

May 4, 2016

Tod Brininger, Attorney
The Koffel Law Firm
1801 Watermark Drive, Suite 350
Columbus, OH 43215-7033

Re: Clinical Alcohol Assessment for Charles T. Wilson (DOB – 01/23/1974)

Mr. Brininger:

I performed a Clinical Alcohol Assessment for Mr. Wilson in reference to his March 2016 OVI charge in Fairfield County. In addition to our 75-minute clinical interview, this assessment included the administration of:

- A SASSI (Substance Abuse Subtle Screening Inventory)
- A MAST (Michigan Alcohol Screening Test)
- An (Alcohol Use Disorder Identification Test)
- 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 = 8 / *SUGGESTIVE SCREEN*; scores of 5 or more are considered positive, it should be noted that all points incurred were a result of alcohol-related legal issues (scores are relative to lifetime use of alcohol)

AUDIT: score = 2 / *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 (scores are relative to use of alcohol in the past 24 months)

Alcohol Use Risk Factors:

- ☒ previous legal history – underage drinking citation at 18 years of age (1992); alcohol-related driving offenses in 1992 OVI (.1 BAC) and a 2005 incident that was reduced to a traffic violation (Mr. Wilson was uncertain of his BAC)
- ☐ severity of incident – NA
- ☐ anxiety/depression/mental health – none of clinical concern
- ☐ other substance use – NA
- ☐ contraindicated prescription use – NA
- ☐ use of liquor – NA
- ☐ family history – NA

- ☒ prior treatment history – education; prior assessment
- ☐ negative peer influences or social circle– NA
- ☐ at-risk work environment – NA
- ☒ trauma exposure – hit by a vehicle while on a motorcycle 9 years ago
- ☒ general health problems – sustained concussion in car accident referenced
- ☐ current relational/environmental stress – NA

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

Present Use Status: presently not using alcohol

Clinical Interview/Summary: Mr. Wilson’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 this charge as 1-2 craft beers or glasses of wine on 1-2 occasions per week. He also acknowledged use of 2-4 drinks on instances of special occasion (birthdays, concerts) on about 4-5 occasions per year.

Mr. Wilson and I discussed his OVI incident and general use of alcohol at length. Furthermore, I obtained and reviewed his “discovery” packet to ensure accurate testimony of his offense. He has denied using alcohol since his charges but anticipates he may choose to drink at some future date while using a zero-tolerance policy with reference to drinking and driving. In my best clinical judgment, I was unable to find the incident or his overall history and presentation indicative of someone experiencing enough DSM-5 alcohol use disorder symptoms for diagnosis. With the risk factors noted above and in an effort to help Mr. Wilson proactively avoid any future problem alcohol use, I have provided further treatment recommendations.

DSM - 5 Alcohol Use Symptoms:

- ☐ Use beyond intention
- ☐ Persistent desire or unsuccessful efforts to reduce/quit use
- ☐ Substantial time spent obtaining, using, or recovering from use
- ☐ Strong craving/desire
- ☐ Failure to fulfill a major role (work, home, school)
- ☐ Use despite recurrent social/interpersonal problems
- ☐ Important social, occupational, recreational activities relinquished
- ☒ Physically hazardous use
- ☐ Continued use despite knowledge of contra physical or psychological condition
- ☐ Tolerance
- ☐ Withdrawal symptoms

Summary - 1 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:

- 1) Attend a local MADD Victim Impact Panel;
- 2) Counseling, recommend 3-8 outpatient sessions with a professional substance abuse counselor; follow-up provider should update recommendations if it is revealed that a more intensive level of care is necessary - discharge once treatment goal(s) has been achieved;
- 3) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Wilson seek an increased level of treatment or extended outpatient substance abuse counseling as appropriate;

If you possess any additional information about Mr. Wilson's use of alcohol that may 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. Wilson, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA

Cert.# 150427

Supervision received from Brian T. Davis, LISW-S, SAP LIC# I-7948

cc: Charles T. Wilson

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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.