

October 4, 2016

Amy M. Boyd, Probation Officer
New Albany Probation Office
99 West Main Street
New Albany, OH 43054

Re: Clinical Alcohol and Drug Assessment for Sean Coughlan (DOB – 11/11/1998)

Dear Ms. Boyd:

I performed a Clinical Alcohol and Drug Assessment for Mr. Coughlan in reference to his diversion program with the New Albany Probation Office (original charges related to cannabis/paraphernalia July 2016). This assessment included a clinical interview, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- A Drug Abuse Screening Test (DAST-10)
- A general anxiety/depression screening
- A 10-panel urine drug screen
- A collateral interview with father, John Coughlan

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

MAST: score = 0 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use, mitigate concern items with educational and/or clinical recommendations

DAST-10: score = 1 / *NEGATIVE SCREEN*; scores of 1-2 = low level concern, 3-5 moderate, 6-8 substantial, 9-10 severe

Anxiety/Depression Screening: no acute conditions or mental health crisis noted, additional screening can be provided in follow up recommendations

Alcohol or Other Substance Use Risk Factors:

Concerns/Risks

- ☐ previous legal history – denies prior history
- ☐ severity of incident – low severity
- ☐ anxiety/depression/mental health – not found
- ☐ multiple/ poly-substance use – not found
- ☒ family history – 2-3 blood relatives with probable problem alcohol use
- ☐ prior treatment history – NA
- ☒ peer influences – arrest incident occurred with 3 peers, but Mr. Coughlan is also articulate about the benefits of being away from these influences since the arrest

- ☐ work environment – NA (dog boarding services/ low risk)
- ☒ school environment – entering college in one year
- ☐ contraindicated prescription use – NA
- ☐ general health problems – NA
- ☐ current family stress – NA

Summary - 3 of 11 concerns, mitigate concern with educational and/or clinical recommendations

DSM – 5 Cannabis Use Symptoms:

- ☐ Use beyond intention (not found)
- ☐ Persistent desire or unsuccessful efforts to reduce/quit use (not found)
- ☐ Substantial time spent obtaining, using, or recovering from use (not found)
- ☐ Strong craving/desire (not found)
- ☐ Failure to fulfill a major role (work, home, school) / (not found)
- ☐ Use despite recurrent social/interpersonal problems
- ☐ Important social, occupational, recreational activities relinquished
- ☐ Physically hazardous use
- ☐ Continued use despite knowledge of contra physical or psychological condition
- ☐ Tolerance
- ☐ Withdrawal symptoms

Summary - 0 of 11 symptoms found

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)

Clinical Interview/Summary:

ALCOHOL – Mr. Coughlan’s written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported virtually no interest in using alcohol. He has tasted it a couple times in the presence of his parents and once had a half a beer mixed with lemonade (one year ago). He stated that it had no effect and he has had little interest in experimenting since that time. For confirmation I spoke to Sean’s father, John Coughlan for verification. Mr. Coughlan did not have any additional concerns or impressions that his son has been abusing alcohol.

NON-PRESCRIPTION DRUG – Mr. Coughlan acknowledged use of marijuana that he described as 3 uses per week (at maximum). He experimented with it in his freshmen year, then tried it again in the summer (1-2 uses per week). He reports no side effects from using marijuana but also acknowledged that the trouble created by the use is serious. He was very clear about needing to dissociate from friends who use marijuana and reports his class schedule and decision making support this dissociation. Sean’s father reinforced this impression and described it as a clear and obvious “turnaround” with regard to Sean’s friendship choices.

Mr. Coughlan denied experimenting or using all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. he said that many of these substances are “scary”, as he is aware of the opioid and heroin epidemic.

Mr. Coughlan’s drug screen was negative for all 10 items in the panel which included marijuana/cannabis. He stated that he has been tested on 2-3 occasions through probation and the results were negative each time.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Coughlan denied any recreational or illicit use of prescription medications. The only medication that is subject to abuse, and which he reported as having a prescription for, was a stimulant for ADD/ADHD. He reported that he used a relatively small dose and didn’t really like the side effects, nor did he see great benefit. When he went off of it while he was on medication for pneumonia he and his family agreed he did not need to restart the medication.

SUMMARY – I found no cause for a DSM-5 alcohol or drug use disorder diagnosis. However, I did note 3 areas of risk (see above). Some direct family history of substance problems (confirmed by his father) and his pending entry to college are basis in my opinion for some counseling that is preventative in nature; and in hopes that Mr. Coughlan can avoid all forms of problem substance use in what is traditionally a high risk environment (freshmen year of college).

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

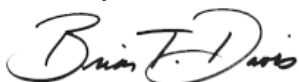
Treatment Recommendations:

- 1) Preventative Outpatient Counseling – 2-3 outpatient sessions with a professional substance abuse counselor; utilize sessions for substance education and foster personal insight and self-awareness as it pertains to common college freshmen behavior and choices about alcohol and substance use; update recommendations or discharge as appropriate;
- 2) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Coughlan seek further evaluation and follow all treatment recommendations.

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

Sincerely,



Brian T. Davis, LISW-S, SAP

LIC# I-7948

cc: Sean Coughlan

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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.