

, 2015

FOR:

Re: Clinical Alcohol and Drug Assessment for

Dear **Mr/Ms.:**

I performed a Clinical Alcohol and Drug Assessment for **Mr.** _____ in reference to **his/her OVI** charge in _____ County. This assessment included the administration of:

- A Substance Abuse Subtle Screening Inventory (SASSI-3)
- A Michigan Alcohol Screening Test (MAST)
- A Drug Abuse Screening Test (DAST)
- A Drug Use Disorder Identification Test (DUDIT)
- An Alcohol Use Disorder Identification Test (AUDIT)
- A General anxiety/depression screening
- A 50 minute in-person clinical interview by telephone

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)

MAST: score = __ / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screening appeared valid)

AUDIT: score = 5 / *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 = __ / *NEGATIVE SCREEN*;

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

DSM/Other Substance Related Concerns: 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

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 - Mr./Ms. ____ 's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He/she reported his/her normal use of alcohol as ____ drinks on ____ occasions per week. He also acknowledged use of ____ drinks on special occasions (weddings, birthdays, etc.) on about ____ occasions per month / year. Mr./Ms. ____ and I discussed his/her OVI incident and general use of alcohol at length but 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 – Mr. ____ acknowledged minimal experimentation 10 years ago with marijuana but did not continue with any type of cannabis use due to the anxiety it created for him. He denied experimentation with any and all other illicit substance categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Mr. ____ report suspect of minimization or falsification.

PRESCRIPTION DRUG – Mr. ____ 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.

If the reader possesses additional information about Mr. ____'s use of any substance 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:

- 1) Attend a local MADD Victim Impact Panel
- 2) Preventative Education, recommend 9 hrs. of Ohio Health's Drug/Alcohol Awareness Series (Riverside Methodist Hospital contact 614-566-3700);
- 3) Alcohol & Drug Education, recommend 12 hrs. of alcohol/drug education including a combination of any of the following – local class (hospital, treatment center or community facility), AA/NA, MADD VIP, online alcohol or drug education course
- 4) Counseling, recommend 5-8 outpatient sessions with a professional substance abuse counselor; update recommendations at session five;

- 5) Complete an Intensive Outpatient Program, (recommend Cornerstone of Recovery 614-889-0000);
- 6) Prevention Planning, recommend 5 sessions with a substance abuse professional; frequency of once per month
- 7) Monitoring, recommend 6 months of monitoring with same counselor after initial counseling completed, meeting frequency at discretion of counselor;
- 8) Abstinence, recommend abstaining from all alcohol use permanently, for _____ year minimum, any consideration of resuming alcohol use should be done only in consultation with a physician and substance abuse professional;
- 9) Drug Testing, recommend random drug screens at the direction of _____
- 10) Physician consult, inform primary care doctor of anxiety and depressive symptoms and obtain appropriate recommendations;
- 11) If another negative consequence is incurred as a result of any alcohol use it is recommended **Mr. _____** seek further evaluation and follow all treatment recommendations.
- 12) If another negative consequence is incurred as a result of any alcohol use it is recommended **Mr. _____** seek an increased level of treatment or extended outpatient substance abuse counseling as appropriate;
- 13) 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.)
- 14) If unable to reduce and maintain a lower level of alcohol use, advise **Mr./Ms. _____** to consult with mental health and/or substance abuse professionals regarding additional treatment and support (temporary abstinence period, Intensive Outpatient Program, 12 step meeting attendance, etc.)

Thank you for the opportunity to assist the court, **Mr./Ms. _____**, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA

cc:

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.