

April 28, 2015

Sarah Mapel, Probation Officer
800 Broadway
Cincinnati, OH 45202

Re: Clinical Alcohol Assessment for Alex McIntyre

Dear Ms. Mapel

I performed a Clinical Alcohol Assessment for Mr. McIntyre in reference to his OVI charge in Hamilton County in December of 2014. 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 indication of problem alcohol use over the past 10+ years (screening appeared valid)

AUDIT: score = 9 / *POSITIVE SCREEN*; scores above 8 indicate hazardous use, above 13 indicates moderate to severe disorder present (screening appeared valid)

DSM/Other Substance Related Concerns: clinical interview revealed 3 of 11 DSM 5 alcohol related symptoms present

Anxiety/Depression Screening: no clinically significant concerns reported

Substance Related Legal History Reported: acknowledges prior OVI charge in 2008.

Clinical Interview/Summary: Mr. McIntyre's written screenings provided some indication of a mild to moderate alcohol use disorder. He reported normal use of alcohol as 7-9 drinks on 2-4 occasions per month. He also acknowledged use of 12-14 drinks on special occasions (weddings, birthdays, etc.) on about 3-4 occasions per year. Mr. McIntyre and I discussed his most recent OVI incident as well as his 2008 OVI at length. I did find both incidents similar in nature with excess and hazardous use. Although Mr. McIntyre states that he has abstained from alcohol since he was charged, my clinical opinion is that he is at risk for future incidents if he does not seek professional help. In addition, Mr. McIntyre has a positive family history for alcoholism, has had 2 lifetime DUI's and admits to past physical altercations while drinking. All of these factors should be evaluated further for a current alcohol disorder as well as prevention planning for

similar incidents should he choose to resume alcohol use in the future. Therefore, I am recommending some counseling sessions with a substance abuse counselor as well as his attendance at a Victim Impact Panel. This should help him to gain insight into the risks associated with his use, as well as much needed insight into the dangers of hazardous use going forward and strategies for long term change.

DSM 5 DIAGNOSIS in reference to substances: Rule out: Mild Alcohol Use Disorder (305.00) to Moderate Alcohol Use Disorder (303.90)

Treatment Recommendations:

- 1) Attend a local MADD Victim Impact Panel
- 2) Counseling, recommend 5-6 outpatient sessions with a professional substance abuse counselor; update recommendations at session five;
- 3) Monitoring, recommend 4 months of monitoring with same counselor after initial counseling completed, meeting frequency at discretion of counselor;
- 4) Abstinence, recommend abstaining from all alcohol use for 1 year minimum, any consideration of resuming alcohol use should be done only in consultation with a physician and substance abuse professional;
- 5) 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.)

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

Sincerely,



Anita McLeod, LCSW, SAP
cc: Alex McIntyre

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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.