

March 30, 2016

Douglas A. Funkhouser Co., LPA
Funkhouser Law
765 South High Street
Columbus, OH 43206-1908

Re: Clinical Alcohol Assessment for James B. Andrew (DOB – 12/02/1989)

Dear Mr. Funkhouser:

I performed a Clinical Alcohol Assessment for Mr. Andrew in reference to his OVI charge (3/21/16) in Franklin County. This assessment included a 50-minute in-person clinical interview, 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 = 5 / *POSITIVE SCREEN*; mitigate concerns with clinical recommendations

AUDIT: score =13 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 15 or more in men indicate *moderate to severe* disorder present, mitigate concerns with clinical recommendations

Alcohol Use Risk Factors:

Concerns/Risks

- legal history – 2013 OVI
- severity of incident – auto accident
- anxiety – NA
- NIAAA/NIH low risk guidelines – exceeds guideline 7-10 occasions/year
- other substance use – NA
- family history – none reported
- prior treatment history – NA
- peer influences– NA (but noted higher rates of problem substance use in law students)
- work environment – NA
- contraindicated prescription use – NA
- general health problems – NA
- current family stress – NA

Summary - 3 of 12 concerns, mitigate concern with clinical recommendations

Anxiety/Depression Screening: no clinically significant concerns reported

Clinical Interview/Summary: Mr. Andrew'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 2-4 drinks on 3-4 occasions per week. He also acknowledged use of 8-10 drinks on 7-10 special occasions (weddings, birthdays, etc.) per year.

Mr. Andrew and I discussed his OVI incidents and general use of alcohol at length. I found him meeting 3 of the 11 DSM-5 alcohol use disorder criteria. I asked a number of questions to ascertain if Mr. Andrew was sufficiently motivated and able to work on abstinence or significant reductions in his use of alcohol in an outpatient setting. I believe that he is motivated and capable of doing so, but the treating therapist is advised to monitor and evaluate Mr. Andrew closely should he need additional supports or a higher level of treatment to address all concerns in a complete manner.

DSM-5 DIAGNOSIS in Reference to Substances: F10.10 mild alcohol use disorder (rule out moderate alcohol use disorder)

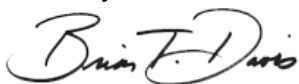
Treatment Recommendations:

- 1) Preventative Education – 9 hrs. of Ohio Health's Drug/Alcohol Awareness Series (Riverside Methodist Hospital contact 614-566-3700);
- 2) Outpatient Counseling – weekly sessions with a professional substance abuse counselor, update recommendations after session 6, counselor can advise on appropriateness of 12 step meeting attendance or other simultaneous supports;
- 3) If another negative consequence is incurred or Mr. Andrew is unable to maintain a lower level of alcohol use it is likely that an increased level of treatment will be recommended (e.g. IOP, Inpatient, residential treatment, etc.).

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

Sincerely,



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

cc: James B. Andrew

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.