

November 10, 2016

Christopher Minnillo, Atty. 1500 West Third Avenue Columbus, OH 43212

Re: Clinical Alcohol Assessment for Brandon C. Chappell (DOB – 08/03/1987)

Dear Mr. Minnillo:

I performed a Clinical Alcohol Assessment for Mr. Chappell in reference to his October OVI charge in Franklin County. This assessment included a 60-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:** POSITIVE SCREEN; direct and indirect indication of a present alcohol use disorder, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

**AUDIT:** score = 10 / *POSITIVE SCREEN*; scores of 8 or more indicate potential *hazardous use*, whereas scores of 15 or more in men indicate a *moderate to severe* disorder may be present, mitigate concerns with clinical recommendations (screen predominantly relative to current use of alcohol)

Clinical Interview/Summary: Mr. Chappell's written screenings were indicative of alcohol use disorder at some level. He was forthcoming in the clinical interview and shared information indicating 4 problem alcohol use disorder symptoms (see below). While Mr. Chappell does not have a history of daily alcohol use, he does appear to have historical pattern of problem alcohol use and moderate anxiety-related symptoms (undiagnosed and untreated). It would seem that he is stable enough to seek care at an outpatient level at this time until it is revealed that a higher level of care is warranted.

## **DSM-5 Alcohol Use Disorder Symptoms:**

□ Use beyond intention (environment-initidenced − at bar )
☐ Persistent desire or unsuccessful efforts to reduce/quit use
☐ Substantial time spent obtaining, using, or recovering from use
Strong craving/desire (minimal – "at bar")
☐ Failure to fulfill a major role (work, home, school)
☐ Use despite recurrent social/interpersonal problems
☐ Important social, occupational, recreational activities relinquished
□ Physically hazardous use
oximes Continued use despite knowledge of contraindicated physical or psychological
condition
☐ Tolerance
☐ Withdrawal symptoms
Summary - 4 of 11 symptoms (Mild 2-3   Moderate 4-5   Severe 6+)

**DSM-5 DIAGNOSIS in Reference to Substances**: F10.20 Moderate Alcohol Use Disorder

## **Treatment Recommendations:**

- 1) Outpatient Counseling 6 9 months of outpatient sessions with a professional substance abuse and mental health counselor; follow-up counselor to update recommendations and discharge as appropriate;
- 2) <u>Monitoring</u> with same counselor after initial counseling completed, meeting frequency and duration at discretion of counselor;
- 3) <u>Abstinence</u> abstaining from all alcohol use for 6-month minimum, any consideration of resuming alcohol use should be done only in consultation with a physician and substance abuse professional;
- **4)** <u>EtG Testing (optional)</u> random EtG screens at the direction of follow-up counselor if necessary;
- 5) <u>If abstinence period is compromised,</u> I advise Mr. Chappell to consult with a mental health and substance abuse professional regarding additional treatment and support (Intensive Outpatient Program, 12 step meeting attendance, etc.).



If you or the court possess additional information about Mr. Chappell's 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 the court, Mr. Chappell, and yourself in this important matter.

Sincerely,

Trevor C. Davis, CDCA

CDCA.150427

cc: Brandon C. Chappell

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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.

