

January 29, 2016

Charles R. Barnett, III, Attorney  
Barnett & Borth, LLC, Attorneys at Law  
800 Waukegan Road, Suite 200  
Glenview, IL 60025

**Re: Clinical Alcohol Assessment for Steven Aaron Grapperhaus  
(DOB – 08/12/1982)**

Dear Mr. Barnett,

I performed a Clinical Alcohol Assessment for Mr. Grapperhaus by your request in reference and especially in consideration of his impaired driving history, one charge at age 18 and one charge at age 21. This assessment took place via videoconference for one hour and included administration and collection of the following items:

- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- A general anxiety/depression screening
- A collateral information form completed by Mr. Grapperhaus' wife
- A review of various police reports/legal documents (see below)

The following items provide a summary of the screening results, my diagnostic opinion and professional recommendations:

**MAST:** score = 4 / raw score is problematic but also contains 3 points reflective of legal charges including an underage drinking charge, not advisable to draw diagnostic conclusions using underage drinking charges

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

**Substance Related Legal History Reported:**

*July 2000* – underage drinking (17 years old)

*December 2001* – DUI / BAC unknown – record expunged (18 years old)

*March 2004* – DUI / BAC=.20 (21 years old)

**Legal Documents Reviewed:|**

- 1 Commonwealth of Pennsylvania Non-Traffic Citation (State College, PA)–  
7/4/2000, officer notes indicate subject admitted to drinking a few beers and also noted he was cooperative – clinically unremarkable;

- 2 Port Matild (Centre County) PA *Court Summary* – Notes 3/26/2004 High Test DUI charge – no inclusion of clinically relevant information;
- 3 March 26, 2004 *Affidavit of Probable Cause* (police report) – 50 mph in a 25 mph, failed FSTs and blood test yielding .20 BAC – inconclusive regarding alcohol tolerance

**DSM - 5 Alcohol Use Symptoms:**

- ☐ Use beyond intention – not found
- ☐ Persistent desire or unsuccessful efforts to reduce/quit use – no intentional efforts to reduce use found
- ☐ Substantial time spent obtaining, using, or recovering from use – not found
- ☐ Strong craving/desire – denies any tendency
- ☐ Failure to fulfill a major role (work, home, school) – denies any problem
- ☐ Use despite recurrent social/interpersonal problems – denies any problem
- ☐ Important social, occupational, recreational activities relinquished – denies any history
- ☐ Physically hazardous use – unable to find a pattern by self-report of 2 or more incidents within a 12 month period
- ☐ Continued use despite knowledge of contraindicated physical or psychological condition – not found
- ☐ Tolerance – 1 high test BAC 12 years ago / inconclusive evidence
- ☐ Withdrawal symptoms – not found

*Summary - 0 of 11 symptoms*

**Alcohol Use Risk Factors:**

*Concerns/Risks*

- ☒ previous legal history – see comments below
- ☒ severity of incidents – .2 BAC in 2004 – high test
- ☐ use of quantities in excess of NHI/NIAAA – denied by subject and spouse
- ☐ anxiety/depression/mental health – none found
- ☐ other substance use – denies history
- ☐ family history – none reported
- ☐ prior treatment history – NA
- ☐ peer/social influences– none found
- ☐ work environment – denies any concern/NA
- ☐ contraindicated prescription use – reports no use
- ☐ general health problems – reports good health
- ☐ current family stress – none found
- ☐ trauma– none found

*Summary - 2 of 13 concern items, mitigated by 12+ year history with no new incidents during a time of expected psychosocial development and psychological maturing*

**Clinical Interview/Summary:** Mr. Grapperhaus' written screenings provided a concerning raw score on the MAST (4). However, three of the four points of interest were related to DUI charges over 12 years old and an underage drinking charge. The fourth item of concern was related to feeling "guilt about his drinking" but the interview revealed only guilt about use around the time of the 2 DUI arrests. He reported that his use of alcohol was at its peak during his military service but presented that his consumption was substantially less than his peers. He would "at most" drink 4-5 drinks and that would greatly impair him if he drank that amount, noting this was infrequent.

We discussed the DUI arrests specifically. The 2001 arrest, now expunged from his legal record, was after he drank at a house party at the age of 18. He fully admits the irresponsible nature of his behavior. The 2004 arrest was much more embarrassing to him as he provided insight into some arrogance and presumption being involved in his returning home from military duty and feeling "above the law". He and a friend had come home and intentionally planned to drink a great deal in order to celebrate returning home.

Mr. Grapperhaus' wife was aware of her husband's arrest history related to impaired driving. She unequivocally states that, "since I have known him (the last 10 years), my husband does not abuse alcohol ever...he is very serious about school and his health".

Mr. Grapperhaus presents as an individual who made irresponsible choices regarding alcohol use on occasions in his late teens and early 20's. He is articulate about subsequently making lifestyle, health and relationship changes for the better. While it is possible that Mr. Grapperhaus may have met conditions for a mild alcohol use disorder (or moderate) over 10 years ago, it is also plausible that his subsequent normal psychosocial and emotional maturing demonstrates that he does not have an inherent alcohol use disorder. Nevertheless, I think he should be vigilant against excess use of alcohol in any situation, knowing that his history shows a measure of vulnerability to poor judgement after consuming significant amounts of alcohol.


**DSM-5 DIAGNOSIS in Reference to Substances:** Z03.89 (suspected substance use condition not found)

**Treatment Recommendations:** Having found no definitive basis for a DSM-5 alcohol use disorder, I have no further recommendations for Mr. Grapperhaus at this time.

If you possess additional information about Mr. Grapperhaus' use of alcohol that might impact the outcome of this assessment, I would be happy to review it and consider any appropriate modifications or amendments to the present report.

Thank you for the opportunity to assist Mr. Grapperhaus, and yourself in this important matter.

Sincerely,



Brian T. Davis, LISW-S, SAP  
LIC# I-7948  
cc: Steven A. Grapperhaus

**Prohibition Against Re-Disclosure:** This information has been disclosed to you from records protected by Federal Confidentiality rules. The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client. Drug abuse patient records are also protected under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.R.R parts 160 & 165. (These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.)

**Diagnostic Conclusions / Professional Assessment 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 (e.g. child custody evaluations, FAA Substance Abuse Evaluations, DOT SAP safety sensitive evaluations) which involve additional background research, collateral information and third party verification, can be provided as an additional service upon request. The foregoing assessment is not intended to be used in lieu of special forensic, employer, or FAA required assessments which require review of additional collateral information.