

December 24, 2015

Seallena Thurmond
Ohio Board of Nursing
17 S. High Street, Suite 400
Columbus, OH 43215

Re: Clinical Alcohol and Drug Assessment for Phillip Bowes (DOB 7/31/1991)

Dear Ms. Thurmond,

I performed a Clinical Alcohol and Drug Assessment for Mr. Bowes in reference to his January 2011 marijuana possession charges in Franklin County; and his September 2011 OVI charges in Fairfield County. This assessment included a 60 minute in-person clinical interview, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- A Drug Use Disorder Identification Test (DUDIT)
- A Brief Marijuana Screening Questionnaire
- A general anxiety/depression screening
- A 10 panel urine drug screen

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 (screening appeared valid)

AUDIT: score = 3 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 15 or more in men indicates *moderate to severe* disorder present (respondent appeared to provide forthright responses to questions)

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

Brief Marijuana Screening Questionnaire: score = 4 / *NEGATIVE SCREEN*
respondent was able to identify and acknowledge negative consequences from past use even though he did not manifest moderate or severe diagnostic levels

Anxiety/Depression Screening: mild insomnia/ does not appear to meet criteria presently for anxiety or depression diagnosis, no clinical or mental health crisis symptoms indicated recently or at the time of this interview

10 Panel Urine Drug Screen: Mr. Bowes urine drug screen was negative for the following substances – THC (cannabis), cocaine, amphetamines, methadone, barbiturates, PCP, benzodiazepines and opiates

Substance Related Legal History Reported: Jan. 2011 marijuana possession, Sept. 2011 Underage OVI

Clinical Interview/Summary:

ALCOHOL – Mr. Bowes' 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 2-3 drinks on 0-1 occasions per week. Mr. Bowes and I discussed his OVI incident and general use of alcohol at length. His presentation was credible and without contradiction, hesitation or other non-verbal signs/suspicions of minimizing problem alcohol use. While he may have met criteria 4-5 years ago I found no indications of him meeting any DSM-5 alcohol disorders in the last 4 years. Furthermore, he is articulate about his own zero-tolerance policy to avoid impaired driving since his September 2011 charge and has successfully maintained this policy up to this time.

ILLICIT DRUG – Mr. Bowes acknowledged that he used marijuana after graduating from high school until about 2011 (18-24 months) at a maximum frequency of 2 times per month. He denies using any marijuana or cannabis products in any form since that time and seemed genuine and articulate about his reasons to avoid future use, particularly in reference to his career aspirations. He remarked, "it was good that I got caught because if I hadn't quit I may not have finished school". It was very evident to me that Mr. Bowes values his investment and future in nursing.

Mr. Bowes denied experimentation with any and all other illicit substance categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found his presentation on this point credible and free of contradiction or other signs of denial or deception.

PRESCRIPTION DRUG – Mr. Bowes denied any recreational use of prescription medications which are prone to abuse including stimulant/ADD medications, narcotic painkiller medications, and anxiolytics and sleeping medications. We discussed one narcotic pain medication prescription he received after having his wisdom teeth removed. He reported using the medication as prescribed and for a short time and did not refill it. I had no concerns about his presentation of this limited use of pain medication as advised by his physician. Furthermore, Mr. Bowes currently is not using any prescription medications for any conditions.

SUMMARY – After a close review of Mr. Bowes written screenings and a thorough interview I found no cause to diagnose him with a substance use disorder of any kind. I gained the impression that he has made genuine personal, social and psychological changes since 2011 and has improved his coping skills and overall mental health substantially. If the board of nursing possesses additional information about Mr. Bowes' use of alcohol or drugs that might aid in the accuracy of this assessment I would be happy to review it and consider any appropriate modifications or amendments to the

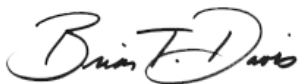
present report. Finally, while I did not feel that third party confirmations of Mr. Bowes lack of a diagnosis were necessary, I would be happy to make such contacts if the board desires further confirmation.

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

Treatment Recommendations: Since I found no current or recent indications of a DSM-5 alcohol or drug use disorder I have no professional treatment recommendations for Mr. Bowes at this time. He also shared with me all of the on-going requirements of the Ohio Board of Nursing as pertinent to this matter. In my clinical judgment Mr. Bowes appears to be fully motivated and capable to follow through on all requirements presently outline by the board.

Thank you for the opportunity to assist the Ohio Board of Nursing in this important matter.

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: Phillip Bowes

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.