

May 11, 2016

Thomas Adler, Attorney  
Atkins & Markoff Law Firm  
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Oklahoma City, OK 73120

**Re: Clinical Alcohol and Drug Assessment for Jeff Johnston (DOB - 12/30/1970)**

Mr. Adler:

I performed a Clinical Alcohol and Drug Assessment for Mr. Johnston in reference to his possession charge in Cimarron County, Oklahoma. In addition to our 80-minute clinical interview conducted via telephone, this assessment included the administration of:

- A MAST (Michigan Alcohol Screening Test)
- 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 = 0 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use

**DUDIT:** score = 6 / *POSITIVE SCREEN*; scores of 6 or more indicate potential problematic use ("mild-moderate"), whereas scores of 25 or more indicate likelihood of a severe disorder present

**Alcohol & Substance Use Risk Factors:**

- ☒ legal history – Possession (under an ounce of marijuana) approximately 24 years ago
- ☐ severity of incident – NA
- ☒ anxiety/depression/mental health – described undiagnosed mild to moderate symptoms of depression and anxiety as they related to motivation, dealing with stressors, and substance use
- ☐ general health issues – NA
- ☐ exposure to trauma – NA

- ☒ use of liquor – use of 80 proof liquor (“Crown Royal”)
- ☐ contraindicated prescription use – NA
- ☒ other substance use – tobacco i.e. cigarettes
- ☒ family history – 3 blood relatives
- ☒ prior treatment history – past education
- ☒ negative peer influence – regular exposure to marijuana in family environments
- ☐ at-risk work environment – NA
- ☒ current stress (relational, work, etc.) – quantified average stress level as it relates to work as being “2-5” on a scale of 1-10 but did acknowledge it has been as high as a “7” within the past 12 months

Summary - 8 of 12 concerns, mitigate concern with clinical recommendations

**Clinical Interview/Summary:** ALCOHOL - Mr. Johnston’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 charge as 3 glasses of whiskey (with each glass containing 2-3 1.5 oz. servings of whiskey) on 2-4 occasions per week. He asserted that in rare event of a holiday or celebration, he does not divert from these drinking patterns. He also acknowledged that he feels he had a “drinking problem” in his 20’s in which he would regularly consume a 12 pack of a beer in a day. While an alcohol use disorder *could* be considered to be in remission for Mr. Johnson at this time given the lack of negative effects alcohol is currently causing for him, his drinking is still outside of what is recommended by the NIAAA for male “low-risk” drinkers. He also reported abstinence from his later 20’s up until “a couple” of years ago. In the concluding part of this report, I have provided treatment recommendations that will be focused towards reducing his drinking habits or regaining abstinence from alcohol if he so chooses.

ILLICIT DRUG – Mr. Johnston acknowledged daily use (1-2 times) of marijuana. We discussed his history with the drug and his understanding for the negative impacts that his use has caused him (added financial burden, motivation, etc.) He has discontinued his use of marijuana for the time being with intention for stopping all use permanently. My treatment recommendations align and support this decision. Furthermore, he denied experimentation with any and all other illicit substance categories in the past 20 years including: stimulants, hallucinogens, inhalants, opiates, etc. I found Mr. Johnston report to be forthcoming and absent of common signs that can be associated with minimization or falsification.

PRESCRIPTION DRUG – Mr. Johnston denied any recreational use of prescription medications which are prone to abuse including stimulant/ADD medications, narcotic painkiller medications, benzodiazepines, and sleeping medications. The interview did not reveal hesitation or verbal signs suggestive of minimization that could be covering a prescription drug use problem.

**DSM-5 DIAGNOSIS in reference to substances:** F12.20 Moderate Cannabis Use Disorder

**DSM-5 Diagnosis Criterea:**

- ☒ 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 physical or psychological condition
- ☒ Tolerance
- ☐ Withdrawal symptoms

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

**Treatment Recommendations:**

- 1) Counseling, recommend 5-8 outpatient sessions with a professional substance abuse counselor; update recommendations at session five if necessary or terminate;
- 2) Monitoring, recommend 6 months of monitoring with same counselor after initial counseling completed, meeting frequency at discretion of counselor;
- 3) Drug Testing, recommend random drug screens at the direction of follow-up provider;
- 4) If unable to reduce and maintain a lower level of alcohol and abstinence from marijuana, it is advised Mr. Johnston consult with mental health and/or substance abuse professionals to explore additional treatment and support options (Intensive

Outpatient, Inpatient Care, etc.)

These recommendations come with the understanding that you have already recommended Mr. Johnston complete the following: at least 8 hours of drug and alcohol education, attend 10 NA meetings, submit to drug testing every 28 days, complete 50 hours of community service, and write a letter outlining his "life story and goals." If you possess any additional information about Mr. Johnston's use of alcohol or drugs that may 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. Johnston, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA

Cert.# 150427

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

SW Lic. #1.1000155-S; #101182

cc: Jeff Johnston

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**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.