

February 9, 2016

Tod Brininger, Attorney at Law
The Koffel Law Firm
1801 Watermark Drive, Suite 350
Columbus, OH 43215

Re: Clinical Alcohol and Drug Assessment for Howard Law Jones (DOB – 05/05/1996)

Dear Mr. Brininger:

I performed a Clinical Alcohol and Drug Assessment for Mr. Jones in reference to his December 2015 OVI and underage alcohol consumption charge in Delaware County. This assessment included a 50-minute clinical interview by telephone, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- A Drug Use Disorder Identification Test (DUDIT)
- A general anxiety/depression screening

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

MAST: score = 3 / *NEGATIVE SCREEN*; screenings provides some indications of problem drinking (e.g. alcohol-related memory impairment; previous non-driving alcohol-related legal charge; feelings of guilt about alcohol use); screening had a lifetime frame of reference

DUDIT: score = 0 / *NEGATIVE SCREEN*; scores of 6 or more indicate problematic use ("mild-moderate"), scores of 6 or more suggest presence of mild or moderate condition, 25 or more indicate high likelihood of a severe disorder present; past 12 months frame of reference

Alcohol Use Risk Factors: Mr. Jones reported experiencing prior instances of alcohol-related memory impairment and acknowledged a family history of problem alcohol use; denied consuming alcohol to relieve distress though acknowledged moderately high level of daily stress

Present Use Status: presently not using alcohol

Anxiety/Depression Screening: no clinically significant concerns reported

Substance Related Legal History Reported: previous underage alcohol consumption charge in summer 2015

Clinical Interview/Summary:

ALCOHOL - Mr. Jones' written screenings provided some indications of a mild alcohol use disorder. His written screenings did not provide any indications of any other substance use. He reported his normal use of alcohol before this charge as 4-6 drinks on 1-2 occasions per week in social settings.

Mr. Jones and I discussed his history of alcohol use and his December 2015 incident at length. His clinical interview revealed indications of recurrent alcohol use beyond intention, use despite negative impact to interpersonal relationships, and recurrent use in hazardous situations. Mr. Jones reported that he is enjoying his present abstinence from alcohol although he acknowledged he wasn't sure he would be able to forego consuming alcohol. At present Mr. Jones meets DSM-5 criteria for a mild alcohol use disorder. Ongoing assessment is advised and should be a part of his counseling.

ILLICIT DRUG – Mr. Jones acknowledged minimal experimentation 2 years ago with marijuana but did not continue with any type of cannabis use after it was discovered by his parents. He denied experimentation with any and all other illicit substance categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Mr. Jones report suspect of minimization or deception.

PRESCRIPTION DRUG – Mr. Jones denied any recreational use of prescription medications which are prone to abuse including stimulant/ADD medications, narcotic painkiller medications, and anxiolytics and sleeping medications. The interview did not reveal any indications of a prescription drug use problem.

DSM-5 DIAGNOSIS in Reference to Substances: F10.10 alcohol use disorder, mild;
Rule out F10.20 alcohol use disorder, moderate

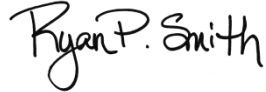
Treatment Recommendations:

- 1) Alcohol Education – recommend attendance at a Driver Intervention Program (recommend Wellness Driver 614-791-8300 or Second Chance Counseling, 614-635-9011);
- 2) Outpatient Counseling – recommend 6 outpatient sessions with a professional substance abuse counselor after completion of recommendation #1; update recommendations or discharge as appropriate;
- 3) If another negative consequence is incurred as a result of any alcohol use within the next year, it is recommended Mr. Jones seek further evaluation and follow any and all updated treatment recommendations.

If the court possesses additional information about Mr. Jones's use of alcohol or drugs 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. Jones, and yourself in this important matter.

Sincerely,



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

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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.