

October 26, 2016

Will Nesbitt, Atty.  
Koffel Law Firm  
1801 Watermark Dr. Suite 350  
Columbus, Ohio 43215

**Re: Clinical Alcohol and Drug Assessment for Maxwell W. Hamlin (DOB – 08/29/1999)**

Dear Mr. Nesbitt:

I performed a Clinical Alcohol and Drug Assessment for Mr. Hamlin in reference to his OVI charge in Franklin County. This assessment included a 50-minute clinical interview and the administration of:

- Substance Abuse Subtle Screening Inventory (SASSI-3)
- A Michigan Alcohol Screening Test (MAST)
- A Drug Abuse Screening Test (DAST-10)
- A 10 panel urine drug screen
- A general anxiety/depression screening

The following items provide a summary of the screening results, my diagnostic opinion, and professional recommendations:

**SASSI-3:** *NEGATIVE SCREEN*; no scores indicative of an alcohol or substance use disorder at any degree (mild, moderate, or severe)

**MAST:** score = 2 / *NEGATIVE SCREEN*; no direct indication of a present alcohol use disorder (screen relative to lifetime use of alcohol)

**DAST-10:** score = 2 / *“LOW LEVEL” SCREEN*; points incurred for drug use outside of a medical context and regret over drug use (incident at hand), no direct or indirect evidence of a present substance use disorder, mitigate concerns with clinical recommendations

**10-Panel Urine Drug Screen:** *NEGATIVE FOR ALL SUBSTANCE TESTED* – cocaine, amphetamine, methamphetamine, cannabis, methadone, MDMA, Opiates, PCP, Barbiturates, Benzodiazepines (normal temperature, no outstanding concerns during urine collection)

**Alcohol & Substance Use Risk Factors:**

- ☐ poor academics – “3.0 or 3.1” GPA

- ☒ negative peer influence/at-risk work environment – at-risk population, described alcohol as being very accessible (sometimes with adult supervision)
- ☒ current stress (relational, work, financial, etc.) – mild to moderate stress reported as it relates to school demands and parents recent divorce, “getting better” as of late
- ☐ physical health concerns – NA
- ☐ anxiety/depression/mental health – NA
- ☐ exposure to trauma – NA
- ☐ family history of substance abuse or alcoholism – none reported
- ☐ tobacco use – NA
- ☐ regular use of liquor – NA
- ☐ voluntary treatment history – NA
- ☐ legal history – denies previous history

Summary - 2 of 11 concerns, mitigate concern with clinical recommendations

**Clinical Interview/Summary:** ALCOHOL – Mr. Hamlin’s first experimentation with alcohol occurred within the last 12 months. His 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 3-6 beers on approximately 2 occasions per month (strictly “weekend” use). He reported no difference in the amount consumed during times of special occasions and was unable to recall a time where he consumed more than 6 beers. He explained that he tries to be conscientious of his use of alcohol; never consuming more, or often as much as his peers.

I did not find Mr. Hamlin meeting enough DSM-5 alcohol use disorder criteria for an alcohol use disorder diagnosis, however his use of alcohol cannot be considered low-risk due to his age. I did note the risks and concerns associated with this specific situation and accordingly, I am including some preventative recommendations in the remainder of this report.

**NON-PRESCRIPTION DRUG** – Mr. Hamlin self-reported minimal experimental use of marijuana (4 total occasions from the “end of summer” 2016 to mid-September). 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. Hamlin’s report about non-prescription drug use suspect of minimization or deception and the in-office drug screening he was willing to subject himself to, helps substantiate this use.

**PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED** – With the exception of prescription Xanax on one occasion, Mr. Hamlin denied any experimental 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 suggestive of minimization, dishonesty.

SUMMARY – Mr. Hamlin is already meeting with a family counselor on a bimonthly basis as his parents are transitioning through a divorce. I am recommending Mr. Hamlin continue to see this therapist, share this evaluation, and continue counseling with a stronger focus on his use of alcohol and prevention of illicit substance use. If his current therapist feels he is not the best fit for this or does not have substance use treatment in his/her scope of practice, then he is to be referred to a different provider.

**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
- ☐ Important social, occupational, recreational activities relinquished
- ☒ Physically hazardous use – drinking underage
- ☐ Continued use despite knowledge of contraindicated physical or psychological condition
- ☐ Tolerance
- ☐ Withdrawal symptoms

Summary – 1 of 11 symptoms (Mild 2-3 | Moderate 4-5 | Severe 6+)

**DSM-5 DIAGNOSIS in Reference to Substances:** rule out F10.10 alcohol use disorder, mild; rule out F12.10 cannabis use disorder, mild

**Treatment Recommendations:** Having found no basis for a DSM-5 alcohol or drug use disorder I have no further recommendations for Mr. Hamlin at this time.

- 1) Outpatient Counseling – 5-7 outpatient sessions with a professional substance abuse counselor; follow-up counselor to update recommendations and discharge as appropriate;
- 2) Drug Testing (optional) – random drug screens at the discretion of counselor;
- 3) Abstinence – abstaining from the use of all controlled substances and alcohol (until of legal age).

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

Sincerely,



Trevor C. Davis, CDCA

Certificate # 150427

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

SW Lic. #1.1000155-S; #101182

cc: Maxwell W. Hamlin

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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.