

March 22, 2016

Bradley P. Koffel, Attorney
The Koffel Law Firm
1801 Watermark Drive, Suite 350
Columbus, OH 43215

Re: Clinical Alcohol Assessment for Frank Joseph Tate (DOB – 05/28/1950)

Dear Mr. Koffel:

I performed a Clinical Alcohol Assessment for Mr. Tate in reference to his (9/2015) OVI charge in Delaware County. This assessment included a 50-minute in-person clinical interview, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- A general anxiety/depression screening
- A review of police report and prosecution discovery

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

MAST: score = 1 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use

AUDIT: score = 4 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 15 or more in men indicate *moderate to severe* disorder present

Alcohol Use Risk Factors:

Concerns/Risks

- legal history – denies previous history
- severity of legal incident – officer reported substantial impairment
- anxiety/depression– NA
- NIAAA/NIH low risk guidelines – occasionally exceeds
- other substance use – NA
- family history – none reported
- prior treatment history – NA
- peer influences– NA
- work environment – frequent social use in context of business/entertainment
- contraindicated prescription use – NA
- general health problems – none reported
- current family stress – NA

Summary - 3 of 12 concerns / mitigate with clinical recommendations

Clinical Interview/Summary: Mr. Tate'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 as 2-3 drinks on 3-4 occasions per week; typically, in the context of after-work business related meals or entertainment. He also acknowledged use of 3-5 drinks on about 10 special occasions (weddings, birthdays, etc.) per year.

While I did not find Mr. Tate clearly meeting DSM-5 alcohol use criteria, I did note some risk factors (above) worthy of further consideration. To mitigate future concern I am recommending some preventative education.

DSM-5 DIAGNOSIS in Reference to Substances: Z03.89 (suspected substance use condition not found)

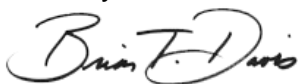
Treatment Recommendations:

- 1) Preventative Education – 9 hrs. of Ohio Health's Drug/Alcohol Awareness Series (Riverside Methodist Hospital contact 614-566-3700);
- 2) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Tate seek further evaluation and follow all treatment recommendations.

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

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: Frank J. Tate

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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.