

March 24, 2016

Georgia Department of Driver Services
2206 Eastview Parkway NE
Conyers, GA 30013-5755

Re: Clinical Alcohol Assessment for Joshua Adam Rohrbach (DOB – 03/25/1985)

To whom it may concern:

I performed a Clinical Alcohol Assessment for Mr. Rohrbach in reference to his two 2007 OVI charges in Liberty County. This assessment included a 50-minute in-person 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: scores suggested an overall *low probability* of a moderate to severe substance use disorder; all nine rules were negative for a lifetime frame of reference; client's DEF score (defensiveness) was elevated above the norm which increases the likelihood of a missed moderate to severe substance use disorder diagnosis but may also reflect situational factors;

MAST: score = 2 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use;

AUDIT: score = 1 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 15 or more in men indicates *moderate to severe* disorder present

Alcohol Use Risk Factors:

- family history of problem alcohol use
- prior DUI charges – two alcohol-related OVI charges within several month span
- prior treatment with VA for PTSD
- 1-2x yearly pattern of binge alcohol use

Anxiety/Depression Screening: no clinically significant concerns reported at present

Substance Related Legal History Reported: denies any previous history of alcohol or substance related arrests/legal charges

Clinical Interview/Summary: Mr. Rohrbach's written screenings provided no clear indication of an alcohol use disorder at any level (mild, moderate or severe). He reported his normal use of alcohol prior to these charges was "heavy alcohol consumption" with peers "who were just like me: recently on military leave, coping with stress, with no other family or friends around". Mr. Rohrbach was enlisted in the U.S. Armed Services from 2003-2007 and discharged after a motorcycle accident broke his leg and injured his knee. Mr. Rohrbach recounted that alcohol was his primary means of coping with distress at the time. Then in 2007 he was connected with a Veteran Affairs Vet Center from whom he received counseling for PTSD for five years, ending in 2012. Over the past two years, Mr. Rohrbach reported his use of alcohol as 1-2 craft beers on 2-4 occasions per month. He also reported consuming up to 12 craft beers over the course of 8 hours on 2 occasions per year. These occasions appear to coincide with traumatic events incurred during his military service. Mr. Rohrbach shared that on these occasions he confines himself to his own home and avoids contact with other people.

Mr. Rohrbach and I discussed his OVI incidents and his general use of alcohol at length as well as the two occasions of binge alcohol use each year. His clinical interview did not reveal indications of a withdrawal syndrome, recurrent use despite negative consequences to role functioning or interpersonal relationships, cravings, or signs of loss of control of alcohol use.

I did discuss with him one item of concern (e.g. use of alcohol to cope with traumatic memories) and advised him to discuss these events with his primary care physician. Mr. Rohrbach has already completed a 72-hour Driver Intervention Program for alcohol awareness education. At present I do not find evidence of an alcohol use disorder per DSM 5 criteria.

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

Treatment Recommendations:

- 1) Physician consult – for continuity of care, inform primary care doctor of the results of this assessment;
- 2) If another negative consequence is incurred as a result of any alcohol use within the next year, it is recommended Mr. Rohrbach seek further evaluation and follow any and all updated treatment recommendations.

Thank you for the opportunity to assist the state of Georgia, Mr. Rohrbach, and yourself in this important matter.

Sincerely,

Ryan P. Smith

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

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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.