

November 1, 2016

Stacey L. Beck, Atty.  
713 S Front St,  
Columbus, OH 43206

**Re: Clinical Alcohol and Drug Assessment for Faith A. Ramos (DOB – 07/23/2001)**

Dear Ms. Beck:

I performed a Clinical Alcohol and Drug Assessment for Ms. Ramos in reference to her July 2016 possession of a controlled substance charge in Franklin County. This assessment included a 60-minute clinical interview by telephone, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- A Drug Abuse Screening Test (DAST-20)
- 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 indication of a present alcohol use disorder but a score of “2” is of concern given her age (screen relative to lifetime use of alcohol)

**DAST-20\*:** score = 2 / *LOW LEVEL POSITIVE*; scores of 6 or more in *adults* are considered to be of “intermediate” concern, mitigate concern with clinical recommendations

**Alcohol & Substance Use Risk Factors:**

- ☒ academic concern – 2.5 GPA; 8<sup>th</sup> grad and freshman year were difficult to manage with interpersonal stress
- ☒ negative peer influence
- ☒ population at-risk
- ☒ current stress (*relational*, school, etc.) – “5.5 – 6” stress level in the average week (on a scale of 1-10)
- ☐ physical health concerns – NA

- ☒ anxiety/depression/mental health – symptoms of anxiety and depression in the last 2 years
- ☒ exposure to trauma – minimal/insufficient treatment
- ☒ family history of substance abuse or alcoholism – prominent history
- ☒ tobacco use – daily
- ☐ regular use of liquor – NA
- ☒ legal history

Summary - 8 of 11 concerns, mitigate concern with clinical recommendations

**Clinical Interview/Summary:** ALCOHOL – Ms. Ramos’ written screenings did not provide clear indication of an alcohol use disorder. She seemed forthcoming in her clinical interview as she helped me identify 2 DSM-5 symptoms (see below) warranting a mild alcohol use disorder. While Ms. Ramos’ reported use of alcohol can be considered infrequent and moderate (1-2 beers approximately once every 2 months) it is not permissible given her age and physical development.

NON-PRESCRIPTION DRUG – Ms. Ramos acknowledged use of marijuana on approximately 2 occasions per week. Her first experimentation with cannabis was around “13 or 14” years of age. She denied experimentation and use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Ms. Ramos’s report about non-prescription drug use suspect of minimization or deception.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Ms. Ramos denied recreational use of all prescription medications which are prone to abuse including: stimulant/ADD medications, narcotic painkiller medications, benzodiazepines, and sleeping medications. The interview did not reveal discrepancy with her written screenings, nor did she show signs of hesitation or verbal signs of minimization suggesting problem use of prescription medications.

SUMMARY – While Ms. Ramos met criteria for 2 mild substance use disorders based on self-report evidence, she is considered to be at high clinical risk for developing a more involved problem as she gets older with the concerns and stressors noted. I am making treatment recommendations in the remainder of this report to help mitigate this concern and provide support that will promote abstinence.

**DSM-5 Alcohol & Substance Use Disorder Symptoms:**

- ☐ Use beyond intention

- ☐ Persistent desire or unsuccessful efforts to reduce/quit use
- ☐ Substantial time spent obtaining, using, or recovering from use
- ☐ Strong craving/desire
- ☐ Failure to fulfill a major role (work, home, school)
- ☐ Use despite recurrent social/interpersonal problems
- ☐ Important social, occupational, recreational activities relinquished
- ☒ Physically hazardous use
- ☒ Continued use despite knowledge of contraindicated physical or psychological condition
- ☐ Tolerance
- ☐ Withdrawal symptoms

Summary - 2 of 11 symptoms (Mild 2-3 | Moderate 4-5 | Severe 6+)

**DSM-5 DIAGNOSIS in Reference to Substances:** F10.10 Mild Alcohol Use Disorder;  
F12.10 Mild Cannabis Use Disorder

**Treatment Recommendations:**

- 1) Abstinence – abstaining from the cannabis use indefinitely and the use alcohol until of legal age at minimum;
- 2) Extended Outpatient Counseling – 12-15 outpatient sessions with a professional substance abuse counselor, follow-up provider to update recommendations and discharge as appropriate;
- 3) Monitoring – 4-7 monitoring counseling sessions (approximately every two months) with same counselor after initial counseling completed; revisions to frequency and duration are at the discretion of counselor;
- 4) Drug Testing – random drug and EtG testing at the discretion of follow-up counselor;
- 5) If another negative consequence is incurred as a result of any alcohol or other substance use it is recommended Ms. Ramos seek an increased level of treatment or extended outpatient substance abuse counseling as appropriate.

If you or the court possess additional information about Ms. Ramos's use of alcohol or drugs 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, Ms. Ramos, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA

Certificate # 150427

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

SW Lic. #I.1000155-S; #101182

cc: Faith A. Ramos

\*Screening is intended for individuals who are 18+ years of age

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**Diagnostic Conclusions / Limitations:** Directions Counseling Group provides Clinical Alcohol and Drug 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.