

March 14, 2016

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

**Re: Clinical Alcohol Assessment for Neil P. Mead (DOB – 05/31/1982)**

Dear Mr. Rieser:

I performed a Clinical Alcohol Assessment for Mr. Mead in reference to his OVI charge (2/22/16) in Delaware County. This assessment included a 60-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*; no direct or indirect indication of problem alcohol use

**AUDIT:** score = 10 / *PROBLEM USE INDICATED*; scores of 8 or more indicate *hazardous use*, scores of 15 or more in men indicate *moderate to severe* disorder present/ see clinical interview for clarification

**Alcohol Use Risk Factors:**

*Concerns/Risks*

- legal history – denies previous history
- NIAAA/NIH low risk guidelines – exceeds guideline
- anxiety – NA
- family history – uncle
- prior treatment history – NA
- peer influences – NA
- memory loss associate with use – moderate
- work environment – NA
- contraindicated prescription use – NA
- general health problems – NA
- current family stress – NA

Summary - 3 of 11 concerns = moderate risk profile

**Anxiety/Depression Screening:** no clinically significant concerns reported

**Clinical Interview/Summary:** Mr. Mead's written screenings provided some indication of problem alcohol use, even if not at a clear diagnostic level. He reported his normal use of alcohol before this charge as 6-8 mixed drinks on 2-3 occasions per week. He shared openly about a variety of negative, though not severe, consequences associated with his use of alcohol. After a thorough clinical interview I discovered he met 4 of 11 DSM-5 alcohol use disorder symptoms which qualify him for *moderate alcohol use disorder*.

I asked a number of questions to ascertain if Mr. Mead was sufficiently motivated and able to work on sobriety in an outpatient setting. I believe that given his high motivation level, his insight and short term success at abstaining from alcohol the recommendations provided below should be appropriate and in his best interests. If he needs additional support or an Intensive Outpatient Program, it could be added at a later date.

**DSM-5 DIAGNOSIS in Reference to Substances:** F10.20 *moderate alcohol use disorder*

**Treatment Recommendations:**

- 1) Alcohol Education – the Ohio Health Drug/Alcohol Awareness Series, 9 hr./3-day program (Riverside Methodist Hospital contact 614-566-3700);
- 2) Outpatient Counseling – outpatient sessions with a professional substance abuse counselor, update recommendations every 4-5 sessions; begin with weekly frequency and taper frequency as recommended by counselor;
- 3) AA, 12 Step or Smart Recovery Meeting Attendance – set frequency with input of counselor, provide proof of attendance to probation;
- 4) Abstinence – abstain from all alcohol use for one-year minimum, any consideration of resuming alcohol use should be done only in consultation with a physician and substance abuse professional;
- 5) If abstinence is compromised it is likely that an increased level of treatment will be recommended (e.g. IOP, Inpatient, residential treatment, etc.).

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

Sincerely,



Brian T. Davis, LISW-S, SAP  
LIC# I-7948  
cc: Neil P. Mead

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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.