

October 19, 2016

Sam Smith, PO  
Greene County Probation  
64 E. Main Street  
Xenia, Ohio 45385

**Re: Clinical Alcohol Assessment for Ronald Lee Fout (DOB – 11/17/1961)**

Dear Mr. Smith:

I performed a Clinical Alcohol Assessment for Mr. Fout in reference to his April 2015 OVI charge in Greene county. This assessment included a 55-minute clinical interview by telephone, a legal record review, 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: POSITIVE SCREEN;** direct and indirect indication of a present alcohol use disorder (screen relative to lifetime use of alcohol)

**AUDIT: score = 2 / *NEGATIVE 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 (screen predominantly relative to current use of alcohol)

**Alcohol Use Risk Factors:**

- ☐ negative peer influence/at-risk work environment – NA
- ☐ current stress (relational, work, financial, etc.) – NA
- ☐ physical health concerns – NA
- ☐ anxiety/depression/mental health – NA
- ☐ exposure to trauma – NA
- ☐ family history of substance abuse or alcoholism – none reported
- ☐ contraindicated prescription use – NA
- ☒ other substance use – tobacco
- ☐ regular use of liquor – NA
- ☒ voluntary treatment history – previous AA (1995 - 2003)
- ☐ severity of incident – reports breathalyzer was refused, no auto accident or signs of heavy impairment

- ☒ legal history – discovered 5+ lifetime alcohol-related offenses according to Franklin County municipal records (Mr. Fout only reported an OVI in 2012)

Summary - 3 of 12 concerns, mitigate concern with clinical recommendations

**Clinical Interview/Summary:** Mr. Fout's written screenings provided me with concern with regard to his use of alcohol. He reported his normal use of alcohol before this charge as 1-2 beers on approximately 2 occasions per week. He also acknowledged use of 6-8 beers approximately "every other weekend" at a property he owns on Indian Lake.

Mr. Fout and I discussed his 2015 OVI charge and general use of alcohol at length. I did not find him meeting DSM-5 alcohol use disorder criteria for diagnosis at the present time of our interview but after further investigation of his legal history, it is difficult to ascertain whether or not he has been experiencing symptoms within last several years per our interview. Mr. Fout did acknowledge that he noticed his use of alcohol interfering with his work previously and subsequently quit drinking for 8 years (1995-2003) however an OMVI during this time period suggests otherwise. Once his probationary period ends, Mr. Fout reported that he does not intend to change his drinking habits with the exception of driving after consuming alcohol.

Given the concerns noted and my inconclusive evaluation results, clinical prudence is warranted. I have provided recommendations in addition to what the court has already required of Mr. Fout (abstinence, 1 month of SCRAM monitoring, random ETG testing) in an effort to set him up for a healthier lifestyle and further assist him in gaining and maintaining a lifetime recovery from alcohol use.

**DSM-5 DIAGNOSIS in Reference to Substances:** F10.20 Moderate Alcohol Use Disorder (Sustained Partial Remission)

**Treatment Recommendations:**

- 1) Abstinence – abstaining from all alcohol use permanently, any consideration of resuming alcohol use should be done only in consultation with a physician and substance abuse professional;
- 2) Extended Outpatient Counseling – 16-20 outpatient sessions with a professional substance abuse counselor; follow-up provider to: update recommendations after further evaluation, consult collateral contacts, and discharge as appropriate;
- 3) ETG Testing – random alcohol screens at the direction of follow-up provider
- 4) AA, 12 Step or Smart Recovery Meeting Attendance – to be considered and recommended at follow-up provider's discretion;

- 5) Monitoring – with same counselor after initial counseling completed, meeting frequency at discretion of counselor;
- 6) 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. Fout'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. Fout, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA

Certificate # 150427

Reviewed by Ryan Smith, MSW, LISW-S, LICDC, SAP

SW Lic. #1.1000155-S; #101182

cc: Ronald L. Fout

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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.