

April 12, 2016

Eric Girard
McDaniel's Construction Corp., Inc.
1069 Woodland Avenue
Columbus, OH 43219-2177

Re: Clinical Alcohol and Drug Assessment for Kelly R. Powell (DOB – 07/26/1990)

Dear Mr. Girard:

I performed a Clinical Alcohol and Drug Assessment for Mr. Powell in reference to his March 31, 2016 substance related workplace incident. This assessment included a 50-minute in-person clinical interview, and the administration of:

- A Substance Abuse Subtle Screening Inventory (SASSI-3)
- A Michigan Alcohol Screening Test (MAST)
- A Drug Use Disorder Identification Test (DUDIT)
- A general anxiety/depression screening

The following items provide a summary of the screening results, my diagnostic opinion and professional recommendations:

SASSI-3: scores indicated an overall *high probability* of a moderate to severe substance use disorder; scores were negative for rules #1-8 and positive for rule #9; screening had a lifetime frame of reference;

MAST: score = 1 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use;

DUDIT: score = 1 / *NEGATIVE SCREEN*; scores of 6 or more suggest presence of mild or moderate condition, scores of 25 or more indicate high likelihood of a severe disorder present;

Substance Use Risk Factors:

- family history = immediate and extended family history of problem substance use
- prior substance use related charges = NA
- early onset of alcohol use = prior use of alcohol to relieve distress; led to marital distress
- previous substance use treatment = prior counseling and alcohol education
- peer influences = binge pattern of alcohol use
- work environment = NA
- contraindicated prescription use = NA
- anxiety or depression symptoms = anxiety and insomnia
- general health problems = diagnosed with gastritis
- current family stress = NA

Substance use risk profile = 6/10, moderate to high risk profile

Present Use Status: 1x month average; 4-6 drinks per occasion

Anxiety/Depression Screening: no clinically significant concerns reported at present

Substance Related Legal History Reported: denies any previous history of alcohol or substance related arrests/legal charges

Clinical Interview/Summary:

ALCOHOL - Mr. Powell's written screenings provided indications of a moderate to severe alcohol use disorder. He reported his normal use of alcohol before this incident as 4-6 drinks on 1 occasions per month. He denied increasing his alcohol use during special celebrations or holidays.

Mr. Powell and I discussed his history of alcohol use and changes he has made over the past five years. Mr. Powell is a veteran of the U.S. Army having served from 2008 to 2012. Mr. Powell stated that while stationed in Alaska he engaged in heavy binge alcohol use with his peers and acknowledged that his alcohol use had been a contributory factor in his divorce. Mr. Powell acknowledged engaging in professional counseling services in regards to his alcohol use and after his divorce reduced the frequency and quantity of alcohol consumed though he acknowledged switching from alcohol use to cannabis use.

Mr. Powell's clinical interview revealed the following positive symptoms in regards to his past alcohol use: recurrent use beyond intention, use in hazardous situations, use despite exacerbation of psychological difficulties, and increased time spent consuming alcohol. I did not find indications of positive DSM-5 alcohol use disorder criteria within the past year. I did discuss with him two items of concern (occasional binge use of alcohol and family history of problem alcohol use) and recommended that he address these concerns in order to minimize his future risk of problem alcohol use.

ILLICIT DRUG – Mr. Powell acknowledged minimal experimentation with cannabis during his junior and senior years of high school. He reported sporadic use of cannabis when in social situations. He stated that his use of cannabis increased in frequency and quantity when he reduced his alcohol use in 2010. Mr. Powell reported that he decreased his cannabis use in 2012 due to drug testing at his past employer. Over the past year he reported smoking cannabis on average 4-5x per month. His clinical interview revealed use despite medical problems, tolerance, and use despite psychological difficulties. He denied experimentation with any and all other illicit substance categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Mr. Powell report suspect of minimization or deception.

PRESCRIPTION DRUG – Mr. Powell denied any recreational use of prescription medications which are prone to abuse including stimulant/ADD medications, narcotic painkiller medications, and anxiolytics and sleeping medications. The interview did not reveal hesitation, discrepancy with his written screenings or other non-verbal signs of minimization or covering a prescription drug use problem.

DSM-5 DIAGNOSIS in Reference to Substances: F12.10 cannabis use disorder, mild; F10.20 alcohol use disorder, moderate, in early full remission

Treatment Recommendations:

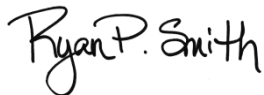
- 1) Preventative Alcohol & Drug Education – recommend 8 hrs. of alcohol/drug education including a combination of any of the following resources– local class (Ohio Health's Alcohol Awareness Series at Riverside Hospital 614-566-3700), AA, and/or online alcohol

or drug education course;

- 2) Outpatient Counseling – recommend 8-10 outpatient sessions with a professional substance abuse counselor; update recommendations or discharge as appropriate;
- 3) Drug Testing – recommend random drug screens at the direction of employer; minimum total duration of 3 years;
- 4) Physician consult – for continuity of care, inform primary care doctor of the results of this assessment and obtain appropriate medical recommendations;
- 5) If another negative consequence is incurred as a result of any alcohol or other substance use, it is recommended Mr. Powell seek an increased level of treatment or extended outpatient substance abuse counseling as appropriate.

Thank you for the opportunity to assist McDaniel's Construction Corp, Mr. Powell, and yourself in this important matter.

Sincerely,



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

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 and Drug 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.