

October 29, 2015

Jeffery Stefancic, Associate Dean of Students
Purdue Polytechnic Institute
Schleman Hall D50
475 Stadium Mall Dr.
West LaFayette, IN 47907

Re: Clinical Alcohol and Drug Assessment for Cameron Bodie

Dear Dean Stefancic:

I performed a Clinical Alcohol Assessment for Mr. Bodie in reference to his *disorderly conduct* and *assaulting an officer* on March 4, 2014 in Tippecanoe County. This assessment included a 52 minute clinical interview by telephone and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- An Drug Abuse Screening Test (DAST-20)
- A general anxiety/depression screening
- A review of 5-6 page reflective letter to Purdue

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

MAST: score = 1/ *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screening appeared valid upon verbal review)

DAST-20 (timeframe= lifetime prior to 18 months ago): score = 5 /*NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screening appeared valid upon verbal review)

Present Use Status: denies use of alcohol and cannabis (or any street drugs) for the last 18 months, denies any past history or current misuse of prescription drugs (see clinical summary for detail)

Anxiety/Depression Screening: no clinically significant concerns reported

Substance Related Legal History Reported: denies any previous history of alcohol or substance related arrests/legal charges

Brief Academic History Reported: high school GPA= 3.89, 1st semester at Purdue GPA = 3.66, 2nd semester at Purdue GPA = 2.7

Clinical Interview/Summary:

ALCOHOL USE - Mr. Bodie's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported his use of alcohol before the legal charges as 2-3 drinks on rare occasions, related to social gatherings with peers. I gathered the impression that Mr. Bodie participated more out of peer norms than he did because he genuinely liked the effects of alcohol.

He shared that his assault of an officer was directly related to blacking out after consuming drink and a hallucinogen at a college party. The drink mix had an unknown amount of liquor in it, but apparently was mixed for maximum affect ("jungle juice"). He was very articulate about his remorse over this choice and the many personal costs associated with his choices that evening.

I did not note hesitation, discrepancies (written or verbal) or other non-verbal indications of Mr. Bodie under-reporting his use of alcohol. It is plausible that Mr. Bodie's drinking and assault of an officer is a situational aberration from his normal behavior. Furthermore, he reports that he has had no new alcohol-related incidents of any kind since the March 4, 2014 incident.

ILLICIT DRUG USE – Mr. Bodie acknowledged moderate social use of marijuana from age 17 to 19 years of age. This use mirrored the report of his alcohol use and he denied ever buying or seeking it out, but would participate if others were sharing their marijuana at a party. He also acknowledged experimental use of a hallucinogen at the March 4, 2014 party but denies previous experimentation or pattern of use of any and all other illicit substance categories including: stimulants, opiates, inhalants, etc. I did not find Mr. Bodie's presentation suspect of under-reported use of illicit drugs and I am of the opinion that it is highly unlikely that Mr. Bodie has been a regular user of hallucinogens.

Mr. Bodie stated that he passed a drug test in June of 2014 that was part of his legal proceedings. I am recommending that he provide another negative drug test to be considered for readmission to the university.

PRESCRIPTION DRUG USE – Mr. Bodie denied any recreational use of prescription medications which are prone to abuse including stimulant/ADD medications, narcotic painkiller medications and anxiolytics and sleeping medications.

We discussed his use of prescription painkiller medications at 3 times in his life after surgeries; one in the 6th grade, a follow up surgery in his freshmen year of high school and for removal of his wisdom teeth in his junior year of high school. He noted that he used the medications as prescribed and did not refill them or misuse them.

This portion of the interview, as the others, did not yield suspicion, hesitation, discrepancies or other non-verbal signs of minimization or covering a prescription drug use problem.

SUMMARY

I found several factors in favor of the notion that Mr. Bodie does not have a DSM-5 alcohol or drug use disorder and the March 4, 2014 incident represents an aberration from his normally stable and sober behavior. Additionally, I noted that:

- He has abstained from alcohol and marijuana use for 18 months with no apparent relapse or legal incidents
- He has a stable academic history and high GPA with the exception of his second semester at Purdue which was apparently due to fallout from the incident in question
- Mr. Bodie has written a thoughtful essay on the impact of his choice to use drugs and alcohol on May 14, 2015. This essay seemed consistent with the interview I conducted and did not arouse suspicion that anyone else authored it.

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

Treatment Recommendations: While I did not find Mr. Bodie meeting criteria for a DSM-5 alcohol or drug use disorder I am providing some preventative recommendations to help him avoid future problems with substance use.

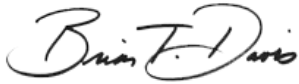
- 1) One Additional Drug Test – provide the university with an additional negative drug screen before re-entry to school;
- 2) Successful completion of a Substance Awareness/Education Class – preferably any alcohol and drug education class provided for Purdue students; if he must complete something prior to enrollment which excludes him from enrolling in a Purdue student resource, other education could be pursued, recommend 8 hour minimum, any combination of the following – local class (hospital, treatment center or community facility), AA/NA, MADD VIP, online alcohol or drug education course;
- 3) If another negative consequence is incurred as a result of any alcohol or drug use it is recommended Mr. Bodie seek an increased level of treatment or extended outpatient substance abuse counseling.

Mr. Bodie expressed both the willingness and motivation to follow through on the above recommendations.

If the school possesses additional information about Mr. Bodie's use of alcohol or drugs 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.

Thank you for the opportunity to assist the university and Mr. Bodie in this important matter.

Sincerely,



Brian T. Davis, LISW-S, SAP
cc: Cameron Bodie

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 / 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.