

May 11, 2016

R. Shane Herzner, Attorney
Herzner Law, LLC
1008 Race Street, Suite 200
Cincinnati, OH 45202-1077

Re: Clinical Alcohol Assessment for Sean T. Reeves (DOB – 02/18/1993)

Dear Mr. Herzner:

I performed a Clinical Alcohol Assessment for Mr. Reeves in reference to his OVI charge in Hamilton 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 = 1 / *NEGATIVE SCREEN*; no direct indication of problem alcohol use, one item of concern for OVI offense, mitigate concern with clinical recommendations

AUDIT: score = 6 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 15 or more in men indicate *moderate to severe* disorder present, mitigate concerns with clinical recommendations

Alcohol Substance Use Risk Factors:

Concerns/Risks

- ☐ legal history – denies previous history
- ☒ severity of incident – high test OVI (.211)
- ☐ anxiety/depression/mental health – NA
- ☐ other substance use – NA
- ☐ family history – none reported
- ☐ prior treatment history – NA
- ☐ peer influences– NA
- ☒ work environment – server/bar tender
- ☐ contraindicated prescription use – NA
- ☐ general health problems – NA
- ☐ current family stress – NA

Summary – 2 of 11 concerns, mitigate concerns with clinical recommendations

Clinical Interview/Summary: Mr. Reeves' 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 1-2 drinks on 2-3 occasions per week. He also acknowledged use of 4-6 drinks on infrequent special occasions (weddings, birthdays, etc.).

Mr. Reeves and I discussed his OVI incident, general use of alcohol and the nature of the risks noted above. Though he reports that he is very cognizant of the amount of alcohol he is consuming, and he rarely drinks over 4 drinks, we discussed the increased risks of such use. Ultimately I did not gain any impression that he meets criteria for a DSM-5 alcohol use disorder. He engaged in the conversation at a meaningful level and expressed that he would comply with the clinical recommendations I am providing to mitigate these concerns.

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

Treatment Recommendations:

- 1) 72 Hour Driver Intervention Program – complete a DIP and provide documentation to the court;
- 2) Outpatient Counseling – 1 outpatient session with a professional substance abuse counselor after completion of recommendation #1, discuss content of the 72-hour program and clarify plans to minimize moderate or high risk use of alcohol in the future, update recommendation at conclusion of session or discharge as appropriate.

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

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: Sean T. Reeves

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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.