

October 11, 2016

Steven T. Fox, Attorney
The Steven T. Fox Law Firm
1335 Dublin Road, Suite 205-A
Columbus, Ohio 43215-7044

Re: Clinical Alcohol and Drug Assessment for Aaron J. Ferrell (DOB – 08/06/1993)

Dear Mr. Fox:

I performed a Clinical Alcohol and Drug Assessment for Mr. Ferrell in reference to his September 2016 OVI charge in Delaware County. This assessment included a 65-minute clinical interview, and the administration of:

- Substance Abuse Subtle Screening Inventory (SASSI-3)
- A Michigan Alcohol Screening Test (MAST)
- A Drug Abuse Screening Test (DAST-10)
- 10-Panel Urine Drug Screen
- A general anxiety/depression screening

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

SASSI-3: SCREENED POSITIVE ON RULE 9; a positive screen on any “rule” suggests high probability of a moderate to severe substance use disorder

MAST: score = 9 / *POSITIVE SCREEN*; direct and indirect indications of problem alcohol use, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

DAST-10: score = 3 / *POSITIVE SCREEN*; multiple direct indications of a substance use disorder, mitigate concerns with clinical recommendations

10-Panel Urine Drug Screen: NON-CONSENT

Clinical Interview/Summary: ALCOHOL – Mr. Ferrell’s written screenings portrayed a history of problem alcohol use and a potential untreated mild to moderate alcohol use disorder. While Mr. Ferrell did not acknowledge regular alcohol use over the past year

(less than monthly) or a history of daily use prior to this, his use of alcohol typically exceeds what is considered to be “low-risk” for men by the NIAAA.

Mr. Ferrell and I discussed his legal charge and general use of alcohol at length. While his drinking would seem to be infrequent at this point in time, his use of alcohol warrants treatment and further evaluation given his history and high-risk drinking habits.

NON-PRESCRIPTION DRUG – Mr. Ferrell acknowledged past daily use of marijuana and experimentation with MDMA (1x) and cocaine (1x) in the last 5 years. He denied experimentation and use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. Portions of Mr. Ferrell’s report about non-prescription drug use appeared to be suspect of minimization and deception (poor eye-contact, inconsistent testimony, opposition towards urine screen). When I asked him if he was willing to take an in-office drug screen to help him substantiate his abstinence, he denied this opportunity and acknowledge that he “may” test positive for marijuana but marijuana only. Mr. Ferrell said that he did not want to do a screen because of the demeaning nature of the test.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Ferrell acknowledged experimentation and periodic use of the following prescription drug classes: stimulant/ADD medications, narcotic painkiller medications, and benzodiazepines. He reported that he does not wish to abstain from them at this time but has not used any of these substances due to a lack of resources in order to obtain them. Of the substances mentioned, Mr. Ferrell was most descriptive of history with prescription narcotic, Percocet, which he claims he is not using at this time.

SUMMARY – Since completing an adolescent 5-month rehabilitative program in August of 2008 at Mary Haven/Buckeye Ranch, Mr. Ferrell use of drugs has expanded and become seemingly more frequent. Given his off-and-on history with alcohol and various controlled substances, it is apparent that he will need to undergo treatment as he lacks the insight, awareness, and skills necessary to keep both himself, and others out of harm’s way. While a higher level of treatment may be warranted, I am providing Mr. Ferrell with an opportunity to receive services at a lower level of care for the time being if he can prove ongoing abstinence and follow through with extended outpatient therapy. This therapy will need to address

DSM-5 Substance Use Disorder Symptoms:

- ☒ Use beyond intention - cannabis
- ☐ Persistent desire or unsuccessful efforts to reduce/quit use
- ☒ Substantial time spent obtaining, using, or recovering from use - cannabis, opiates

- ☒ Strong craving/desire - cannabis, opiates
- ☐ Failure to fulfill a major role (work, home, school)
- ☒ Use despite recurrent social/interpersonal problems – cannabis, opiates
- ☐ Important social, occupational, recreational activities relinquished
- ☒ Physically hazardous use - alcohol, cannabis, opiates
- ☒ Continued use despite knowledge of contraindicated physical or psychological condition - alcohol, cannabis, opiates
- ☒ Tolerance - cannabis, opiates
- ☒ Withdrawal symptoms - opiates

Summary – 8 of 11 symptoms (Mild 2-3 | Moderate 4-5 | Severe 6+)

DSM-5 DIAGNOSIS in Reference to Substances: F10.10 Mild Alcohol Use Disorder, F12.20 Severe Cannabis Use Disorder, F11.20 Severe Opiate Use Disorder (Potential Remission)

Treatment Recommendations:

- 1) Outpatient Counseling – Recommend 18-24 outpatient sessions with a professional substance abuse and mental health counselor; follow-up provider to update monitoring recommendations and discharge as appropriate;
- 2) Attend a local MADD – Victim Impact Panel, 5900 Roche Dr. #250 Columbus, OH 43229, Phone - 614.885.6233, email - oh.state@madd.org;
- 3) Abstinence – abstaining from all alcohol and substance use, any consideration of resuming alcohol use should be done only in consultation with a physician and substance abuse professional;
- 4) If abstinence is compromised – it is likely that an increased level of treatment will be recommended (e.g. IOP, Inpatient, residential treatment, etc.);
- 5) Drug Testing – weekly random drug screens at the direction of follow-up provider (taper testing as appropriate).

If you or the court possess additional information about Mr. Ferrell'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, Mr. Ferrell, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA

Certificate # 150427

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

SW Lic. #1.1000155-S; #101182

cc: Aaron J. Ferrell

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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.