

October 24, 2016

Steve Fox, Attorney at law  
1335 Dublin Road Suite 205-A  
Rivers Edge Corporate Center (Building A)  
Columbus, Ohio 43215

**Re: Clinical Alcohol and Drug Assessment for Brian Watkins (DOB – 09/29/1974)**

Dear Mr. Fox:

I performed a Clinical Alcohol and Drug Assessment for Mr. Watkins in reference to his February 2016 physical control charge in Clarke County. This assessment included a 50-minute clinical interview, and 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 Drug Abuse Screening Test (DAST)
- A general anxiety/depression screening

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); respondent's DEF score (defensiveness) was elevated beyond the norm which increases the likelihood of a missed moderate to severe substance use disorder; screening covered a lifetime frame of reference;

**MAST:** score = 2 / *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 = 3 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 15 or more in men indicate *moderate to severe* disorder present (screen relative to use of alcohol within the past 24 months)

**DAST:** score = 1 / *NEGATIVE SCREEN*; scores of 1-2 = low level concern, 3-5 moderate, 6-8 substantial, 9-10 severe

**Substance Use Risk Factors:**

- ☒ legal history – previous alcohol-related reckless operation charge in 2014
- ☐ 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 – slight family history of problem alcohol use
- ☐ prior treatment history – NA
- ☐ negative peer influence – NA
- ☐ at-risk work environment – NA
- ☒ current stress (relational, work, etc.) – recent relational distress

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

### **Clinical Interview/Summary:**

**ALCOHOL** – Mr. Watkins’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 for the two years prior to this charge as 2-3 drinks on 1-2 occasions per month. He also acknowledged use of up to 5 drinks on 2-3 special occasions (weddings, birthdays, etc.) per year.

Mr. Watkins and I discussed his February 2016 OVI incident, his prior alcohol-related charge and general use of alcohol at length. While I did not find him meeting DSM-5 alcohol use disorder criteria, we did discuss his elevated risk due to family history and prior legal incident. Accordingly, I am including some preventative recommendations in the remainder of this report.

**NON-PRESCRIPTION DRUG** – Mr. Watkins denied experimentation or use of all non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Mr. Watkin’s report about non-prescription drug use suspect of minimization or deception.

**PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED** – Mr. Watkins denied using any prescription medication in the past two years and reported as needed use of diphenhydramine (Benadryl) as his only over the counter medication within the past two years. He 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 hesitation, discrepancy with his written screenings, or other non-verbal signs of minimization or covering a prescription drug use problem.

### **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 - 1 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)

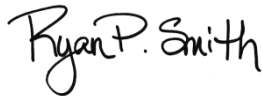
**Treatment Recommendations:**

- 1) Attend a local MADD – Victim Impact Panel, 5900 Roche Dr. #250 Columbus, OH 43229, Phone - 614.885.6233, email - oh.state@madd.org
- 2) If another negative consequence is incurred because of any alcohol use within the next three years, it is recommended Mr. Watkins seek an increased level of treatment or extended outpatient substance abuse counseling as appropriate;

If you or the court possess additional information about Mr. Watkins' use of alcohol or drugs 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. Watkins, and yourself in this important matter.

Sincerely,



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

**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.