatment Recommendations:

- 1) Alcohol Risk Reduction – 10 hrs. of alcohol/drug education including a combination of any of the following – local class (hospital, treatment center, or community facility), online alcohol or drug education course;
- 2) AA, 12 Step or Smart Recovery Meeting Attendance – 1 sessions per week for a minimum of 3 months;
- 3) Outpatient Counseling – 12 outpatient sessions with a professional substance abuse counselor after completion of recommendation #1; update recommendations or discharge as appropriate;
- 4) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Wachenheim seek an increased level of treatment or extended outpatient substance abuse counseling as appropriate;

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

Sincerely,



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

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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.