

September 27, 2016

Laura Paul, Attorney  
407 Fulton Street  
Indianapolis, Indiana 46202

**Re: Clinical Alcohol and Drug Assessment for Emily Rascon (DOB – 09/28/1972)**

Dear Ms. Paul:

I performed a Clinical Alcohol and Drug Assessment for Ms. Rascon in reference to her possession and paraphernalia charges in Parke County. This assessment included a clinical interview, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- A Drug Abuse Screening Test (DAST-10)
- 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

**DAST-10:** score = 1 / *NEGATIVE SCREEN*; scores of 1-2 = low level concern, 3-5 moderate, 6-8 substantial, 9-10 severe

**Alcohol & Substance Use Risk Factors:**

*Concerns/Risks*

- ☐ previous legal history – denies prior history
- ☐ severity of incident – NA (camping, no moving vehicle violation, no felony)
- ☐ anxiety/depression/mental health – NA (no history for the past 20 years)
- ☐ polysubstance use – NA
- ☐ family history – grandparent with potential problem, no first hand information
- ☐ prior treatment history – NA
- ☐ peer influences– NA
- ☐ work environment – NA
- ☐ contraindicated prescription use – NA
- ☐ general health problems – NA
- ☐ current family stress – NA

*Summary - 0 of 11 concerns*

**DSM - 5 Alcohol (other substance) Use Symptoms:**

- ☐ Use beyond intention (not found)
- ☐ Persistent desire or unsuccessful efforts to reduce/quit use (not found)
- ☐ Substantial time spent obtaining, using, or recovering from use (not found)
- ☐ Strong craving/desire (not found)
- ☐ Failure to fulfill a major role/work, home, school/ (not found)
- ☐ Use despite recurrent social/interpersonal problems (not found)
- ☐ Important social, occupational, recreational activities relinquished (not found)
- ☐ Physically hazardous use (not found)
- ☐ Continued use despite knowledge of contra physical or psychological condition (not found)
- ☐ Tolerance (not found)
- ☐ Withdrawal symptoms (not found)

*Summary - 0 of 11 symptoms found*

**Clinical Interview/Summary:**

ALCOHOL – Ms. Rascon's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). She reported her normal use of alcohol before this charge as 1-2 drinks on 1-2 occasions per week. She also acknowledged use of 2-3 drinks on 1-2 special occasions (weddings, birthdays, etc.) per year.

Ms. Rascon and I discussed her past and recent use of alcohol at length. Her report was cohesive with her written screenings and overall life circumstances and I found her to be non-defensive throughout the interview. I did not find any basis for a DSM-5 alcohol use disorder.

NON-PRESCRIPTION DRUG – Ms. Rascon acknowledged past social use of marijuana which I would characterize as use that was irregular and infrequent in past years. She did acknowledge similar use on the night of her charges when she was camping with other adults. Ms. Rascon struck me as embarrassed, remorseful and articulate about her reasons to not use marijuana again. Ultimately, Ms. Rascon would have to meet 2 or more criteria in order for me to find that she has a DSM-5 cannabis use disorder. I used indirect questioning in an effort to derive such information but was unable to find it. In my best clinical judgment, I don't believe Ms. Rascon has ongoing illegal use of marijuana or need for any formal treatment of the same.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Ms. Rascon denied not only recreational use of prescription medications but also reported a general avoidance of prescription drugs that are commonly misused or abused for their mood altering properties (stimulants, painkillers, sleeping medications, etc.). Ms. Rascon reported that she would break out in a rash if given any painkiller/opioid medications. Her report was again non-defensive and without hesitation, and did not arouse suspicion that she was under-reporting or covering problem use of prescription medications.

SUMMARY – Ms. Rascon presented as open and humble during interview. I used direct and indirect questioning to ascertain if a DSM-5 substance use disorder of any kind existed. Ultimately I was unable to substantiate or even suspect the existence of any such disorders.

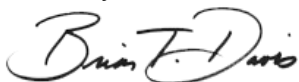
**DSM-5 DIAGNOSIS in Reference to Substances:** Z03.89 (suspected substance use condition not found)

**Treatment Recommendations:** Having found no basis for a DSM-5 alcohol or drug use disorder I have no further recommendations for Ms. Rascon at this time. If she incurs another legal consequence as a result of any substance use I recommend she seek further evaluation and follow all treatment recommendations.

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

Sincerely,



Brian T. Davis, LISW-S, SAP  
LIC# I-7948  
cc: Emily Rascon

**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.