

March 24, 2016

David P. Rieser, Attorney 502 South 3<sup>rd</sup> Street Columbus, OH 43215-5702

Re: Clinical Alcohol Assessment for Eric Michael Ferree (DOB – 09/14/74)

Dear Mr. Rieser:

I performed a Clinical Alcohol Assessment for Mr. Ferree in reference to his OVI charge in Franklin County. This assessment included a 50-minute in-person 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 = 2 / NEGATIVE SCREEN w/ mild concerns

**AUDIT:** score = 7 / NEGATIVE SCREEN; scores of 8 or more indicate hazardous use, scores of 15 or more in men indicate moderate to severe disorder present (borderline raw score of 7 – mitigate risks with clinical recommendations)

## **Alcohol Use Risk Factors:**

Concerns/Risks

- legal history 2000 reckless operation, '06 OVI
- anxiety NA
- other substance use NA
- family history 1-2 blood related family members (alcohol)
- prior treatment history NA
- peer influences- NA
- work environment NA
- contraindicated prescription use NA
- general health problems NA
- current family stress NA

Summary - 2 of 10 concerns = mitigate with clinical recommendations

Anxiety/Depression Screening: no clinically significant concerns reported

**Clinical Interview/Summary**: Mr. Ferree's written screenings provided no clear indication of an alcohol use disorder at any level but the AUDIT score (7) placed him just under the "hazardous use" threshold. He reported his normal use of alcohol before this charge as 3-5 drinks on 1-2 occasions per week.

Mr. Ferree and I discussed his OVI incidents and general use of alcohol at length. He reports that his overall alcohol use has decreased after each of his OVI incidents, this time being no exception, but also acknowledges drinking too much on rare occasions. While I was unable to find him meeting DSM-5 alcohol use criteria I did note some risks in his use that could and should be mitigated. I am recommending education and brief counseling which could include some additional assessment in case he is needing further assistance. Mr. Ferree stated that he already planned on attending a 72-hour DIP.

**DSM-5 DIAGNOSIS in Reference to Substances**: Z03.89 (suspected substance use condition not found but mild or moderate alcohol use disorder can be identified or ruled out in outpatient counseling)

## **Treatment Recommendations:**

- 1) <u>72 Hour Driver Intervention Program</u> complete program and provide documentation to the court; (Mr. Ferree already attending without the recommendation)
- 2) Outpatient Counseling 2-3 outpatient sessions with a professional substance abuse counselor after completion of recommendation #1; update recommendations or discharge as appropriate;
- 3) <u>If another negative consequence</u> is incurred as a result of any alcohol use it is recommended Mr. Ferree seek an increased level of treatment or extended outpatient substance abuse counseling as appropriate.

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

Sincerely,

Brian T. Davis, LISW-S, SAP

LIC# I-7948

cc: Eric Michael Ferree

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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.

