

March 25, 2016

Leanard Oran, Chief Probation Officer
Vandalia Municipal Court
245 James E. Bohanan Dr.
Vandalia, OH 45377

**Re: Clinical Alcohol and Drug Assessment for Anthony Whittaker
(DOB – 02/01/1989)**

Dear Mr. Oran:

I performed a Clinical Alcohol and Drug Assessment for Mr. Whittaker in reference to his OVI charge in Montgomery County. This assessment included a clinical interview and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- 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 = 2 / *NEGATIVE SCREEN*; no direct indication of problem alcohol use, clarify reasons for 2 points in interview and/or mitigate risk with clinical recommendations

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

Alcohol Substance Use Risk Factors:

Concerns/Risks

- legal history – denies previous history
- severity of incident – OVI involved car accident
- anxiety – NA
- NIAAA/NIH low risk guidelines – does not exceed guideline
- 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

Summary - 1 of 12 concerns = mitigate with clinical recommendations

Anxiety/Depression Screening: no clinically significant concerns reported

Present Use Status: presently not using alcohol / stated “I would rather play it safe than and not drink than run the risk of something like this happening again”, “it’s not a big deal to give it up”

Clinical Interview/Summary:

ALCOHOL - Mr. Whittaker’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 2-3 drinks on an irregular basis (not daily or weekly).

Mr. Whittaker and I discussed his OVI incident and general use of alcohol at length. He clearly acknowledged the poor judgement and irresponsibility which lead to the OVI accident. However, in my best clinical judgment I was unable to find the incident or his overall history and presentation indicative of someone experiencing DSM-5 alcohol use disorder symptoms. Since his OVI involved an accident I will provide a preventative recommendation at the conclusion of this report.

NON-PRESCRIPTION DRUG – Mr. Whittaker acknowledged experimentation with marijuana at the age of 19 (8 years ago). He tried it 3 times and found that it could make him feel lazy or it could make him feel anxious or a “little paranoid” so he discontinued use relatively quickly with no interest in trying it again.

He denied experimentation or use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Mr. Whittaker’s report about non-prescription drug use suspect of minimization or deception.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Whittaker reported use of only one prescription drug in his lifetime that is subject to abuse; a narcotic painkiller after his wisdom teeth were removed 5-6 years ago. He was given 8-10 pills and used them for 2-3 days and did not request a refill prescription.

Mr. Whittaker denies any history of having prescriptions to other drugs that are commonly abused such as: stimulants, sleeping medications, anxiolytics/ benzodiazepines, etc. Again, I found no part of Mr. Whittaker’s report about non-prescription drug use suspect of minimization or deception.

SUMMARY – After reviewing 3 standard written screening instruments and conducting a full interview with Mr. Whittaker I concluded he does not meet criteria for a DSM-5 drug or alcohol use disorder. The recommendation section that follows will provide one preventative measure going forward.

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

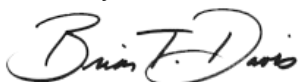
Treatment Recommendations:

- 1) Attend a local MADD Victim Impact Panel; Montgomery County Court House, 41 N. Perry St, Dayton, OH 45402 4/4/2016 6 pm, (<http://www.madd.org/local-offices/oh/victim-impact-panels/montgomery-co-court-house.html>)
- 2) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Whittaker seek further evaluation and follow all treatment recommendations.

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

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948

cc: Anthony Whittaker, Brent E. Rambo, Attorney

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.