

May 23, 2016

William R. Gallagher, Attorney
Arenstein & Gallagher
114 East 8th Street
Cincinnati, OH 45202

Re: Clinical Alcohol Assessment for Graham Mergler (DOB – 09/22/1996)

Dear Mr. Gallagher:

I performed a Clinical Alcohol Assessment for Mr. Mergler in reference to his April 2016 charges of criminal trespassing, theft, and criminal damage in Hamilton County. This assessment included a 60-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: no scores indicative of an alcohol use disorder at any level (mild, moderate, or severe)

MAST: score = 4 / *SUGGESTIVE SCREEN*; answers provided were suggestive of “early to middle” problem alcohol use (points incurred were due to alcohol-induced memory loss/impairment and legal incident at hand; screening is relative to lifetime use)

AUDIT: 11 / *POSITIVE 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 (scores are relative to use in the past 24 months)

Alcohol Use Risk Factors:

- ☐ previous legal history – denies prior history
- ☒ severity of incident – severe intoxication with evidence of memory impairment
- ☐ anxiety/depression/mental health – NA
- ☒ general health problems – reports lifelong regular (often daily) stomach pain and discomfort from an undiagnosed condition; pain/discomfort level was described as a “5” (scale of 1-10) on average but could be as high as a 7 or 8; discomfort exacerbated by use of alcohol

- ☐ other substance use – experimental use of marijuana “once or twice” approximately a year ago (reported bothersome side-effects)
- ☐ misuse of prescription medication – NA
- ☐ prior treatment history – NA
- ☒ use of liquor – biweekly (on average) use of 80 proof liquor
- ☐ family history – great grandfather
- ☒ peer/social risk – college student; lives with 5 members of his fraternity
- ☐ work environment – NA
- ☐ current family stress – NA
- ☐ poor academic performance – 3.5 accumulative GPA

Summary - 4 of 13 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary: Mr. Mergler’s written screenings provided indication of an alcohol use disorder at some level. He reported his normal use of alcohol as 4-6 light beers on 2-3 occasions a week but also acknowledged use of 7-10 drinks in drinks in times of special occasion (parties, birthdays). These occasions are on a monthly basis.

He was open in the clinical interview and shared information indicating 3 problem alcohol use symptoms (see below). While Mr. Mergler does not have a history of daily alcohol use, he does regularly engage in binge use of alcohol and acknowledged that he’s experienced a number of blackouts (“6 or 7”). We discussed the implications of his alcohol use and though much of his use is quite possibly a result of his age and environment, this should not diminish the serious nature of problem alcohol use. Furthermore, the level at which he drinks wouldn’t be clinically condoned or within the NIAAA recommendations for men’s low-risk drinking if he were of age. His treatment recommendations should be focused on reducing binge alcohol habits and resisting peer pressure and/or norms. These recommendations are with the understanding that he is on probation with the University for Cincinnati for at least a semester.

DSM-5 Alcohol Use Disorder Symptoms:

- ☐ Use beyond intention
- ☐ 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 a physical or psychological condition
- ☒ Tolerance
- ☐ Withdrawal symptoms

Summary - 3 of 11 symptoms

DSM-5 DIAGNOSIS in Reference to Substances: F10.10 Mild Alcohol Use Disorder

Treatment Recommendations:

- 1) Education – 9 hrs. of Ohio Health's Drug/Alcohol Awareness Series (Riverside Methodist Hospital contact 614-566-3700);
- 2) Outpatient Counseling – 4-8 outpatient sessions with a professional substance abuse counselor; update recommendations after 4th session and discharge as appropriate;
- 3) Abstinence – abstain from all alcohol use until of legal age, any consideration for resuming alcohol use should be done with the discretion and guidance of substance abuse professional

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

Sincerely,



Trevor C. Davis, CDCA
Cert.# 150427

Supervision received by Ryan Smith, MSW, LISW-S, LICDC, SAP
SW Lic. #I.1000155-S; #101182
cc: Graham Mergler

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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.