

February 1, 2016

Sara Greeno, Probation Officer
Franklin County Municipal Court
Department of Probation Services
375 South High Street, 8th Floor
Columbus, OH 43215

Re: Clinical Alcohol Assessment for Daniel Ohm (DOB – 07/20/1983)

Dear Ms. Greeno:

I performed a Clinical Alcohol Assessment for Mr. Ohm in reference to his September 2015 OVI charge in Franklin County. This assessment included a 50-minute clinical interview by webcam, 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 = 1 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use; lifetime frame of reference

AUDIT: score = 1 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 15 or more in men indicates *moderate to severe* disorder present; past 12 months frame of reference

Alcohol Use Risk Factors: His clinical interview did not reveal any clinically significant risk factors such as family history, early onset of alcohol use, etc.

Present Use Status: presently not using alcohol; last use of alcohol in November 2015

Anxiety/Depression Screening: no clinically significant concerns reported

Substance Related Legal History Reported: denies any previous history of alcohol or substance related arrests/legal charges

Clinical Interview/Summary: Mr. Ohm'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 before this charge as 1-3 mixed drinks or standard beers on 1 occasion per month. He denied experiencing any changes to his overall alcohol use during special occasions such as birthdays, holidays, or celebratory events.

Mr. Ohm and I discussed his OVI incident and general use of alcohol at length. He appeared to be genuinely concerned about his overall alcohol use on the night of his charge and had made clear plans to avoid such use and occasions in the future. He was able to provide a succinct explanation for his deviation from his typical alcohol use and appeared ready to avoid similar scenarios in the future. Mr. Ohm has already completed a 72-hour Driver Intervention Program and attended MADD's Victim Impact Panel.

While the events surrounding his September 2015 charge are concerning, especially his elevated blood alcohol content, I was unable to find him meeting DSM-5 criteria for an alcohol use disorder. Specifically, I was unable to find a pattern of use beyond intention or a pattern of alcohol use in hazardous situations. While I am not recommending any clinical interventions at this time, I am advising Mr. Ohm that if he incurs any future negative consequence related to alcohol use, outpatient counseling is advised and a further evaluation may suggest need for intensive outpatient counseling.

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

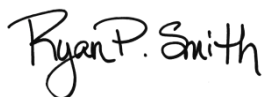
Treatment Recommendations:

- 1) There are no clinical recommendations at this time.
- 2) If another negative consequence is incurred as a result of any alcohol use within the next 3 years, it is recommended Mr. Ohm seek an updated evaluation and follow all treatment recommendations where the minimum recommendation is extended outpatient counseling or intensive outpatient counseling.

If the court possesses additional information about Mr. Ohm's use of alcohol that might impact the outcome of this assessment, I would be happy to review it and consider any appropriate modifications or amendments to the present report.

Thank you for the opportunity to assist the court, Mr. Ohm, and yourself in this important matter.

Sincerely,



Ryan P. Smith MSW, LISW-S, LICDC, SAP
SW Lic. #1.1000155-S, CD Lic. #101182
cc: Daniel Ohm

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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.

