

February 5, 2016

Emily Schramm, Probation Officer  
Oberlin Municipal Court  
85 S. Main St.  
Oberlin, OH 44074

**Re: Clinical Alcohol Assessment for Adam Cooper (DOB - 03/26/1993)**

Ms. Schramm,

I performed a Clinical Alcohol Assessment for Mr. Cooper in reference to his OVI charge in Lorain County in August of 2014. In addition to our 70-minute clinical interview conducted via telephone, this assessment included 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 = 9 / *POSTIVE SCREEN*; direct or indirect indications of problem alcohol use

**AUDIT:** score = 2 / *NEGATIVE SCREEN*; scores of 8 or more indicate hazardous use whereas scores of 15 or more in men indicate a moderate to severe disorder may be present

**DSM-5/Other Substance Related Concerns:** Met criteria for 5 of 11 DSM-5 symptoms

**Present Use Status:** reports abstinence from alcohol since legal charges with the exception of one occasion

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

**Substance-Related Legal History Reported:**

- Feb. 2013 OVI (refused breathalyzer)
- August 2014 OVI BAC - .117

**Clinical Interview/Summary:** Mr. Cooper's written screenings were indicative of a potential alcohol use disorder. He reported his normal use of alcohol before this charge as 6-20 drinks on an almost daily basis. He also acknowledged previous use of up to 30 drinks on special occasions (birthdays, holidays, etc.) which would occur on a monthly basis. Mr. Cooper and I discussed his OVI incident and general use of alcohol at length.

He denied using alcohol since his legal incident (8/2014) with the exception of one relapse which occurred on Dec. 4, 2015 – the day of his brother's wedding in which he was the best man. While he could have easily avoided reporting this detail, I think it was a credit to him that he acknowledged it. His overall presentation creates an impression that he has genuinely been abstinent for the past 18 months. Four months of this abstinent period were monitored with a SCRAM device. He reported that he had no violations during the monitoring period, which also suggests a legitimate behavioral change to achieve abstinence from alcohol.

Mr. Cooper is currently 5 weeks into smoking cessation which suggests he is motivated towards self-improvement at this time. Since he previously had a positive experience utilizing outpatient counseling at Phoenix Rising Behavioral Health and Recovery, I am recommending some brief follow up counseling at the same facility as a preventative and supportive measure. This recommendation is intended to help him maximize his recovery potential as he moves forward with a healthy substance-free lifestyle.

**DSM-5 DIAGNOSIS in reference to substances:** F10.20 - Moderate Alcohol Use Disorder – Sustained Partial Remission

**Treatment Recommendations:**

- 1) Counseling - recommend a minimum of 4 outpatient sessions with a professional substance abuse counselor at an agency, provide this assessment report to the counselor, update recommendations or discharge at session four;
- 2) If unable to maintain abstinence - consult with substance abuse professional regarding more intensive treatment and support options (e.g. 12 step or Smart Recovery meeting attendance, Intensive Outpatient Program, Inpatient Program, etc.)

If you possess any additional information about Mr. Cooper's use of alcohol that may 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. Cooper, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA  
Cert.# 150427  
cc: Adam Cooper

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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.