

October 11, 2016

Stanley F. Wruble III, Attorney  
Wruble Law Group  
904 East Jefferson Boulevard  
South Bend, IN 46617

**Re: Clinical Alcohol Assessment for Ronald Greeno (DOB – 03/31/1965)**

Dear Mr. Wruble:

I performed a Clinical Alcohol Assessment for Mr. Greeno in reference to his October DUI charge in St. Joseph County. This assessment included a 60-minute clinical interview, review of a personal resume and work history, 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 or indirect indication of a present alcohol use disorder (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 – nothing reported outstanding
- ☐ family history of substance abuse or alcoholism – none reported
- ☐ contraindicated prescription use – NA
- ☐ other substance use – NA
- ☐ regular use of liquor – 2-4 times a year
- ☐ voluntary treatment history – NA
- ☒ severity of incident – BAC double the legal limit; driver at-fault in an auto accident which involved only Mr. Greeno's vehicle
- ☐ legal history – denies previous history

Summary - 1 of 12 concerns, mitigate concern with clinical recommendations

**Clinical Interview/Summary:** Mr. Greeno'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 2-3 craft beers/glasses of wine on 0-2 occasions per week. He also acknowledged use of 6-7 drinks on approximately 6 instances of celebration or special occasions in the average year. Mr. Greeno reported that when drinking more than typical, he would drink over the course of 4-7 hours.

Mr. Greeno and I discussed his DUI charge and his general use of alcohol at length. I did not find him meeting DSM-5 alcohol use disorder criteria for diagnosis, and his regular drinking habits seem to be within NIAAA recommendations for men's low-risk drinking. Mr. Greeno appears to have and reports having had a longstanding conviction against drinking and driving. However, it would seem that he made a serious lapse in judgement when presented with out-of-the-ordinary circumstances. While Mr. Greeno gave me considerable reason as for why he may have had an artificially raised BAC at the time of his arrest, I am including treatment recommendations in an effort to be clinically prudent and err on the side of proactivity.

**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 - 1 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 Recommendations:**

- 1) Attend a local MADD – Victim Impact Panel, 5900 Roche Dr. #250 Columbus, OH 43229, Phone - 614.885.6233, email - [oh.state@madd.org](mailto:oh.state@madd.org);

- 2) If another negative consequence is incurred as a result of any alcohol use, Mr. Greeno is to be considered for a higher level of treatment (extended outpatient substance abuse counseling, IOP program, etc.) at the discretion of a substance abuse professional.

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

Sincerely,



Trevor C. Davis, CDCA  
Certificate # 150427

Reviewed by Ryan Smith, MSW, LISW-S, LICDC, SAP  
SW Lic. #I.1000155-S; #101182  
cc: Ronald Greeno

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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.