

July 18, 2016

Honorable Judge Robert Fry Findlay Municipal Court Municipal Building Findlay, Ohio 45840

Re: Clinical Alcohol Assessment for James Riggs (DOB – 08/15/1957) 15 TRC 11906

Dear Judge Fry:

I performed a Clinical Alcohol Assessment for Mr. Riggs in reference to his November 2015 OVI charge in Hancock 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 general anxiety/depression screening

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

SASSI-3: scores indicated an overall *low probability* of a moderate to severe alcohol use disorder; screening covered a lifetime frame of reference

MAST: score = 1 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screen relative to lifetime use of alcohol)

AUDIT: score = 3 / *NEGATIVE SCREEN*; scores of 8 or more indicate *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 relative to use of alcohol within the past 24 months)

☐ legal history – denies previous history
☐ severity of incident – NA
☐ anxiety/depression/mental health – NA
□ general health issues – NA

☐ general health issues – NA☐ exposure to trauma – NA

Alcohol Use Risk Factors:

□ use of liquor – occasionally in mixed drinks

☐ other substance use – NA

☐ contraindicated prescription use – NA

 ☐ family history – none reported ☐ prior treatment history – NA ☐ negative peer influence – NA ☐ at-risk work environment – NA ☐ current stress (relational, work, etc.) – NA
Summary - 1 of 13 concerns, mitigate concern with clinical recommendations
Clinical Interview/Summary: ALCOHOL – Mr. Riggs' written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported his normal use of alcohol prior to this charge as 2-4 standard drinks on 2-3 occasions per week. He also acknowledged use of 1-2 more drinks than usual on approximately 2-3 special occasions (weddings, birthdays, etc.) per year.
Mr. Riggs and I discussed his November 2015 OVI incident and his historical use of alcohol and his plans for future alcohol use. Mr. Riggs and I reviewed criteria for low-risk problem alcohol use as set forth by the National Institute of Alcoholism and Alcohol Abuse and the World Health Organization. While I did not find him meeting DSM-5 alcohol use disorder criteria, we did discuss strategies he can take to moderate his overall alcohol use. Mr. Riggs has already attended a 72-hour Driver Intervention Program through Advanced Recovery Services and has participated in a Victim Impact Panel. At present I have no further recommendations for Mr. Riggs.
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 – 0 of 11 symptoms (Mild 2-3 Moderate 4-5. Severe 6+)

DSM-5 DIAGNOSIS in Reference to Substances: Z03.89 (suspected substance use

Treatment Recommendations:

condition not found)



Having found no basis for a DSM-5 alcohol use disorder, I have no further recommendations for Mr. Riggs at this time. He is, however, advised to follow through with all probation and/or court requirements and to seek an updated evaluation if he experiences any adverse consequences due to alcohol use within the next 12 months.

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

Sincerely,

Ryan P. Smith MSW, LISW-S, LICDC, SAP

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

cc: James Riggs

Kyan.P. Smith

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.

