

July 6, 2016

Troy D. Wisheart, Attorney  
Kademenos, Wisheart, Hines & Lynch Co., L.P.A.  
502 West Washington Street  
Sandusky, Ohio 44870-2419

**Re: Clinical Alcohol Assessment for Gerald Born (DOB – 05/04/1952)**

Dear Mr. Wisheart:

I performed a Clinical Alcohol Assessment for Mr. Born in reference to his leaving the scene of an accident and OVI charge in Ottawa and Erie County, respectively. This assessment included a 60-minute clinical interview, 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 = 4 / *SUGGESTIVE SCREEN*; some indirect indication of problem alcohol however it should be noted that all points incurred were the result of legal history, concern to be mitigated with clinical recommendations (screen relative to lifetime use of alcohol)

**AUDIT:** score = 8 / *SUGGESTIVE 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, mitigate concerns with clinical recommendations (screen relative to current use of alcohol)

**Alcohol Use Risk Factors:**

- ☒ legal history – Reckless Operation in 2011 (.08)
- ☒ severity of incident – impairment resulted in an auto accident; BAC was twice the legal limit at the time of recent (2016) arrest
- ☐ anxiety/depression/mental health – NA
- ☐ general health issues – reports some sleep disturbances stemming from the incident at hand
- ☐ exposure to trauma – NA
- ☐ frequent or regular use of liquor – a “couple” of times a year (dependent on social setting)
- ☐ other substance use – NA
- ☐ contraindicated prescription use – NA

- ☐ family history – none reported
- ☐ prior treatment history – NA
- ☐ negative peer influence – NA
- ☒ alcohol-acceptable work environment – infrequent (monthly to less than monthly) use in work settings with clients; attends inter-company sales meetings on a “couple” of occasions in the average year where alcohol may be involved
- ☐ current stress (relational, work, etc.) – quantified stress as it relates to work as a “3-5” on a scale of 1-10

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

**Clinical Interview/Summary:** Mr. Born’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 1-2 drinks on 2-4 occasions per month. He also acknowledged use of up to 3 drinks in times of a special occasion (work get-togethers, birthdays, etc.) on about 5 instances in the average year.

Mr. Born and I discussed his OVI incident and general use of alcohol at length. Though he presented his legal incidents to be exceptions of his normal habits, they are indicative of high risk alcohol use. While I found him meeting only one DSM-5 alcohol use disorder symptom, I did note the risks and concerns associated with his specific situation above. Accordingly, I am including some preventative recommendations in the remainder of this report in effort to be clinically prudent and prevent any further problem alcohol use.

#### **DSM-5 Alcohol Use 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 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) Outpatient Counseling – 3-6 outpatient sessions with a professional substance abuse counselor; follow-up provider to update recommendations or discharge as appropriate after 3<sup>rd</sup> session;
- 2) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Born seek further evaluation and follow all treatment recommendations as a higher level of care will be necessary.

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

Sincerely,



Trevor C. Davis, CDCA

Cert.# 150427

Reviewed by Brian T. Davis, LISW-S, SAP LIC# I-7948

cc: Gerald Born

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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.