

May 12, 2015

Will Nesbitt, Attorney
The Koffel Law Firm
1801 Watermark Drive, Ste. 350
Columbus, OH 43215

Re: Clinical Alcohol Assessment for Blake Robinson

Dear Mr. Nesbitt:

I performed a Clinical Alcohol Assessment for Mr. Robinson in reference to his May 2015 OVI in Franklin County. This assessment included the administration of:

- Michigan Alcohol Screening Test (MAST)
- Alcohol Use Disorder Identification Test (AUDIT)
- General Anxiety/Depression screening
- Clinical Interview by Telephone

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

**MAST:** POSITIVE SCREEN; some indications of misuse of alcohol over the past 2-3 years

**AUDIT:** score = 3 / NEGATIVE SCREEN; scores above 8 indicate hazardous use, above 13 indicates moderate to severe disorder present (screening appeared valid)

**DSM/Other Substance Related Concerns:** <u>Denies the following symptoms and subtle indicators of problem alcohol use</u>: pattern of mild hangovers, , repeat use to relieve emotional or work stress, previous treatment, conflict with significant others during or shortly after use of alcohol, guilt or regret associated with use. <u>Acknowledges the following symptoms of concern:</u> Memory loss after use, physically hazardous use

Anxiety/Depression Screening: no clinically significant concerns reported

**Substance Related Legal History Reported:** acknowledges previous OVI in December of 2014

**Clinical Interview/Summary**: Mr. Robinson's written screenings provided conflicting results with his MAST score as *positive* for some misuse over the past 2-3 years and his AUDIT score as *negative*. He reported that he drinks approximately 1-2 drinks on 1 occasion per week. He also acknowledged drinking 1-2 drinks on special occasions (example: birthday, wedding or reunion) approximately 5-6 times per year. Mr. Robinson did share details of his most recent OVI as well his prior OVI in December of 2014.

He acknowledged drinking 2 beers on each occasion. I did find these reports to be of concern not only because of 2 lifetime DUI's, but because of the circumstances around his second DUI where he was found to be driving in the wrong direction on 670 for approximately 5 miles before being stopped by police. I did share with Mr. Robinson that there seem to be inconsistencies with his admission of drinking 2 beers and his complete lack of memory of the events of the May 2015 incident. My concern is that he presents a high risk for alcohol related incidents in the future if these inconsistencies remain.

In addition, I did ask Mr. Robinson if perhaps he has a medical or cognitive condition which could interfere with his ability to metabolize alcohol. He maintained that he is not aware of any health condition that would have been a factor in either of these incidents. Accordingly, I would like for Mr. Robinson to receive 3-4 outpatient sessions with a substance abuse professional to further assess his drinking behaviors and for prevention planning purposes going forward. I am also recommending some monitoring subsequent to outpatient counseling. Other recommendations provided below are also preventative in nature in regards to identifying any outstanding medical conditions as well as providing information and incentives to avoid impaired driving in the future.

**DSM 5 DIAGNOSIS in reference to substances**: V71.09 (none found)

## Treatment Recommendations:

- 1) <u>Counseling</u>, recommend 3-4 outpatient sessions with a professional substance abuse counselor; update recommendations at session three four;
- 2) <u>Monitoring</u>, recommend 3 months of monitoring with same counselor after initial counseling completed, meeting frequency at discretion of counselor;
- Medical Evaluation, see family physician for any current medical conditions that might contribute to cognitive impairments and/or cognitive impairments during use of alcohol;
- 4) <u>Abstinence</u>, recommend any resumption of alcohol use be in consultation with a substance abuse professional and family physician;
- 5) Attend a local Victim Impact Panel, provide the court with proof of attendance;
- 4) <u>If another negative consequence</u> is incurred as a result of any alcohol use it is recommended Mr. Robinson seek an increased level of treatment or extended outpatient substance abuse counseling as appropriate.

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



Sincerely,

Anita McLeod, LCSW, SAP

cc: Blake Robinson

**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.