

June 28, 2016

Attn: Susan Cox, CAC II
South Carolina Interstate ADSAP Office
Dorchester Alcohol and Drug Commission
500 North Main Street Suite 4
Summerville, SC 29483

Re: Clinical Alcohol Assessment for Howard Hebb (DOB – 05/18/1964)

Dear Ms. Cox:

I performed a Clinical Alcohol Assessment for Mr. Hebb in reference to his March 2016 OVI charge in Horry County. This assessment included a 60-minute clinical interview and 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); screening had a lifetime frame of reference;

MAST: score = 1 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use; lifetime frame of reference

AUDIT: score = 2 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 15 or more in men indicates *moderate to severe* disorder present

Alcohol Use Risk Factors:

- ☒ family history – family history of problem alcohol use
- ☐ prior DUI charges - NA
- ☐ early onset of alcohol use - NA
- ☐ prior alcohol/substance use treatment - NA
- ☐ peer influences - NA
- ☐ work environment - NA
- ☐ contraindicated prescription use – No Rx use
- ☐ anxiety or depression symptoms - None

- ☐ general health problems – Barrett’s esophagus
- ☐ current family stress - low

Alcohol Use Risk profile = 1 of 10; low risk

Anxiety/Depression Screening: no clinically significant concerns reported

Substance Related Legal History Reported: denies any previous history of alcohol or substance related arrests/legal charges

Clinical Interview/Summary: Mr. Hebb’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 over the past 24 months as 2-3 drinks on 2-3 occasions per month. He stated that he will drink more than 4 drinks (e.g. up to 6) on approximately 2-4 special celebratory occasions per year.

Mr. Hebb and I discussed his March 2016 alcohol-related OVI charge and his general use of alcohol at the time. Mr. Hebb’s clinical interview revealed one positive DSM-5 symptom: continued alcohol use despite adverse consequences to an existing medical condition. His clinical interview did not reveal indications of recurrent use beyond intention, continued use despite interpersonal problems, continued use despite negative impact to rule functioning, nor a tolerance or withdraw condition.

In my clinical judgment, I was unable to find Mr. Hebb’s March 2016 incident, his general history of alcohol use nor his recent alcohol use patterns as indicative of someone experiencing DSM-5 alcohol use disorder symptoms. While Mr. Hebb is positive for one DSM-5 criteria, I do not find evidence that he meets full criteria for an alcohol use disorder.

DSM-5 DIAGNOSIS in Reference to Substances: z03.89 (suspected substance use condition not found); rule out F10.10 alcohol use disorder, mild

Treatment Recommendations:

- 1) There are no clinical recommendations at this time. However, it is my understanding that Mr. Hebb must participate in a minimum of 16 hours of alcohol education. Therefore, I am recommending that Mr. Hebb complete a 3-Driver Intervention Program (recommend Wellness Driver, 614-791-8300 or Second Chance Counseling, 614-635-9011).
- 2) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Hebb seeks an updated evaluation and follows any and all treatment recommendations.

Thank you for the opportunity to assist the state of South Carolina ADSAP office, Mr. Hebb, and yourself in this important matter.

Sincerely,

Ryan P. Smith

Ryan P. Smith MSW, LISW-S, LICDC, SAP
SW Lic. #I.1000155-S, CD Lic. #101182
cc: Howard Hebb

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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.