

January 4, 2016

DRAFT

Will Nesbitt, Attorney
The Koffel Law Firm
1801 Watermark Drive, Suite 350
Columbus, OH 43215

Re: Clinical Alcohol Assessment for Daniel McKay (DOB - 07/07/1986)

Dear Mr. Nesbitt,

I performed a Clinical Alcohol Assessment for Mr. McKay in reference to his December 2015 domestic violence and assault charges in Franklin County. This assessment included a 50 minute clinical interview by telephone, and the administration of:

- 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:

MAST: score = 1 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screening appeared valid)

AUDIT: score = 0 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 13 or more in women, scores of 15 or more in men indicates *moderate to severe* disorder present (respondent appeared to provide forthright responses to questions)

Alcohol Use Risks: no alcohol use risks indicated in written screenings or the clinical interview

DSM/Other Substance Related Concerns: denies subtle indicators of problem alcohol use including pattern of mild hangovers, mild memory loss after use, repeat use to relieve emotional or work stress, previous treatment, conflict with significant others during or shortly after use of alcohol, guilt or regret associated with use

Present Use Status: presently not using alcohol to be in compliance with no alcohol use order by the court

Anxiety/Depression Screening: no clinically significant concerns reported

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

Clinical Interview/Summary: Mr. McKay's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported his normal use of alcohol before the court issued a *no alcohol consumption* order, as 1-2 drinks on 0-1 occasions per week. He also acknowledged use of up to 3-5 drinks on rare occasions (5-6 occasions in the last 3 years).

Mr. McKay and I discussed the domestic violence/ assault charge incident and his general use of alcohol at length. I gained no information from the clinical interview that was in contradiction to his written screenings. My clinical impression is that Mr. McKay does not have a DSM-5 alcohol use disorder and that his risk level for resuming alcohol use is low.

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

DSM-5 DIAGNOSIS in reference to substances: Z03.89 (suspected substance use condition not found)

Treatment Recommendations: Since I found no indications that Mr. McKay has an DSM-5 alcohol use disorder I have no further professional recommendations for him at this time.

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

Sincerely,

Brian T. Davis, LISW-S, SAP

LIC# I-7948

cc: Daniel McKay

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.

