

July 14, 2015

Rebecca L. Dilbeck, Chief Probation Officer
576 W. Park Ave., Rm. 204
Barberton, OH 44203

Re: Clinical Alcohol Assessment for Harry Palmer

Dear Ms. Dilbeck.:

I performed a Clinical Alcohol Assessment for Mr. Palmer in reference to his OVI charge in Summit County. This assessment included the administration of:

- Michigan Alcohol Screening Test (MAST)
- Alcohol Use Disorder Identification Test (AUDIT)
- General anxiety/depression screening
- 50 minute clinical interview

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, of 13 or more (women), 15 or more (men) indicates moderate to severe disorder present (respondent appeared to provide forthright responses to questions)

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

Anxiety/Depression Screening: no clinically significant concerns reported

Substance Related Legal History Reported: April 2000 OVI Summit County

Clinical Interview/Summary: Mr. Palmer'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 as 1-2 drinks on 1 occasion per month. He also reported that his consumption amount (1-2 drinks) did not normally change in context of certain social settings or special occasions (weddings, birthdays, etc.). Mr. Palmer and I discussed both of his OVI incidents and general use of alcohol. His interview answers were without hesitation, discrepancy or non-verbal signs of his minimization of problem alcohol use.

Ultimately I was unable to find the OVI incidents or his overall history and presentation indicative of someone experiencing DSM 5 alcohol use disorder symptoms.

Mr. Palmer noted that he has successfully completed a 72 hour DIP and learned a great deal about alcohol and substance use in the program. I believe this was an appropriate and sufficient level of intervention for his situation.

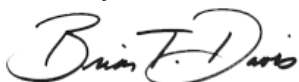
If you possess significant additional information about Mr. Palmer's alcohol use I would be happy to review it and consider any appropriate modifications or amendments to the present report

DSM 5 DIAGNOSIS in reference to substances: V71.09 (none found)

Treatment Recommendations: I have no further professional recommendations at this time. If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Palmer seek further evaluation and follow all treatment recommendations.

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

Sincerely,



Brian Davis, LISW-S, SAP
cc: Harry Palmer

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.