

September 28, 2016

Denise McCarthy
Berea Municipal Court
11 Berea Commons
Berea, OH 44017

Re: Clinical Alcohol Assessment for Robert A. Feke (DOB – 12/07/1989)

Ms. McCarthy:

I performed a Clinical Alcohol Assessment for Mr. Feke in reference to his 2013 OVI charge in Berea County. This assessment included a 50-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 = 7 / *POSITIVE SCREEN*; direct and indirect indication of problem alcohol use, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

AUDIT: score = 2 / *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 – 1 direct blood-relative
- ☐ contraindicated prescription use – NA
- ☒ other substance use – daily use of tobacco products
- ☒ regular use of liquor – monthly use
- ☐ voluntary treatment history – NA
- ☐ severity of incident – NA
- ☒ legal history – OVI in December of 2010

Summary – 5 of 12 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary: Mr. Feke's written screenings provided clear indication of a past alcohol use disorder at some level. He was open in the clinical interview and shared information indicating 4 alcohol use disorder symptoms (see below) While Mr. Feke acknowledged a pattern of problem alcohol use when he was living in Ohio, he feels he is now in a more "stable" living situation in which he is able to consume alcohol in moderation. We discussed the factors that lead to his past problem use of alcohol and the ways in which he has gone about resolving those stressors.

The current drinking habits that Mr. Feke described for me have come after abstaining from alcohol for 8 months and are within what the NIAAA considers to be "low-risk". I have made treatment recommendations for him in an effort to be clinically prudent and ensure he has developed the understanding and skills necessary to sustain a healthy lifestyle.

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

DSM-5 DIAGNOSIS in Reference to Substances: F10.20 Moderate/Severe Alcohol Use Disorder (Sustained Remission)

Treatment Recommendations:

- 1) Outpatient Counseling – 6-9 outpatient sessions with a professional substance abuse counselor; follow-up provider to update recommendations, screen collateral contacts, and 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 or the court possess additional information about Mr. Feke'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. Feke, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA
Cert.# 150427
cc: Robert A. Feke

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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.