

April 11, 2016

Nate Hinders
SERVPRO of Northeast Columbus
7440 Pingue Drive
Worthington, OH 43085-1741

Re: Clinical Alcohol and Drug Assessment for Willie Evans (DOB - 04/29/1958)

Mr. Hinders:

I performed a Clinical Alcohol and Drug Assessment for Mr. Evans in reference to a work-related incident in March, 2016 per his employer's request. In addition to our 70-minute clinical interview conducted in-person, this assessment included the administration of:

- A Substance Abuse Subtle Screening Inventory (SASSI-3)
- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- A Drug Abuse Screening Test (DAST)
- 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:

SASSI-3: no scores indicative of an alcohol use disorder at any level (mild, moderate, or severe) however client scored in the 99th percentile with regard to level of defensiveness; Elevated DEF scores increase the possibility of the SASSI-3 missing individuals with a moderate to severe substance use disorder. Elevated DEF may also reflect situational factors;

MAST: score = 4 / *POSITIVE SCREEN*; scores of 0-3 are a negative screening result whereas a score of 4 suggests "early to middle problem drinking" and scores of 5 or more are suggest alcoholism (score is relative to lifelong drinking habits)

AUDIT: score = 6 / *NEGATIVE SCREEN*; scores of 8 or more indicate hazardous use, whereas scores of 15 or more in men indicate a moderate to severe disorder may be present (score is relative to current drinking habits)

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

10 Panel Urine Drug Screening: negative for all substances tested – cocaine, amphetamine, methamphetamine, cannabis, methadone, MDMA, Opiates, PCP,

Barbiturates, Benzodiazepines (normal temperature, no outstanding concerns during urine collection)

Substance Use Risk Factors:

Concerns/Risks

- anxiety/depression – N/A
- legal history – 2 DUI's
- history of trauma – N/A
- genetic predisposition/family history – 2 of 5 siblings have had issues with substance abuse
- treatment history – N/A; non-voluntary support group attendance, education at the time of each respective DUI
- negative peer influences – N/A
- work environment – N/A
- contraindicated prescription use – N/A
- general health problems – N/A; prior slipped disk in back (no longer a current issue but must be careful at work as this is something he acknowledged has been susceptible to injury)
- current family or work stress – reports managed stress as a result of fiancé's health complications
- other: reported abstaining from alcohol for a period of 7 years (after getting married in early 30's) and for a period of 3 years (in later 40's); no strong apparent reason for stopping or starting given at either instance, acknowledged 12-step experience may have played a role

Summary - 4 of 11 concerns = *moderate risk profile*

DSM-5/Other Substance Related Concerns: denies subtle indicators of problem alcohol use including pattern of mild hangovers, mild memory loss after use, recurrent or repetitive 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

Present Use Status: has abstained from drinking since the time of incident

Substance-Related Legal History Reported: DUI "17 to 20 years ago" - .09 BAC; DUI in 2005 - .08 BAC

Clinical Interview/Summary: In his interview Mr. Evans' reported his normal use of alcohol before this charge as 2 light beers on 3-5 occasions per week. In his written screenings, however, he indicated this was 3-5 beers on 5-6 occasions a week. He also acknowledged in both his written screenings and in his interview elevated alcohol consumption on his birthday and New Years of 10-12 drinks over the course of an entire day.

Mr. Evans and I discussed his work-related incident and general use of alcohol at length. He denied using alcohol since his charges but anticipates he may choose to drink at some future date when he is not “on call” at work. In my best clinical judgment, I was unable to find the incident or his overall history and presentation indicative of DSM-5 alcohol use disorder criteria. Having said this, I do have several concerns with regard to his drinking status: multiple risks identified in his profile, potential for defensive presentation, historical pattern and future intention to engage in binge consumption and possible tolerance. Because of these concerns I have provided an appropriate recommendation for Mr. Evans and the company so that he can continue his 20+ years of good standing with the company and avoid any future negative consequences related to his use of alcohol. His therapy should be focused on helping Mr. Evans to moderate his overall alcohol use or engage in an abstinence-based program of recovery so as to reduce the likelihood of any future negative consequences due to alcohol use.

ILLICIT DRUG – Mr. Evans acknowledged regular use of marijuana for a couple of years in his teens around 40 years ago but did not continue with any type of cannabis use outside his teens due to work demands. He denied experimentation with any and all other illicit substance categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Mr. Evans report suspect of minimization or falsification.

PRESCRIPTION DRUG – Mr. Evans denied any recreational use of prescription medications which are prone to abuse including stimulant/ADD medications, narcotic painkiller medications and anxiolytics and sleeping medications. The interview did not reveal hesitation, discrepancy with his written screenings or other non-verbal signs of minimization or covering a prescription drug use problem.

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

Treatment Recommendations:

- 1) Counseling, recommend 4-9 outpatient sessions with a professional substance abuse counselor; overall counseling recommendation may be extended if ongoing assessment reveals a clinical need; update recommendations at session four;
- 2) Education, Alcohol and Drug Awareness Series at Riverside Methodist Hospital
- 3) If another negative consequence is incurred as a result of any alcohol use it is likely that an increased level of treatment will be recommended (e.g. IOP, Inpatient, residential treatment, etc.)

If you possess any additional information about Mr. Evans’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. Evans, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA

Cert.# 150427

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

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

cc: Willie Evans

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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.