

December 8, 2015

Edward Deters, Attorney  
127 West Jefferson Avenue  
P.O. Box 507  
Effingham, IL 62401

**Re: Clinical Alcohol and Drug Assessment for Cory O' Keefe**

Dear Mr. Deters:

I performed a Clinical Alcohol and Drug Assessment for Mr. O' Keefe in reference to his DUI charge in Effingham County in June of 2016. This assessment included a full clinical interview by telephone, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- A Drug Use Questionnaire (DAST)
- 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 problem alcohol use (screening appeared valid)

**AUDIT:** score = 3 / *NEGATIVE SCREEN*; scores of 8 or more indicate hazardous use, scores of 15 or more (men) indicates moderate to severe disorder present (respondent appeared to provide forthright responses to questions)

**DAST:** score = 1 / *NEGATIVE SCREEN*; scores of 6 or more indicate problematic use ("mild-moderate"), scores of 6 or more (male), suggest presence of mild or moderate condition, scores of 25 or more indicate high likelihood of a severe disorder present

**DSM/Other Substance Related Concerns:** clinical interview revealed 0 of 11 DSM 5 substance related symptoms found. denies subtle indicators of problem alcohol or drug use including pattern of mild hangovers, mild memory loss after use, repeat use to relieve emotional or work stress, previous treatment, conflict with significant others during or shortly after use of alcohol, guilt or regret associated with use

**Anxiety/Depression Screening:** no clinically significant concerns reported

**Substance Related Legal History Reported:** denies any previous history of alcohol or substance related arrests/legal charges

**Clinical Interview/Summary:** Mr. O'Keefe and I discussed his DUI incident at length as well as his history of drug and alcohol use. I did find him to be forthcoming throughout the interview and found no inconsistencies or discrepancies in either written or verbal form. Below you will see my findings as well as treatment recommendations.

**ALCOHOL** - Mr. O' Keefe'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 as 2 drinks on 2-3 occasions per week while visiting with his girlfriend. He also acknowledged use of 2-4 drinks on 1-2 special occasions (weddings, birthdays, etc.). per year. In my best clinical judgment I was unable to find his overall history and presentation indicative of someone experiencing DSM 5 alcohol use disorder symptoms

**ILLICIT DRUG** – Mr. O' Keefe acknowledged some marijuana use within the last 4 years as well as some experimentation with hallucinogens. He states his last use of hallucinogens was in 2014. Mr. O' Keefe also acknowledged that prior to the incident that led to his arrest, he was smoking marijuana 2-4 times per week when with peers. He denied experimentation with all other illicit substance categories including: stimulants, inhalants, opiates, etc. I found no part of Mr. O'Keefe's report suspect of minimization or falsification.

**SUMMARY** - Although Mr. O'Keefe does not meet criteria for a drug or alcohol abuse disorder, I do have a few concerns. Mr. O' Keefe did state that he was unsure if he will completely discontinue marijuana use in the future. To his credit, he does seem to have good insight into how this could be problematic to his future career aspirations. Additionally, his marijuana use seems to be isolated to when he is with his peer group. As a result, my clinical recommendation is that he attend an alcohol and drug education class. This should give him a greater understanding of how his future could be impacted by any ongoing marijuana use as well as additional opportunity to consider the potential negative influences in his existing peer group.

If the court possesses additional information about Mr. O' Keefe's use of alcohol or drugs that might aid in the accuracy of this assessment I would be happy to review it and consider any appropriate modifications or amendments to the present report.

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

### **Treatment Recommendations:**

- 1) Alcohol & Drug Education – recommend completion of a local alcohol/drug education program (8 hour minimum) with proof of successful completion given to the court;
- 2) Abstinence – recommend abstaining from all non-prescription drug use permanently;

- 3) If another negative consequence is incurred as a result of any drug or alcohol use it is recommended Mr. O'Keefe seek further evaluation and follow all treatment recommendations.

Thank you for the opportunity to assist the court, Mr. O' Keefe, and yourself in this important matter.

Sincerely,



Anita McLeod, LCSW, SAP  
LIC # 079668-1  
cc: Cory O' Keefe

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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.