

March 16, 2016

Dennis P. Evans  
Esq. Connor, Evans & Hafenstein LLP  
2000 W. Henderson Rd. Ste. 460  
Columbus, OH 43220

**Re: Clinical Alcohol Assessment for Benjamin Reasbeck (DOB – 02/27/1986)**

Dear Mr. Evans:

I performed a Clinical Alcohol Assessment for Mr. Reasbeck (spelling here doesn't match spelling on document name or above) in reference to his 9/15 OVI charge in Franklin County. In addition to our 60-minute clinical interview, this assessment included the administration of:

- A Substance Abuse Subtle Screening Inventory (SASSI-3)
- 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:

**SASSI-3:** no scores indicative of an alcohol use disorder at any level (mild, moderate, or severe)

**MAST:** score = 2/ *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use

**AUDIT:** score = 4/ *NEGATIVE SCREEN*; scores of 8 or more indicate hazardous use, whereas scores of 15 or more indicate moderate to severe disorder present

**Alcohol Use Risk Factors:**

- anxiety/depression – N/A
- other substance use – past marijuana use in early 20's
- family history – 2 blood-relatives
- prior treatment history – N/A
- peer influences – N/A

- work environment – N/A
- contraindicated prescription use – N/A
- general health problems – doesn't see a regular primary care physician
- current family stress – N/A

Summary - 2 of 9 concerns = low risk profile

**Substance-Related Legal History Reported:** OVI in 2004 (BAC .2)

**Clinical Interview/Summary:** Mr. Reasbeck's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe.) He reported his normal use of alcohol before this charge as 1-4 beers on 2-4 occasions per month. He also acknowledged use of up to 6-8 drinks on special occasions. These occasions occur "a couple of times per year."

Mr. Reasbeck and I discussed his OVI incident and general use of alcohol at length. In my best clinical judgment, I was unable to find the incident or his overall history and current habits indicative of someone experiencing DSM-5 alcohol use disorder symptoms. I did discuss with him my concern with this being his 2<sup>nd</sup> lifetime alcohol-related offense and have provided some preventative recommendations in addition to the driver intervention program he has already completed. His counseling intervention should be focused on prevention planning and address resilience to negative peer-pressure.

**DSM-5 DIAGNOSIS in reference to substances:** Z03.89 (suspected substance use condition not found)

**Treatment Recommendations:**

- 1) Counseling, recommend a minimum of 3 outpatient sessions with a professional substance abuse counselor, update recommendations at session 3 or discharge as appropriate;
- 2) 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 possess any additional information about Mr. Reasbeck's use of alcohol that may 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. Reasbeck, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA

Cert.# 150427

Supervising Clinician: Brian T. Davis, LISW-S, SAP LIC# I-7948

cc: Benjamin Reasbeck

**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.