

June 8, 2016

Caddo County Probation Office

Re: Clinical Alcohol and Drug Assessment for Jacob Batten (DOB – 02/04/1991)

To whom it may concern:

I performed a Clinical Alcohol and Drug Assessment for Mr. Batten in reference to his August 31, 2015 DUI charge in Caddo County. This assessment included a 90-minute clinical interview by telephone, and the administration of:

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

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

MAST: score = 3 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screen relative to lifetime use of alcohol)

DUDIT: score = 0 / *NEGATIVE SCREEN*; scores of 6 or more indicate potential problematic use ("mild-moderate"), whereas scores of 25 or more indicate high likelihood that a severe disorder is present

Alcohol & Substance-Use Risk Factors:

- ☒ legal history – past domestic violence in 2013 with alleged use of alcohol (formally charged in 2015)
- ☒ severity of incident – BAC of .22; escalated incident in which there were life threatening circumstances
- ☒ anxiety/depression/mental health – under/unmanaged bipolar disorder; SSRI (Zoloft) use as prescribed for approximately 3 years (hasn't taken in approximately 6 months); previous "borderline schizophrenic" diagnosis
- ☒ general health issues – shoulder pain; short history with opiate medications taken as prescribed
- ☒ exposure to trauma – sustained abuse as a child; witnessed death during his time in service
- ☐ regular use of liquor – NA; infrequent use of 80 proof whiskey
- ☐ other substance use – NA
- ☐ family history – none reported
- ☐ prior treatment history – NA
- ☐ negative peer influence – NA
- ☒ at-risk work environment – feels overworked; working 80+ hours in the average

week

☒ current stress – quantified current stress on a scale of 1 to 10 as a “10” due to legal, financial, and general life transitional hardship

Summary – 7 of 12 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary:

ALCOHOL – Mr. Batten’s written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported his normal use of alcohol before this charge as 2-4 light beers on one occasion per month. He also acknowledged use of 3-5 drinks on special occasions (holidays, birthdays) which were on a less than monthly basis.

Mr. Batten and I discussed his DUI incident and general use of alcohol at length. While I did not find him meeting enough DSM-5 alcohol use disorder criteria for diagnosis, I did note the risks and concerns associated with his specific situation. Accordingly, I am including some preventative recommendations in the remainder of this report.

NON-PRESCRIPTION DRUG – Mr. Batten denied experimentation or use of all non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Mr. Batten’s testimony about non-prescription drug use indicative of minimization or deception.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Batten 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 or discrepancy with his written screenings, nor other verbal signs of minimization covering a prescription drug use problem.

DSM-5 Alcohol Use 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 contra 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: Z03.89 (suspected substance use condition not found)

Treatment Recommendations:

- 1) Preventative Counseling – 3 outpatient sessions with a professional substance abuse counselor; update recommendations or discharge as appropriate;
- 2) Drug Testing – 1 (assumes negative test) random drug screen at the direction of follow-up provider;
- 3) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Batten seek an increased level of treatment or extended outpatient substance abuse counseling as appropriate;

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

Sincerely,



Trevor C. Davis, CDCA

Cert.# 150427

Supervision received by Brian T. Davis, LISW-S, SAP LIC# I-7948

cc: Jacob Batten

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.