

July 25, 2016

John E. Johnson Jr., Attorney
Johnson Helmuth & Miller
343 South Crown Hill Road
Orrville, Ohio 44667-9527

Re: Clinical Alcohol Assessment for James DeRose, Jr. (DOB – 03/26/1950)

Dear Mr. Johnson:

I performed a Clinical Alcohol Assessment for Mr. DeRose in reference to his June 2016 OVI charge in Wayne County. This assessment included a clinical interview by telephone, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorders Identification Test (AUDIT)
- A general anxiety/depression screening
- A collateral interview with Mr. DeRose's wife of 46 years

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

MAST: score = 1 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

AUDIT: score = 2 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 15 or more in men indicate a *moderate to severe* disorder may be present

Alcohol Use Risk Factors:

- ☐ legal history – first offense/denies previous history
- ☐ severity of incident – .133 BAC (low test)
- ☐ anxiety/depression/mental health – not found
- ☐ general health issues – NA
- ☐ other substance use – NA
- ☐ contraindicated prescription use – NA
- ☐ family history – reports no family history of substance abuse
- ☐ prior treatment history – NA
- ☐ negative peer influence – NA
- ☐ at-risk work environment – NA
- ☐ current stress (relational, work, etc.) – NA

Summary - 0 of 13 elevated concerns

Clinical Interview/Summary: Mr. DeRose'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 1-2 standard drinks (wine) on 1-2 occasions per week. He reported no difference in the amount consumed if he was attending a special event or celebration. Since this charge on June 3rd, Mr. DeRose has not consumed alcohol and states he has had no trouble doing so.

Mr. DeRose and I discussed his OVI incident and general use of alcohol at length. I also interviewed his wife for confirmation of my impressions. Her report matched her husband's and did not arouse any suspicions that he was under-reporting his use of alcohol. She stated that her husband has not, to her knowledge, used alcohol since the OVI charge.

Mr. DeRose's demeanor was open and he took responsibility for his poor choices leading to the OVI arrest. In my best clinical judgement, I gained no impressions that Mr. DeRose has a DSM-5 alcohol use disorder. He is proactively (without my suggestion) participating in a 72-hour Driver Intervention Program. I concur with this decision as it should provide additional self-awareness and prevention around the subject of alcohol use.

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

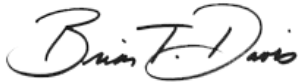
Treatment Recommendations:

- 1) Preventative Alcohol Education – Mr. DeRose proactively volunteered to complete the AEP (72-hour Alcohol Education Program) at One-Eighty in Wooster, Ohio. He will provide proof of completion to you or appropriate parties;
- 2) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. DeRose seek further evaluation and follow all treatment recommendations.

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

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: James DeRose, Jr.

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.