

September 1, 2016

Andrew Conway, Community Control Officer
Delaware Municipal Court
70 N. Union Street
Delaware, Ohio 43015

Re: Clinical Alcohol Assessment for Thomas Harrington (DOB – 12/17/1960)

Dear Mr. Conway:

I performed a Clinical Alcohol Assessment for Mr. Harrington in reference to his May 2016 OVI charge in Delaware 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: overall scores indicated a *low probability* of a moderate to severe alcohol use disorder; screening was valid and covered a lifetime frame of reference

MAST: score = 7 / *POSITIVE SCREEN*; screening indicated high likelihood of problem drinking, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

AUDIT: score = 8 / *POSITIVE 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 (screen relative to use of alcohol within the past 24 months)

Alcohol Use Risk Factors:

- ☒ legal history – prior alcohol-related legal charge in 1982
- ☒ severity of incident – wrecked vehicle
- ☐ 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 – NA
- ☐ negative peer influence – NA
- ☐ at-risk work environment – NA
- ☒ current stress (relational, work, etc.) – incident occurred after two years of not working though client is now employed

Summary - 3 of 13 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary:

ALCOHOL – Mr. Harrington's written screenings provided clear indications of an alcohol use disorder at a moderate to severe level. Mr. Harrington was open in the clinical interview and shared information indicating 6 problem alcohol use symptoms over the course of his lifetime (see below). Mr. Harrington first became abstinent from alcohol in 2011, attending AA at the time, after his daughter and spouse had expressed concerns about his alcohol use. Mr. Harrington reported abstinence from 2011 until early May 2016. He shared that he drank for 3 days before receiving the OVI charge.

Mr. Harrington has attended a 3-day Driver Intervention Program in July 2016 and has resumed weekly attendance at AA meetings. Mr. Harrington reported he has no desire to resume alcohol use and desires to maintain his present abstinence from alcohol.

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

DSM-5 DIAGNOSIS in Reference to Substances: F10.20 alcohol use disorder, severe, in early remission

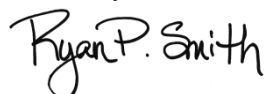
Treatment Recommendations:

- 1) AA, 12 Step or Smart Recovery Meeting Attendance – 3 - 4 sessions per week and provide proof of attendance to probation department;
- 2) Abstinence – abstaining from all alcohol use permanently; if abstinence is compromised 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. Harrington'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. Harrington, and yourself in this important matter.

Sincerely,



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

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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.