

November 21, 2016

Joseph E. Glass, Atty.
Joseph Glass Law
303 W Pennsylvania Ave.
Townson, MD 21204

Re: Clinical Alcohol Assessment for John A. Roffol (DOB – 03/23/1975)

Dear Mr. Glass:

I performed a Clinical Alcohol Assessment for Mr. Roffol in reference to his charge in County. This assessment included a 60-minute clinical interview by telephone, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- A general anxiety/depression screening

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

MAST: POSITIVE SCREEN; indicative of an alcohol use disorder, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

AUDIT: score = 4 / *NEGATIVE SCREEN*; scores of 8 or more indicate potential *hazardous use*, whereas scores of 15 or more in men indicate a *moderate to severe* disorder may be present (screen predominantly relative to current use of alcohol)

Alcohol Use Risk Factors:

- ☐ negative peer influence/at-risk work environment – NA
- ☒ current stress (relational, work, financial, etc.) – recent moderate stress reported
- ☒ physical health concerns – breathing-related sleep condition
- ☐ anxiety/depression/mental health – NA
- ☒ exposure to trauma – as a child
- ☐ family history of substance abuse or alcoholism – none reported
- ☐ contraindicated prescription use – NA
- ☐ other substance use – NA

- ☐ regular use of liquor – past monthly to less than monthly use
- ☐ voluntary treatment history – NA
- ☒ severity of incident – .16 BAC
- ☒ legal history – 3 prior alcohol-related legal offenses

Summary - 5 of 12 concerns, mitigate concern with clinical recommendations

Present Drinking Status: Mr. Roffol reports having abstained from alcohol for approximately 2 months; reports no binge use of alcohol for approximately 3-4 months

Clinical Interview/Summary: Mr. Roffol and I discussed his DUI charge and general use of alcohol at length. His written screenings were suggestive of an alcohol use based upon his MAST score and he acknowledged daily use of alcohol in his 20's. While he did report that the frequency of his alcohol use diminished through his 30's, it would seem that when he would consume alcohol, it was outside of what the NIAAA considers to be "low-risk" for men. Leading up to his DUI charge, he reported that he had been using alcohol on 1-2 occasions in the average month.

Mr. Roffol was articulate of a strong change in his attitude towards alcohol approximately 2 months ago. He reported that it was around this time he recognized the negative influence his drinking habits could have on his 6-year old son and talked about the positive impacts of his recent decision to become a "born-again" Christian. It would seem that Mr. Roffol is highly motivated to achieve lifelong recovery at this time. He reported no history of unsuccessful attempts to either quit or reduce his drinking habits. He also reported no cravings or desire to drink since his newfound intentions to abstain from alcohol. I have provided outpatient recommendations for Mr. Roffol in the remainder of this report in an effort to ensure that he has the support he needs for a sustainable recovery.

DSM-5 Alcohol 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

- ☒ Continued use despite knowledge of contraindicated physical or psychological condition
- ☐ Tolerance
- ☐ Withdrawal symptoms

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

DSM-5 DIAGNOSIS in Reference to Substances: F10.20 Moderate Alcohol Use Disorder – Early Remission

Treatment Recommendations:

- 1) Abstinence – abstaining from all use of alcohol permanently;
- 2) Outpatient Counseling and Prevention Planning – 4-7 sessions with a substance abuse and mental health counselor, frequency and duration of therapy at discretion of follow-up counselor, follow-up counselor to discharge and update recommendations as appropriate;
- 3) Monitoring – monitoring sessions with same counselor after initial counseling completed, meeting frequency and duration at discretion of counselor;
- 4) Attend a local Victim Impact Panel – MADD or other comparable in-person panel, see <http://www.madd.org/local-offices/> for locations and available times;
- 5) If unable to maintain abstinence – Mr. Roffol to consult with mental health and/or substance abuse professionals regarding additional treatment and support (intensive outpatient program, residential treatment program, 12-step meeting attendance, etc.).

If you or the court possess additional information about Mr. Roffol's use of alcohol 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. Roffol, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA
Certificate # 150427
cc: John A. Roffol

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.