

May 5, 2015

Adoption Circle 400 South 5th Street Suite 304 Columbus, OH 43215

Re: Clinical Alcohol Assessment for Daniel Showalter

Dear Adoption Circle Representative:

I performed a Clinical Alcohol Assessment for Mr. Showalter in reference to his 2006 OVI charge in Franklin County. This assessment included the administration of:

- Michigan Alcohol Screening Test (MAST)
- Alcohol Use Disorder Identification Test (AUDIT)
- General Anxiety/Depression screening
- Clinical Interview by Telephone

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

MAST: score = 0 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screening appeared valid)

AUDIT: score = 0 / *NEGATIVE SCREEN*; scores above 8 indicate hazardous use, above 13 indicates moderate to severe disorder present (screening appeared valid)

DSM/Other Substance Related Concerns: Clinical interview revealed *0 of 11* DSM 5 alcohol related symptoms found. 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: denies any previous history of alcohol or substance related arrests/legal charges

Clinical Interview/Summary: Mr. Showalter's written screenings provided no indication of an alcohol use disorder. He reported that he did not consume any alcohol from 2007 until 2013, and that he consumed a moderate amount of alcohol approximately 2 times per month (1-2 drinks) until February of this year, when he decided to abstain from *all alcohol use*. Mr. Showalter indicated that his abstinence is more congruent with the healthy lifestyle he currently maintains. He also showed appropriate insight into his past overuse of alcohol and the risks associated with any ongoing use. I found Mr.

Showalter to be forthcoming throughout his interview and I was unable to find any inconsistencies or discrepancies in written or verbal form. We discussed his 2006 OVI incident at length, his use of alcohol at that time in his life as well as social and personal factors that contributed to his charges. Mr. Showalter indicated that currently, he regularly maintains contact with his established treatment providers (outpatient counselor and psychiatrist). With these supports in place, the appropriate coping skills he regularly uses and with the addition of ongoing sobriety, my clinical opinion is that he presents a low risk of alcohol related incidents going forward. Accordingly, I have no treatment recommendations with the exception of ongoing care with his current and established providers of treatment.

DSM 5 DIAGNOSIS in reference to substances: 305.00 (Alcohol Abuse in Sustained Full Remission)

Treatment Recommendations:

1) <u>Outpatient counseling and psychiatric care</u> - maintain regular contact with treatment providers (counselor and psychiatrist);

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

Sincerely,

Anita McLeod, LCSW, SAP

cc: Daniel Showalter

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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.

