

February 9, 2016

Tod Brininger, Attorney at Law
The Koffel Law Firm
1801 Watermark Drive Suite 350
Columbus, OH 43219

Re: Clinical Alcohol Assessment for Kenneth Smith (DOB – 11/17/2016)

Dear Mr. Brininger:

I performed a Clinical Alcohol Assessment for Mr. Smith in reference to his December 2015 OVI charge in Fairfield County. This assessment included a 50-minute in-person clinical interview by telephone, 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 = 12 / *POSITIVE SCREEN*; screening provides clear indications of moderate to severe problem alcohol use; lifetime frame of reference

AUDIT: score = 10 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 15 or more in men indicates *moderate to severe* disorder present; past 12 months frame of reference

Alcohol Use Risk Factors: Mr. Smith reported a history of prior alcohol-related legal charges, prior alcohol education, and prior alcohol treatment; He freely acknowledged an inability to control his alcohol use and expressed his realization of his need for permanent abstinence from alcohol

Present Use Status: abstaining from alcohol since 12/28/2015; no intention or desire to resume alcohol use

Anxiety/Depression Screening: no clinically significant concerns reported

Substance Related Legal History Reported: previous alcohol-related legal charges in summer 2005 (.197 BAC), 2008 (.25 BAC), and 2013 (no BAC obtained)

Clinical Interview/Summary:

ALCOHOL – Mr. Smith's written screenings provided clear indications of a moderate to severe alcohol use disorder. He reported his normal use of alcohol prior to this charge as 2-3 drinks (i.e.

12oz. Coors' Light) on 1-2 occasions per month. He also acknowledged use of 4-6 drinks on special occasions such as celebrations, birthdays, and sporting events.

Mr. Smith reported that over the past year his alcohol use has decreased overall in frequency and amount consumed. Previously his normal alcohol use was 1-2 occasions per week with an average 8-10 standard drinks per night. After his 2013 OVI he was abstinent from alcohol for 8 months before resuming alcohol use. He did not appear to drink often although when he would consume alcohol he would do so to an abusive level. His clinical interview revealed clear signs of preoccupation with alcohol use, loss of control of alcohol use, recurrent use in hazardous situations, continued use despite negative consequences to interpersonal relationships, tolerance to alcohol, and use beyond intention. I did not find evidence that Mr. Smith is experiencing an alcohol withdrawal syndrome. He appeared to have willingly acknowledged that he cannot consume alcohol and appeared motivated to receive assistance to maintain his present abstinence from alcohol.

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

Treatment Recommendations:

- 1) AA or SMART Recovery, recommend 3-4x weekly AA, Smart Recovery, or other 12-step support group for social support of alcohol abstinence; minimum duration for 24 months
- 2) Outpatient Counseling – recommend 18-24 outpatient sessions with a professional substance abuse counselor; sessions should begin every other week and then be tapered per counselor discretion to a monthly basis to provide close monitoring of long-term abstinence;
- 3) Monitoring – recommend 12 months of quarterly monitoring sessions with same counselor after initial counseling completed;
- 4) Abstinence – recommend abstaining from all alcohol use permanently;
- 5) If unable to maintain abstinence – Mr. Smith is recommended to consult with mental health and/or substance abuse professionals regarding additional treatment and support (medication consultation, Intensive Outpatient Program, increased 12 step meeting attendance, etc.).

If the court possesses additional information about Mr. Smith's use of alcohol that might impact the outcome of this assessment, I would be happy to review it and consider any appropriate modifications or amendments to the present report.

Thank you for the opportunity to assist the court, Mr. Smith, 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: Kenneth Smith

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.