

January 19, 2016

Shawn R. Dominy, Attorney  
The Dominy Law Firm  
1900 Polaris Parkway, Suite 450  
Columbus, Ohio 43240

**Re: Clinical Alcohol Assessment for Gary Leon Kundrat (DOB: 01/20/1957)**

Dear Mr. Dominy,

I performed a Clinical Alcohol Assessment for Mr. Kundrat in reference to his November 2015 OVI charge in Franklin County. 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 = 4 / *INCONCLUSIVE SCREEN*; 3 of 4 due to DUI history, seek clarification in clinical interview

**AUDIT:** score = 5 / *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
- 3 prior DUI charges
- excessive use of alcohol in the 1990s
- prior diagnosis presumed /completed Intensive Outpatient Program in 2002

**Anxiety/Depression Screening:** no clinically significant concerns reported

**Substance Related Legal History Reported:** prior DUIs in 1993, 1996, and 2002

**Clinical Interview/Summary:** Mr. Kundrat's written screenings provided no indication of a current alcohol use disorder at any level (mild, moderate, or severe). He readily acknowledged that his alcohol use in the 1990s was a problem, and he completed an IOP to address it in 2002. He reports that his use of alcohol and his ability to tolerate alcohol since that time has decreased substantially.

He reported his normal use of alcohol for the past several years as 1-2 drinks on 2-3 occasions per week. He also acknowledged use of 3-5 drinks on a few special occasions (most recent being last July 4) throughout the year.

While Mr. Kundrat's written screenings and clinical interview did not reveal clear signs or symptoms of a present alcohol use disorder, I shared some concerns I had about present risk factors. Specifically, these were: an apparent high test OVI (.19) which might suggest resumed tolerance, his family history, and his previous inclination to drink (1990s). Mr. Kundrat understood my concerns and was open to the treatment recommendations I provided to help him further assess his situation and/or avoid problematic alcohol use going forward.

**DSM-5 DIAGNOSIS in reference to substances:** diagnosis deferred / additional counseling might confirm or dismiss the existence of an alcohol use disorder

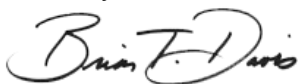
**Treatment Recommendations:**

- 1) Outpatient Counseling – recommend 2 outpatient sessions per month with a professional substance abuse counselor; after 3 months the counselor can provide updated recommendations or discharge with a support plan
- 2) If another negative consequence is incurred as a result of alcohol use it is recommended Mr. Kundrat obtain additional intervention and support to avoid further destructive consequences associated with alcohol use.

If the court possesses additional information about Mr. Kundrat's use of alcohol that might aid in the accuracy 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. Kundrat, and yourself in this important matter.

Sincerely,



Brian T. Davis, LISW-S, SAP  
LIC# I-7948  
cc: Gary Leon Kundrat

**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.