

June 7, 2016

Jeffrey Goldstein, Attorney at Law 316 N. Michigan Street Toledo, Ohio 43604

Re: Clinical Alcohol Assessment for Brian Wesolowski

Dear Mr. Goldstein:

I performed a Clinical Alcohol Assessment for Mr. Wesolowski in reference to his September 2015 OVI charge. This assessment included the administration of:

- A Substance Abuse Subtle Screening Inventory (SASSI-3)
- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- A general anxiety/depression screening
- 60 minute in-person clinical interview

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

SASSI-3: no scores indicative of an alcohol use disorder at any level (mild, moderate, or severe); client's DEF score (defensiveness) was elevated beyond the norm which increases the likelihood of a missed moderate to severe alcohol use disorder but may also reflect situational factors:

MAST: score = 1 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screening appeared valid)

AUDIT: score = 7 / NEGATIVE SCREEN; scores of 8 or more indicate hazardous use, scores of 15 or more (men) indicates moderate to severe disorder present (respondent appeared to provide forthright responses to questions)

DSM/Other Substance Related Concerns: denies subtle indicators of problem alcohol use including pattern of mild hangovers, mild memory loss after use, recurrent use to relieve emotional or work stress, previous treatment, conflict with significant others during or shortly after use of alcohol, or guilt or regret associated with use; acknowledged binge use pattern of alcohol consumption on 2-3 occasions per year

Present Use Status / DSM-5 symptoms: has met 1 of 11 DSM-5 alcohol use disorder symptoms in the past 12 months

Anxiety/Depression Screening: no clinically significant concerns reported

Substance Related Legal History Reported: denies any previous history of alcohol or substance related arrests/legal charges

Clinical Interview/Summary: Mr. Wesolowski's written screenings provided no indications of an alcohol use disorder at any level (mild, moderate or severe). He reported his normal use of alcohol prior to this charge as 3-6 drinks on 1-2 occasions per week. He also acknowledged use of 5-7 drinks on special occasions (weddings, birthdays, etc.), on or about 2-3 occasions per year. Mr. Wesolowski and I discussed his September 2015 incident and his general use of alcohol at length.

Mr. Wesolowski denied using alcohol since his charge but anticipates he may choose to drink at some future date while using a zero-tolerance policy with reference to drinking and driving. In my best clinical judgment, I was unable to find the incident or his overall history and presentation indicative of someone experiencing DSM-5 alcohol use disorder symptoms. I did discuss with him one item of concern (occasional binge use of alcohol) and discussed World Health Organization standards for low risk alcohol use to help moderate his overall alcohol consumption. Mr. Wesolowski has already attended a 72-hour driver intervention program, and at present I do not find evidence that suggests a need for further clinical intervention.

DSM 5 DIAGNOSIS in reference to substances: Z03.89 (suspected substance use disorder not found)

Treatment Recommendations:

- 1) No clinical recommendations at this time;
- 2) <u>If another negative consequence</u> is incurred as a result of any alcohol use within the next year, it is recommended Mr. Wesolowski seek a further evaluation and follow all treatment recommendations.

If the reader possesses additional information about Mr. Wesolowski's use of any substance 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. Wesolowski, and yourself in this important matter.

Sincerely,

Ryan Smith, LISW-S, LICDC, SAP

SW Lic. # I.1000155-S, CD Lic. # 101182

cc: Brian Wesolowski

Kyan P. Snith



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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.

