

October 23, 2014

Eric Kimball
3643 Darby Knolls
Hilliard, OH 43026

Re: Clinical Alcohol Assessment for Eric Kimball

Dear Mr. Kimball:

I performed a Clinical Alcohol Assessment per your request on Thursday October 23, 2014. This assessment included the administration of: a Michigan Alcohol Screening Test (MAST), an Alcohol Use Disorder Identification Test (AUDIT), an anxiety/depression screening, and a 60 minute in-person clinical interview. The following items provide a summary of the screening results, my diagnostic opinion and professional recommendations:

MAST: score = 14/ direct indication of problem alcohol use at a moderate to severe level/ clarification provided with additional screening and clinical interview

AUDIT: score = 30/ scores above 8 indicate hazardous use, above 13 indicates moderate to severe disorder present

DSM/Other Substance Related Concerns: reported 10 of 11 DSM 5 alcohol use disorder symptoms, most present within the past 12 months

Anxiety/Depression Screening: reported 8 anxiety symptoms on 3 or more occasions within the last 3 months/ reported 12 depressive symptoms on 3 or more occasions in the last 3 months; denied immediate mental health crisis; recommendations provided in this report will take symptoms into account

Substance Related Legal History Reported: DUI 2003 - .18 BAC / DUI 2008 - .23 BAC

Clinical Interview/Summary: Mr. Kimball's written screenings provided clear indications of an alcohol use disorder at a severe level and within the past 12 months. He noted that the turning point in his alcohol use toward uncontrolled and compulsive use was in 2006. At that time he separated from his wife and his daughter went to live with her mother and used intoxication by alcohol to cope. He reported his use of alcohol gradually increasing over the years since that time. The past year especially brought on a routine of daily use of excessive amounts of alcohol between 5pm and 9pm in the evening. He reported that sometimes he would drink up to ½ of a fifth of 80 proof liquor.

On October 23rd Mr. Kimball reported being 42 days sober without relapse and without significant withdrawal symptoms in the first week of this sobriety period, which is unprecedented for him since 2006. He is presently attending 2 online support groups; AA and Smart Recovery. On a 1-10 scale in terms of his highest level of physical and psychological craving for alcohol he reported doing fairly well so far, "3 being the highest" level of craving he has experienced in 42 days. Mr. Kimball was acutely aware

that challenges to his sobriety would come up and he expressed that he was worried about relapsing and in large part because he hears others talk about their relapses in support groups.

I found Mr. Kimball's attitude and motivation toward sobriety to be strong during our interview. He recognized that he needed elements of both AA and Smart Recovery. Though Smart Recovery appeals to him at a linear cause-effect level he recognized that a simple "willpower" approach was not going to be sufficient. We spent the last portion of our interview beginning to develop a holistic self-care and sobriety plan. An outline of those recommendations is provided below.

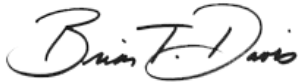
DSM 5 DIAGNOSIS in reference to substances: 303.90 (severe alcohol use disorder) / presently reporting 42 days sober and no signs of physiological withdrawal in the clinical interview

Treatment Recommendations:

- 1) Alcohol Education, recommend 9 hrs. of Ohio Health's Drug/Alcohol Awareness Series (Riverside Methodist Hospital contact 614-566-3700);
- 2) Medical Consult, recommend ongoing consultation with primary care physician and keep informed of depressive symptoms, anxiety symptoms, recovery process, difficulty maintaining sobriety (craving levels), etc.
- 3) Therapy/Counseling, recommend weekly meetings with a professional therapist who treats alcohol use disorders as well as depression and anxiety disorders
- 4) Meeting Attendance and Community Recovery Support, recommend continued online meeting attendance (increase to minimum of 4 meetings per week for four months and reevaluate with therapist), obtain sponsor within 2 months or obtain short term sponsor immediately and search for a long term sponsor to commit to one year of sponsorship;
- 5) Therapy Treatment Plan Updates, recommend that Mr. Kimball be in charge of his own written treatment plan to be updated and review with his therapist once per quarter;
- 6) Consider holistic approach in Treatment Planning, emphasize nutrition, exercise, regular spiritual/faith disciplines, rest, good sleep and management of psychosocial stressors;
- 7) Abstinence, recommend lifelong abstinence goal.

Thank you for the opportunity to assist by providing this written assessment and clinical recommendations. Please feel free to contact me if I can help further.

Sincerely,



Brian Davis, LISW-S, SAP

cc: Jodie Grafmiller, Dr. Bloch, Murdoch Hughes and Twarog

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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.