

September 21, 2016

Jerome Phillips, Attorney  
Wittenberg & Phillips  
420 Madison Avenue, Suite 1101  
Toledo, Ohio 43604-1209

**Re: Clinical Alcohol Assessment for Christopher L. LaRue (DOB – 02/11/1987)**

Dear Mr. Phillips:

I performed a Clinical Alcohol Assessment for Mr. LaRue in reference to his OVI in Lucas 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 = 2 / *NEGATIVE SCREEN*; no direct indication of an alcohol use disorder (mild, moderate, or severe), (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:**

- ☐ legal history – denies previous history
- ☒ severity of incident – elevated BAC (double the legal limit)
- ☐ anxiety/depression/mental health – NA
- ☐ general health issues – NA
- ☐ exposure to trauma – NA
- ☐ regular use of liquor – monthly to less than monthly use
- ☒ other substance use – daily tobacco use, marijuana use on 2-3 occasions a year
- ☐ contraindicated prescription use – NA
- ☒ family history – 1 direct blood relative
- ☐ prior treatment history – NA
- ☐ negative peer influence – NA
- ☐ at-risk work environment – NA

- ☐ current stress (relational, work, financial, etc.) – relatively recent break-up (reports this is going well)

Summary - 3 of 13 concerns, mitigate concern with clinical recommendations

**Clinical Interview/Summary:** Mr. LaRue's written screenings provided no indication of an alcohol use disorder at any level. He reported his normal use of alcohol as 1-3 drinks on 1-2 occasions per week. He also acknowledged further use of alcohol on 2-3 special occasions (holidays, family get-togethers) which occur approximately 2-3 times per year.

Mr. LaRue and I discussed his OVI and general use of alcohol at length. I did not find him meeting DSM-5 alcohol use disorder criteria for an alcohol use disorder and his drinking habits appear to be within NIAAA recommendations for men's low-risk drinking. I did note the risks and concerns associated with his specific situation. Accordingly, I am including some preventative recommendations in the remainder of this report in an effort to prevent any future problem alcohol use and rule out any potential for an unidentified DSM-5 disorder.

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

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

**Treatment Recommendation:** Outpatient Counseling – 2-4 outpatient sessions with a professional substance abuse counselor; follow-up provider to update recommendations or discharge as appropriate.

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

Sincerely,



Trevor C. Davis, CDCA

Cert.# 150427

Reviewed by Ryan Smith, MSW, LISW-S, LICDC, SAP

cc: Christopher L. LaRue

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**Diagnostic Conclusions / Limitations:** Directions Counseling Group provides Clinical Alcohol and Drug 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.