

February 20, 2015

Jacob J. Frost, Public Defender
Bureau County Circuit Court
700 South Main Street
Princeton, Illinois 61356

Re: Clinical Alcohol Assessment for Robert Levine

Dear Mr. Frost:

I performed a Clinical Alcohol Assessment for Mr. Levine in reference to his DUI charge in Bureau County. 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 50 minute in-person videoconference clinical interview. 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

AUDIT: score = 4 / *NEGATIVE SCREEN*; scores above 8 indicate hazardous use, above 13 indicates moderate to severe disorder present

DSM/Other Substance Related Concerns: denies subtle indicators of problem alcohol use including pattern of mild hangovers, mild memory loss after use, 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

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. Levine written screenings provided no indication of an alcohol use disorder. He reported normal use of alcohol prior to the July 2014 DUI charge as 2-4 drinks on 2-4 occasions per month. He also acknowledged use of 3-5 drinks on special occasions (weddings, birthdays, etc.) or about 5 or fewer occasions per month / year. Mr. Levine and I discussed his OVI incident and general use of alcohol at length but I was unable to find the incident or his overall history and presentation indicative of someone experiencing DSM 5 alcohol use disorder symptoms. His family history presents some additional risk which we discussed. Due to the family history, his age and intention to use alcohol at a moderate and controlled level in the future I am recommending preventative alcohol education (details below).

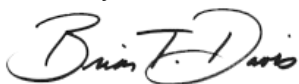
DSM 5 DIAGNOSIS in reference to substances: V 71.09 (none found)

Treatment Recommendations:

- 1) Preventative Alcohol Education, recommend 8-12 hrs. of basic alcohol and driver safety education; options to fulfill this recommendation would include attending a local alcohol/substance education class or an online alcohol education course. contact local intensive outpatient recovery programs ("IOP") or hospitals to find the nearest educational resource;
- 2) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Levine seek further evaluation and follow all treatment recommendations.

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

Sincerely,



Brian Davis, LISW-S, SAP
cc: Robert Levine

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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.