

November 9, 2016

Curt P. Bogen, Attorney
The Law Office of Attorney Curt P. Bogen, LLC
Reisman's Theatre Building
42 South Main Street, Suite 1000
Niles, OH 44446-5012

Re: Clinical Alcohol Assessment for Mark G. Hixson (DOB – 06/22/1975)

Dear Mr. Bogen:

I performed a Clinical Alcohol Assessment for Mr. Hixson in reference to his July OVI charge in Mahoning County. This assessment included a 55-minute clinical interview by telephone, 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 = 9 / *POSITIVE SCREEN*; indicative of an alcohol use disorder, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

AUDIT: score = 4 / *NEGATIVE SCREEN*; scores of 8 or more indicate potential *hazardous use*, whereas scores of 15 or more in men indicate a *moderate to severe* disorder may be present (screen predominantly relative to current use of alcohol)

Alcohol Use Risk Factors:

- ☐ negative peer influence/at-risk work environment – NA
- ☐ current stress (relational, work, financial, etc.) – NA
- ☐ physical health concerns – NA
- ☐ anxiety/depression/mental health – NA
- ☐ exposure to trauma – NA
- ☐ family history of substance abuse or alcoholism – 1 indirect blood relative
- ☐ contraindicated prescription use – NA
- ☐ other substance use – NA
- ☐ regular use of liquor – mixed drinks less than monthly
- ☐ severity of incident – .107 BAC
- ☒ legal history – 4 lifetime OVI (1993, 1994, 2006, 2016)

Summary - 2 of 11 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary: Mr. Hixson's written screenings provided strong basis for an alcohol use disorder at some level. He reported his normal use of alcohol before this charge as 2-3 beers on one occasion in the average week. He also acknowledged use of 7-8 beers on 4 or 5 special occasions per year.

Mr. Hixson and I discussed his OVI incident and general use of alcohol at length. He acknowledged elevated drinking habits throughout his 20's and described a significant reduction in his alcohol consumption at the time of his OVI in 2006. While Mr. Hixson would have presumably met criteria for an alcohol use disorder at some level during this time, it is hard to ascertain with accuracy the severity of the condition as this is now 10+ years removed.

Given his verbal testimony, I did not find him meeting enough DSM-5 alcohol use disorder criteria for a current disorder and his reported drinking habits seem to be within NIAAA recommendations for men's low-risk drinking. I did however note the risks and concerns associated with his specific situation. Accordingly, I am including treatment recommendations in the remainder of this report in an effort to discourage and prevent future problem alcohol use but also provide opportunity for further evaluation.

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 contraindicated physical or psychological condition
- ☐ Tolerance
- ☐ Withdrawal symptoms

Summary - 1 of 11 symptoms (Mild 2-3 | Moderate 4-5 | Severe 6+)

DSM-5 DIAGNOSIS in Reference to Substances: Rule out F10.10 & F10.20 alcohol use disorders

Treatment Recommendations:

- 1) Outpatient Counseling – 5-7 outpatient sessions with a professional substance abuse counselor; follow-up provider to: update or affirm recommendations upon

further evaluation, consult collateral contacts/gather character references, and discharge as appropriate;

- 2) Attend a local Victim Impact Panel – MADD, see <http://www.madd.org/local-offices/> for locations and available times;
- 3) If another negative consequence is incurred as a result of any alcohol use it is likely that an increased level of treatment will be recommended (e.g. IOP, Inpatient, residential treatment, etc.)

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

Sincerely,



Trevor C. Davis, CDCA

Certificate # 150427

Reviewed by Brian T. Davis, LISW-S, SAP LIC# I-7948

cc: Mark G. Hixson

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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.