

December 22, 2015

Steven T. Fox, Attorney
The Steven T. Fox Law Firm
Rivers Edge Corporate Center (Building A)
1335 Dublin Rd., Suite 205-A
Columbus, Ohio 43215

Re: Clinical Alcohol Assessment for Bradford Hartley (DOB 03/17/1984)

Dear Mr. Fox,

I performed a Clinical Alcohol Assessment for Mr. Hartley in reference to a December 2015 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 = 4 / score includes some problem symptoms related to use in college over 8 years ago, clinical interview necessary to make further determination of an alcohol use disorder (screening appeared valid)

AUDIT: score = 4 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 15 or more in men indicates *moderate to severe* disorder present (respondent appeared to provide forthright responses to questions)

Alcohol Use Risks/ Symptoms: occasional use of 5-6 drinks in one extended time period

DSM Symptom or Other Alcohol Related Concerns: denies subtle indicators of problem alcohol use since graduating college including pattern or repetition of - of mild hangovers, mild memory loss after use, use to relieve emotional or work stress, previous treatment, conflict with significant others during or shortly after use of alcohol, guilt or regret associated with use

Anxiety/Depression Screening: no clinically significant concerns reported

Substance Related Legal History Reported: physical control charge in college (age 21), OVI (age 25)

Clinical Interview/Summary: Mr. Hartley's written screenings provided no overt indications of an alcohol use disorder at any level. He reported some excessive use of alcohol in college (similar to his peers) but significantly decreased use since graduation (8 years ago). He reported current normal use of alcohol as 2-4 drinks on 2-4 occasions per month. He also acknowledged use of 4-6 drinks on an infrequent basis (social occasions occurring over a longer period of time). In terms of NIAAA low risk guidelines 5-6 drinks is "borderline" but also mitigated by having a body mass that is above average.

Mr. Hartley and I discussed his OVI incidents and general use of alcohol at length. While I did not find him meeting DSM-5 alcohol use disorder criteria, for preventative and cautionary reasons I am recommending that he meet with a substance abuse professional to discuss a strategy for avoiding any future drinking and driving offenses as well as some general alcohol education that should be helpful going forward. If these services discover that additional counseling or support is needed it may be recommended by the professional providing the service at that time.

If the court possesses additional information about Mr. Hartley's use of alcohol that might aid in the accuracy of this assessment I would be happy to review it and consider any appropriate modifications or amendments to the present report.

DSM-5 DIAGNOSIS in reference to substances: Z03.89 (suspected substance use condition not found)

Treatment Recommendations:

- Outpatient Counseling 2-3 outpatient sessions with a professional substance abuse counselor for additional prevention and education, after completion of 2-3 sessions the professional may provide additional recommendations or discharge from care;
- 2) <u>If another negative consequence</u> is incurred as a result of any alcohol use it is recommended Mr. Hartley seek an increased level of treatment (extended outpatient counseling or an Intensive Outpatient Program);

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

Sincerely,

Brian T. Davis, LISW-S, SAP

LIC# I-7948

cc: Bradford Hartley



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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.

