DIRECTIONS
COUNSELING GROUP

July 6, 2016

Michael Bachelder, Chief Probation Officer
48 E. High Street
Room A
Mt. Gilead, Ohio 43338

Re: Clinical Alcohol Assessment for John Waite (DOB – 04/04/1959)

Dear Mr. Bachelder:

I performed a Clinical Alcohol Assessment for Mr. Waite in reference to his March 2016 OVI charge in Morrow County. This assessment included a 50-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)

MAST: score = 2 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use; all points stemmed from 2x alcohol-related legal charges: one in March 2016 and one in 1979

AUDIT: score = 3 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, whereas scores of 15 or more in men indicate a *moderate to severe* disorder may be present; (screen relative to use of alcohol within the past 24 months)

Alcohol Use Risk Factors:

☒ legal history – prior alcohol-related charge in 1979
☐ severity of incident – NA
☐ anxiety/depression/mental health – NA
☐ general health issues – NA
☐ exposure to trauma – NA
☐ use of liquor – NA
☐ other substance use – NA
☐ contraindicated prescription use – NA
☐ family history – none reported

☒ prior treatment history – alcohol-related education following 1979 charge
☐ negative peer influence – NA
☐ at-risk work environment – NA
☐ current stress (relational, work, etc.) – NA

Summary - 2 of 13 concerns, low risk profile

Clinical Interview/Summary:
ALCOHOL – Mr. Waite'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 over the past two years prior to his present charge as 2-3 drinks on 1-2 occasions per month. He also acknowledged use of 4-5 drinks on 2-3 occasions per month during the fall while watching football games.

Mr. Waite and I discussed his OVI incident and his general use of alcohol at length. His clinical interview did not reveal any positive criteria in regards to an alcohol use disorder per DSM-5 criteria. Mr. Waite and I reviewed the standards for low risk problem alcohol use as set forth by the World Health Organization and the National Institute of Alcohol Abuse and Alcoholism.

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

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

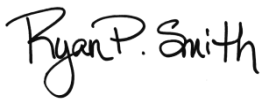
Treatment Recommendations:

Having found no basis for a DSM-5 alcohol use disorder, I have no further recommendations for Mr. Waite at this time.

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

Sincerely,



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

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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.

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