

September 7, 2016

Jayne Head, PO
Franklin County Probation
375 South High St.
Columbus, OH 43215

Re: Clinical Alcohol and Drug Assessment for Mary Elizabeth Cubberly (DOB – 08/16/1989)

Dear Ms. Head:

I performed a Clinical Alcohol and Drug Assessment for Ms. Cubberly in reference to her physical control charge in Franklin County. This assessment included a 50-minute clinical interview, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- A Drug Abuse Screening Test (DAST-10)
- A general anxiety/depression screening

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

MAST: POSITIVE SCREEN; direct and indirect indication of problem alcohol use, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

DAST-10: score = 1 / *LOW LEVEL RISK*; point incurred for drug use outside of a medical context

Alcohol & Substance Use Risk Factors:

- ☐ legal history – denies previous history
- ☒ severity of incident – impaired memory
- ☒ anxiety/depression/mental health – history of anxiety and depression
- ☐ general health issues – NA
- ☐ exposure to trauma – NA
- ☒ regular use of liquor – weekly use prior to February 2016
- ☐ other substance use – NA
- ☐ contraindicated prescription use – NA
- ☒ family history – 3 blood relatives
- ☐ prior treatment history – NA
- ☐ negative peer influence – NA
- ☐ at-risk work environment – NA

- ☒ current stress (relational, work, financial, etc.) – quantified stress level as a “6” in an average week (scale of 1-10)

Summary – 5 of 13 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary: ALCOHOL – Ms. Cubberly’s written screenings provided indication of an alcohol use disorder at some level. We discussed her legal incident and general use of alcohol at length. She was open in her clinical interview and shared information identifying 8 problem alcohol use symptoms (see below). While Ms. Cubberly does not have a history of daily alcohol use, she does appear to have difficulty drinking within NIAAA recommendations for women’s low-risk drinking. Having said this, she reported use of alcohol on only two occasions since her legal offense. In both instances since February she used alcohol socially and in moderation (2 drinks).

NON-PRESCRIPTION DRUG – Ms. Cubberly acknowledged experimental use of marijuana on one occasion in college but denied experimentation or use of all non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Ms. Cubberly’s report about non-prescription drug use suspect of minimization or deception.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Ms. Cubberly denied any recreational use of prescription medications which are prone to abuse including stimulant/ADD medications, narcotic painkiller medications, benzodiazepines and sleeping medications. The interview did not reveal discrepancy with her written screenings, nor did she show signs of hesitation or verbal signs of minimization suggesting problem use of prescription medications.

SUMMARY – While Ms. Cubberly has previously met criteria for a severe alcohol use disorder, she is recently demonstrating an ability to use alcohol in a controlled and moderate manner (the past 6 months). This period of controlled use may be for a variety of reasons and not altogether clear without additional monitoring. My current and primary concern is that she address her general mental health issues (anxiety) from a fresh perspective. She reported that her previous psychiatrist was under professional investigation and providing her questionable medical advice. Once she has established a relationship with a new psychiatric provider, Ms. Cubberly should be in a much better position to also assess any concerns about alcohol use. For this reason, I am also recommending that she work closely with a substance abuse professional who is also able to treat general mental health conditions. Mr. Cubberly appeared to be very open and receptive to following through on these recommendations.

DSM-5 Alcohol & Substance 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 contraindicated physical or psychological condition
- ☒ Tolerance
- ☐ Withdrawal symptoms

Summary - 8 of 11 symptoms (Mild 2-3 | Moderate 4-5 | Severe 6+)

DSM-5 DIAGNOSIS in Reference to Substances: F10.20 Severe Alcohol Use Disorder - Early Remission (detoxification not necessary)

Treatment Recommendations:

- 1) Physician/Psychiatrist Consult – inform primary care doctor of the results of this assessment and obtain appropriate medical recommendations taking anxiety symptoms into consideration;
- 2) Outpatient Counseling – engage a professional substance abuse counselor, collaborate on a 6-month treatment plan with periodic updates and discharge planning that includes a support and relapse prevention plan;
- 3) Abstinence – abstaining from all alcohol use permanently, any consideration of resuming alcohol use should be done only in consultation with a physician and substance abuse professional;
- 4) If abstinence is compromised – it is likely that an increased level of treatment will be recommended (e.g. IOP, residential treatment, etc.)

If you or the court possess additional information about Ms. Cubberly'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, Ms. Cubberly, and yourself in this important matter. Sincerely,



Trevor C. Davis, CDCA
Cert.# 150427

Reviewed by Brian T. Davis, LISW-S, SAP LIC# I-7948
cc: Mary Elizabeth Cubberly

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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.