

October 5, 2015

Adrienne Journey, Probation Officer
2001 MLK Drive S.W.
Suite 227
Atlanta, GA 30310

Re: Clinical Alcohol and Drug Assessment for Jasmine Arrick

Dear Ms. Journey:

I performed a Clinical Alcohol and Drug Assessment for Ms. Arrick in reference to her *Reckless Operation* charge in Fulton County. This assessment included the administration of:

- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- A Drug Abuse Screening Test (DAST)
- A General anxiety/depression screening
- Full clinical interview by telephone

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 = 0 / *NEGATIVE SCREEN*; scores of 8 or more indicate hazardous use, of 13 or more (women), 15 or more (men) indicates moderate to severe disorder present (respondent appeared to provide forthright responses to questions)

DAST: score = 0 / *NEGATIVE SCREEN*; no direct or indirect indication of problem drug use (screening appeared valid)

DSM/Other Substance Related Concerns: clinical interview revealed 0 of 11 DSM 5 alcohol related symptoms found. Denies subtle indicators of problem alcohol 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

Present Use Status: presently not using alcohol

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:

ALCOHOL – Ms. Arrick's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). She reported her normal use of alcohol before this charge as 1-2 drinks on 1 or less occasions per month. She also acknowledged use of 1-2 drinks on 2-3 special occasions (weddings, birthdays, etc.) per year. However, Ms. Arrick stated that she last consumed alcohol in January of 2015 with no plans to resume use.

Ms. Arrick and I discussed her *Reckless Operation* incident and general use of alcohol at length. She stated that she had not consumed any alcohol on the night of her charges and only admitted to excessive speed. Ms. Arrick stated that she was fearful of being breathalyzed because she had heard from friends to always refuse if given the option. I did find Ms. Arrick to be credible and have found that others in her circumstance have refused for the same reasons. Regardless, in my best clinical judgment I was unable to find the incident or her overall history and presentation indicative of someone experiencing DSM 5 alcohol use disorder symptoms.

ILLICIT DRUG – Ms. Arrick denied any experimentation with any and all illicit substance categories including: cannabis products, stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Ms. Arrick's report suspect of minimization or falsification.

PRESCRIPTION DRUG – Ms. Arrick 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 her written screenings or other non-verbal signs of minimization or covering a prescription drug use problem.

If the court possesses additional information about Ms. Arrick's use of drugs or alcohol 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: V71.09 (none found)

Treatment Recommendations: It is my understanding that as a result of her charges, Ms. Arrick has attended a Victim Impact Panel, is currently on probation and has engaged in community service. I find this to be sufficient based on her charges and have no further treatment recommendations at this time. If another negative consequence is incurred as a result of any alcohol or drug use, it is recommended Ms. Arrick seek further evaluation and follow all treatment recommendations.

Thank you for the opportunity to assist the court, Ms. Arrick, and yourself in this important matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Anita McLeod', with a stylized, flowing script.

Anita McLeod, LCSW, SAP
cc: Jasmine Arrick

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.