

October 4, 2016

Rod Mastandrea, Attorney Mastandrea Law 20620 John Carroll Boulevard, Suite 216 Cleveland, OH 44118-4540

Re: Clinical Alcohol and Drug Assessment for Jordan T. Harlan (DOB – 06/18/1991)

Dear Mr. Mastandrea:

I performed a Clinical Alcohol and Drug Assessment for Mr. Harlan in reference to his OVI charge in Geauga County. This assessment included a 75-minute clinical interview by telephone, 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 = 2 / NEGATIVE SCREEN; no direct or indirect indication of a present alcohol use disorder (screen relative to lifetime use of alcohol)

DAST-10: score = 1 / LOW-LEVEL SCREEN; point incurred for drug use outside of a medical context and/or supervision, no direct or indirect evidence of a present substance use disorder, mitigate any concern with clinical recommendations (screen relative to lifetime drug use)

Alcohol & Substance Use Risk Factors:
□ academics – 2.8 GPA; no history of academic probation
☐ negative peer influence/at-risk work environment – NA
□ current stress (relational, work, financial, etc.) – NA
□ physical health concerns – NA
☐ anxiety/depression/mental health – NA
□ exposure to trauma – NA
☐ family history – none reported
□ regular use of liquor – NA
□ voluntary treatment history – NA
□ severity of incident – NA
□ legal history – denies previous history

Summary - 0 of 10 concerns

Clinical Interview/Summary:

ALCOHOL – Mr. Harlan'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 1-3 light beers on 1-2 occasions per week. He also acknowledged use of up to 6 beers on approximately 3 special occasions per year.

Mr. Harlan and I discussed his legal charge and general use of alcohol at length. I did not find him meeting DSM-5 alcohol use disorder criteria for an alcohol use disorder and his typical drinking habits seem to be within NIAAA recommendations for men's low-risk drinking.

NON-PRESCRIPTION DRUG – Mr. Harlan acknowledged experimentation with marijuana beginning around his first year in college. He described his current use as "social" use "a couple of times a week" but denied using any psychoactive cannabis products since "about a week" prior to his September arrest. He denied experimentation and use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Mr. Harlan's report about non-prescription drug use suspect of minimization or deception.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Harlan denied recreational use of all prescription medications which are prone to abuse including stimulant/ADD medications, narcotic painkiller medications, benzodiazepines and sleeping medications. The interview did not reveal discrepancy with his written screenings, nor did he show signs of hesitation or verbal signs of minimization suggesting problem use of prescription medications.

SUMMARY – While Mr. Harlan did not portray a history of drinking and driving, I am making a few recommendations in the remainder of this report in a proactive effort to mitigate the likelihood of any future problem alcohol use. I was also unable to identify any DSM-5 diagnostic criteria for the diagnosis of a cannabis use disorder for Mr. Harlan; however, given its illegal status (for recreational use) in the state of Ohio, I am making treatment recommendations for him with this in mind. His counseling should focus on exploring potential consequences of its use and serve as a buffer for any chance of an unidentified disorder.

DSM-5 Alcohol & Substance Use Disorder Symptoms:
☐ 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
\square Important social, occupational, recreational activities relinquished



☐ Physically hazardous use
☐ Continued use despite knowledge of contraindicated physical or psychological
condition
☐ Tolerance
☐ Withdrawal symptoms
Summary - 0 of 11 symptoms (Mild 2-3 Moderate 4-5 Severe 6+)

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

- 1) <u>2-5 Outpatient Counseling</u> outpatient sessions with a professional substance abuse counselor; follow-up provider to update recommendations, request urine screening, 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

OR

<u>Preventative Alcohol & Drug Education</u> – 3 hrs. of alcohol/drug education including of any of the following: local class (hospital, treatment center, or community facility), AA/MA, online alcohol or drug education course.

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

Sincerely,

Trevor C. Davis, CDCA Certificate # 150427

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

SW Lic. #I.1000155-S; #101182

cc: Jordan T. Harlan



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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.

