

February 26, 2016

Shirlisa Howard, Senior Probation Officer
Athens-Clarke County Probation
Athens-Clarke County Unified Government
1720A Lexington Road
Athens, GA 30605

Re: Clinical Alcohol and Drug Assessment for Sam Heacock (DOB – 06/08/1995)

Dear Ms. Howard,

I performed a Clinical Alcohol and Drug Assessment for Mr. Heacock in reference to his minor in possession charge in Athens-Clarke County. This assessment included a 40-minute 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
- A review of the legal discovery packet relative to a 10/4/2015 minor-in-possession-of-alcohol arrest in Athens-Clarke County

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 6 or more (male), scores of 2 or more (female) suggest presence of mild or moderate condition, 25 or more indicate high likelihood of a severe disorder present

Alcohol & Substance Use Risk Factors:

Concerns/Risks

- legal history – denies previous history
- anxiety – NA
- other substance use – NA
- family history – none reported
- prior treatment history – NA
- peer influences – NA
- work environment – NA
- contraindicated prescription use – NA
- general health problems – NA
- current family stress – NA

- current alcohol use – denies current use

Summary – 0 of 9 concerns = low risk profile

Anxiety/Depression Screening: no clinically significant concerns reported

Review of Discovery Packet and Police Report: The police report suggests that Mr. Heacock was impaired at some level. The officer stated that he spoke with an apartment complex security guard who made the initial report that Mr. Heacock was trespassing. Mr. Heacock “insisted he was staying at the apartment complex”. Mr. Heacock acknowledged “having a few beers” earlier in the day. Mr. Heacock stated that he was staying with a friend on 15th Street. However, the officer pointed out that there is no 15th street in that area. (Mr. Heacock apparently has his normal home address on 15th Street.) While the officer makes no overt description of impaired behavior it seems fairly clear that Mr. Heacock was disoriented to some degree and it seems reasonable to conclude this incident was alcohol-related.

Clinical Interview/Summary:

ALCOHOL - Mr. Heacock’s written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported his normal use of alcohol before this one and only legal charge as 1-2 drinks on 0-1 occasions per week. He also reported no change in the amount he consumed if he was attending a special event or celebration.

Mr. Heacock and I discussed his arrest incident and general use of alcohol at length. He shared that the first time he ever drank (at 19) it made him drunk and it left a strong impression on him that drinking too much was not really enjoyable. From that occasion up until his arrest he did not drink regularly or in large amounts. Though he found it to be part of socializing he did not find it particularly fun to drink more than 2 or 3 beers. After this incident he stopped using alcohol since he found how easily it could lead to an underage legal charge.

Mr. Heacock also was articulate about his own personal zero-tolerance policy with regards to drinking and driving (up to this point and if he chooses to drink after he is of legal age). He denied ever being arrested for or being under suspicion of DUI/OMVI.

ILLICIT DRUG – Mr. Heacock denied experimentation with cannabis products and all other forms of illicit drugs. He has a 3.6 cumulative GPA and stated that he is a “little bit of a health freak and.... wants to take care of his brain.” The interview did not reveal hesitation, discrepancy with his written screenings, or other non-verbal signs of minimization or covering an illicit drug use problem.

PRESCRIPTION DRUG – Mr. Heacock shared the following with me regarding his history of prescription medications. He had his tonsils removed at 8 and supposed that they may have given him a pain-killer but he was (understandably) unaware of specifics about this treatment.

Mr. Heacock had his wisdom teeth removed as a sophomore in high school. He was given a prescription pain-killer and could clearly recall that on Christmas eve the medication made him feel tired and uncomfortable so he discontinued the use of it on the third or fourth day, did not refill it and has not had a prescription for pain-killers since then.

Mr. Heacock denied any recreational use of prescription medications which are prone to abuse including: stimulant/ADD medications, narcotic painkiller medications, and anxiolytics and sleeping medications. The interview did not reveal hesitation, discrepancy with his written screenings, or other non-verbal signs of minimization or covering a prescription drug use problem.

SUMMARY – After carefully reviewing Mr. Heacock’s written screenings, his police report (and discovery packet) and conducting a full clinical interview I was unable to find Mr. Heacock exhibiting signs or symptoms of a DSM-5 drug or alcohol use disorder. However, due to the inherent risk involved with using alcohol and the apparently alcohol-related trespassing incident at approximately 1 am on 10/5/15 in Athens-Clarke county Georgia, I am simply making some preventative recommendations for Mr. Heacock in this report. This recommendation is intended to help him avoid future risks associated with alcohol consumption.

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

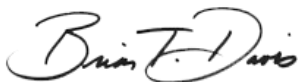
Treatment Recommendations:

- 1) Preventative Education – successful completion of a basic alcohol education/safety program, e.g. - the University of Virginia’s confidential BASICS program (details found at <http://gordiecenter.studenthealth.virginia.edu/programs/online-education>) Or equivalent program offered online or in the community;
- 2) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Heacock seek further evaluation and follow all treatment recommendations.

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

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: Sam Heacock

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.