

July 29, 2016

Kyra Raimey, Attorney at Law
Haughey & Niehaus, LLC
516 W. Main Street
Mason, Ohio 45040

Re: Clinical Alcohol Assessment for Justin Roberts (DOB – 11/21/1981)

Dear Mr. Raimey:

I performed a Clinical Alcohol Assessment for Mr. Roberts in reference to concerns alleged thru the course of his present divorce proceedings. This assessment included a 50-minute 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 = 2 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use; points came from an alcohol-related legal charge in 2000 at age 18 and another incident at age 21; (screen relative to lifetime use of alcohol)

AUDIT: score = 5 / *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 (screen relative to use of alcohol within the past 12 months)

Alcohol Use Risk Factors:

- ☒ legal history – underage alcohol OVI charge in 2000
- ☐ severity of incident – NA
- ☐ 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 – father had a history of problematic alcohol use
- ☐ prior treatment history – NA
- ☐ negative peer influence – NA

- ☐ at-risk work environment – NA
- ☒ current stress (relational, work, etc.) – moderate present distress related to divorce proceedings

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

Clinical Interview/Summary:

ALCOHOL – Mr. Roberts' written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported his normal use of alcohol over the past two years as 2-4 drinks on 1-2 occasions per week. He also acknowledged use of 5-6 drinks on 3-5 special occasions (weddings, birthdays, etc.) per year.

Mr. Roberts and I discussed his 2000 OVI incident, his historical and present use of alcohol at length. While I did not find him meeting DSM-5 alcohol use disorder criteria, I did note the risks and concerns associated with his occasional binge use of alcohol and his overall increased risk profile do to having a family history of problem alcohol use. Mr. Roberts and I reviewed the criteria for low risk problem alcohol use as set forth by the World Health Organization and the National Institute of Alcoholism and Alcohol Abuse. Mr. Roberts' alcohol use does fall within the guidelines established for low risk problem alcohol use.

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

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

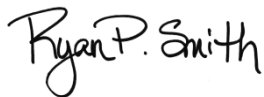
Treatment Recommendations:

Having found no basis for a DSM-5 alcohol use disorder, I have no further recommendations for Mr. Roberts at this time. If, however, another negative consequence is incurred as a result of any alcohol use within the next year, it is recommended that Mr. Roberts seek an updated evaluation and follow all treatment recommendations.

If you possess additional information about Mr. Roberts' 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 Mr. Roberts and yourself in this important matter.

Sincerely,



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

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.