

February 2, 2016

Craig Resch, Probation Officer
Marysville Municipal Court
1250 West Fifth Street
Marysville, OH 43040

**Re: Clinical Alcohol and Drug Assessment for Cordell L. Phillips
(DOB – 06/28/1973)**

Dear Mr. Resch,

I performed a Clinical Alcohol and Drug Assessment for Mr. Phillips in reference to his probation violation in Union County (failed to obtain a drug & alcohol assessment per recommendation of Driver Intervention Program). This assessment included a clinical interview by telephone, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- A Drug Use Disorder Identification Test (DUDIT)
- A general anxiety/depression screening

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

DUDIT: score = 0 / *NEGATIVE SCREEN*; scores of 6 or more indicate problematic use (“mild-moderate”), scores of 25 or more indicate high likelihood of a severe disorder present

Alcohol or Substance Use Risk Factors:

Areas Screened for Concern

- family history (NA)
- prior treatment history (NA)
- mental health concerns (NA)
- peer influences (NA)
- work environment (NA)
- contraindicated prescription use (No Rx)
- significant health problems (NA)
- current family stress (NA)

Concerns

- none found

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

Clinical Interview/Summary:

ALCOHOL - Mr. Phillips' written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported his normal use of alcohol as 1-2 drinks on 0-1 occasions per week. He also acknowledged use of 2-3 drinks on infrequent special occasions (weddings, birthdays, etc.).

Mr. Phillips and I discussed his original OVI (Nov. 2014) incident and general use of alcohol at length. I did not find any information contradicting his written screenings or any other verbal or non-verbal concerns which would indicate a history of a DSM-5 alcohol use disorder.

ILLICIT DRUG – Mr. Phillips acknowledged a brief period in his life that involved use of marijuana on an infrequent basis (0-2 times per month) over five years ago. He discontinued that use and denied any lifetime experimentation or use of all other illicit substance categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Mr. Phillips report suspect of minimization or deception.

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

He did note that he thought he was prescribed a pain-killer/narcotic after removal of his wisdom teeth about 8 months ago. He reported that he tried one or two of the pills and they, “made me loopy, so I threw them away”. The interview did not reveal hesitation, discrepancy with his written screenings, or other non-verbal signs of minimization or covering for a prescription drug use problem.

SUMMARY - After reviewing Mr. Phillips written screenings and conducting a thorough clinical interview I was unable to find indications of Mr. Phillips having an alcohol or substance use disorder of any kind. He reported that he believed the choice to get this evaluation was optional according to the communication he received from his Driver Intervention Program. It is plausible that he misunderstood the probationary necessity of obtaining this assessment.

DSM-5 DIAGNOSIS in Reference to Substances: Z03.89 (suspected substance use condition not found)

Treatment Recommendations: I have no further professional recommendations for Mr. Phillips at this time.

Given the lack of evidence of any recent illicit or prescription drug use and his limited driving privileges I did not feel it was necessary to conduct a urine drug screen as part of this assessment. If probationary requirements require such a test I would be happy to provide it at no extra charge to Mr. Phillips and report the test outcome to you.

If you or the court possess additional information about Mr. Phillips's use of alcohol or drugs that might impact the outcome 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 Mr. Phillips and yourself in this important matter.

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: Cordell L. Phillips

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.