

May 16, 2016

Tod Brininger
The Koffel Law Firm
1801 Watermark Dr. Ste. 350
Columbus, OH 43215

Re: Clinical Alcohol Assessment for Jody Bender (DOB – 10/31/1971)

Dear Mr. Brininger:

I performed a Clinical Alcohol Assessment for Mr. Bender in reference to his OVI charge in Delaware County. This assessment included a 60-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

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

MAST: score = 7 / POSITIVE SCREEN for problem alcohol use, clarify severity and address concerns with clinical recommendations

AUDIT: score = 12 / POSITIVE SCREEN for problem alcohol use; scores of 8 or more indicate hazardous use, scores of 15 or more in men indicate moderate to severe disorder present, mitigate concerns with clinical recommendations

Anxiety/Depression Screening: no clinical symptoms reported or observed

DSM- 5 Alcohol Use Symptoms:
□ Use beyond intention □ Use beyond
☐ Persistent desire or unsuccessful efforts to reduce/quit use
☐ Substantial time spent obtaining, using, or recovering from use
☐ Strong craving/desire
☐ Failure to fulfill a major role (work, home, school)
☑ Use despite recurrent social/interpersonal problems
☐ Important social, occupational., recreational activities relinquished
☑ Physically hazardous use
☐ Continued use despite knowledge of contra physical or psychological condition
☐ Withdrawal symptoms
Summary – 4 of 11 symptoms / moderate alcohol use disorder

Clinical Interview/Summary: Mr. Bender's written screenings provided indications of a high probability of a current or recent alcohol use disorder. He was open in the clinical interview and shared information indicating problem alcohol use symptoms in the 4 areas noted above. While Mr. Bender does not have a history of daily alcohol use or withdrawal symptoms he does appear to have difficulty controlling his consumption once he is in a social setting that includes drinking.

Mr. Bender was very clear that he intends to stop using alcohol permanently going forward. He appears to be highly motivated; has been abstaining without incident or withdrawal symptoms since the recent OVI charge, has been attending a 12-step meeting every day for the past 18 days and has obtained an AA sponsor. Mr. Bender also appeared to be motivated by greater incentives than his legal trouble. He cited that his marriage and his relationship with his children are far more important to him than anything that alcohol could provide. His presentation was credible and I believe he will take advantage of the treatment recommendations provided herein.

DSM-5 DIAGNOSIS in Reference to Substances: F10.20 (moderate alcohol use disorder)

Treatment Recommendations:

- 1) <u>Preventative Education</u> 9 hrs. of Ohio Health's Drug/Alcohol Awareness Series (Riverside Methodist Hospital contact 614-566-3700);
- 2) AA, 12 Step or Smart Recovery Meeting Attendance continue daily meeting frequency and continue regular (weekly) contact with the current AA sponsor;
- 3) Outpatient Counseling outpatient sessions with a professional substance abuse counselor, recommend 1 session per month and periodically re-evaluate for recommended/needed frequency;
- 4) <u>If another negative consequence</u> is incurred as a result of any alcohol use it is likely that an increased level of services will be recommended (e.g. Intensive Outpatient services).

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

Sincerely,

Brian T. Davis, LISW-S, SAP

LIC# I-7948 cc: Jody Bender

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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.

