

December 5, 2015

Kim Fowler, P.O. Franklin County Municipal Court  
375 S. High St. 8th Floor  
Columbus, OH 43215

**Re: Clinical Alcohol and Drug Assessment for Jacob Allen (DOB: 10-17-1994)**

Officer Fowler,

I performed a Clinical Alcohol and Drug Assessment for Mr. Allen in reference to his OVI charge in Franklin County. In addition to our 90 minute phone interview, this assessment included the administration of:

- A MAST (Michigan Alcohol Screening Test)
- An AUDIT (Alcohol Use Disorder Identification Test)
- A DUDIT (Drug Use Disorder Identification Test)
- An agency Brief Marijuana Screening Questionnaire
- 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 (screening appeared to be invalid)

**AUDIT:** score = 1 / *NEGATIVE SCREEN*; scores of 8 or more are suggestive of hazardous use in both men and women whereas scores of 13 or more in women and 15 or more in men are indicative of a moderate to severe disorder

**DUDIT:** *NEGATIVE SCREEN*

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

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

**Clinical Interview/Summary:**

**ILLICIT DRUG** – Mr. Allen acknowledged regular use of marijuana and described this as his substance of choice. He admitted to using this substance on a varied, but weekly basis. We discussed the pros and cons of his use and after going over the DSM-5's symptoms he admitted to having 7 of the 11 symptoms qualifying him as someone who has a "severe" (this qualifier suggests 6 or more symptoms are present) substance use disorder. The symptoms acknowledged were: use beyond intention; persistent desire or

failed effort to reduce or quit using; substantial time spent obtaining, using, or recovering; cravings; use despite recurrent social/interpersonal problems; physically hazardous use; tolerance. I have provided recommendations because of this diagnosis at the bottom of my report.

Mr. Allen denied use of any and all other illicit substances including: amphetamines, hallucinogens, inhalants, cocaine, etc.

**PRESCRIPTION DRUG** – Mr. Allen denied any recreational use of prescription medications which are prone to abuse including stimulant/ADD medications, narcotic painkiller medications, anxiolytics and sleeping medications. The interview did not raise any suspicion that this was anything but the case.

**ALCOHOL** – Mr. Allen's verbal testimony represented his normal use of alcohol as 2-3 drinks on about one occasion per week. He also asserted that his drinking habits do not change at times of celebration. Mr. Allen and I discussed his OVI incident and general use of alcohol at length.

He maintained the assertion that he had not been drinking the night/morning of his OVI and in my best clinical judgment, I was unable to find the incident or his overall history and presentation indicative of someone experiencing DSM-5 alcohol use disorder symptoms. Having said this, I did have a couple items of concerns about the incident. While marijuana and sleep deprivation can affect memory to a degree, Mr. Allen had a pretty difficult time recalling some of the events that took place which leads me to believe alcohol *could* have been involved. He also denied taking a breathalyzer even though he said he had not had anything to drink because he "wanted to go home."

#### **DSM-5 DIAGNOSIS:** F12.10 (Severe Cannabis Use Disorder)

Despite warrant for a "severe" diagnosis, Mr. Allen has a lot going for him. He has been able to maintain a high level of course work at Ohio University for a number of years in computer science technology while working 30-40 hours a week at a job he enjoys. He also told me that he keeps himself physically healthy by going to the gym several times a week and maintains a fairly strong social circle. He has attended both a MADD and MESA course and had positive experiences which I would have recommended and was happy to hear about. In my best clinical judgement I feel the following recommendations are gracious but appropriate.

#### **Treatment Recommendations:**

- 1) Counseling, recommended a minimum of 3 outpatient sessions with a professional substance abuse counselor; once the 3 sessions have been fulfilled the provider may discharge or determine if further care is necessary. **The client must present this assessment to whomever the follow-up provider may be;**

- 2) Drug testing, at the discretion of the substance abuse professional;
- 3) If another negative consequence is incurred as a result of any substance use it is recommended Mr. Allen seek an increased level of care. If the offense is marijuana-related, an intensive outpatient program and not a residential or inpatient should be most appropriate.

If you or the court possess additional information pertaining to Mr. Allen's use of alcohol and/or drugs, 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 court, Mr. Allen, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA  
Cert. # 150427  
cc: Jacob Allen

**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.