

November 16, 2016

Darin Knepper, Public Defender  
Scott's Bluff County  
Court House - Ground Level  
1725 10th Street  
Gering, NE 69341

**Re: Clinical Alcohol Assessment for Brittain A. Reinmuth (DOB – 05/20/1986)**

Dear Mr. Knepper:

I performed a Clinical Alcohol Assessment for Mr. Reinmuth in reference to his July DUI charge in Scottsbluff County. This assessment included a 60-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: POSITIVE SCREEN;** mitigate concern with clinical recommendations (screen relative to lifetime use of alcohol)

**AUDIT: POSITIVE SCREEN;** mitigate concern with clinical recommendations (screen predominantly relative to current use of alcohol)

**Clinical Interview/Summary:** Mr. Reinmuth's written screenings provided some indication of an alcohol use disorder. He was forthcoming in his clinical interview and shared information indicating 11 of 11 problem alcohol use symptoms (see below) that he experienced from May 2016 leading up to his July 2016 DUI arrest.

Mr. Reinmuth and I discussed his DUI and historical use of alcohol at length. He described a time in his early 20's when he was able to consume alcohol in a controlled manner. This moderate drinking was with a social peer group; however, he reported that 6 years ago (when he left the "band" he was in) his drinking stopped completely, though this was not necessarily intentional. In May of this year, Mr. Reinmuth started using alcohol again in a similar manner, however these tempered drinking habits did not last long.

He reported that he began using alcohol to encourage sleep (currently untreated insomnia), manage stress, and alleviate symptoms of anxiety. Mr. Reinmuth reports abstinence since his accident in July (without cravings) and is currently looking for a

new job - after losing his job driving at FedEx due to his DUI. He reported that he has attended a MADD victim impact panel and though he was attending Alcoholics Anonymous meetings regularly following his release from jail, he has stopped attending as he has found these to be counter-productive (worsened his symptoms of anxiety). It would seem that Mr. Reinmuth has a good understanding of both the gravity of his situation, and the positive and negative reinforcements at play. While a higher level of care may be eventually necessary, I find it clinically sensible for Mr. Reinmuth to seek outpatient care before resorting to a more intensive treatment program. Mr. Reinmuth reported that he has had average to below average counseling/treatment experiences in the past with less than desirable results. I have encouraged him to see as many providers as necessary before committing to a particular substance abuse specialist.

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

**DSM-5 DIAGNOSIS in Reference to Substances:** F10.20 Severe Alcohol Use Disorder (Early Remission)

#### **Treatment Recommendations:**


- 1) Extended Outpatient Counseling – 8 -12 months of outpatient sessions with a professional substance abuse and mental health counselor; follow-up provider to update recommendations and discharge when appropriate (frequency of sessions and duration of treatment at counselor discretion);
- 2) EtG Testing – random EtG tests as appropriate and at the discretion of follow-up counselor;
- 3) Physician consult – for continuity of care, inform primary care doctor of the results of this assessment and obtain appropriate medical recommendations;

- 4) Monitoring – bimonthly sessions with follow-up counselor following initial counseling period, adjustments to frequency and duration at counselor discretion;
- 5) If another negative consequence or abstinence is compromised, it is likely that an increased level of treatment will be recommended at discretion of follow-up counselor (e.g. IOP, Inpatient, residential treatment, etc.)

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

Sincerely,



Trevor C. Davis, CDCA  
Certificate # 150427

Reviewed by Brian T. Davis, LISW-S, SAP LIC# I-7948  
cc: Brittain A. Reinmuth

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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.