

March 16, 2016

P.O. Michele Mealey, CDCA
Delaware Municipal Court
70 North Union Street
Delaware, Ohio 43015-1946

Re: Clinical Alcohol Assessment for Jason L. Alexander (DOB - 03/06/1981)

Ms. Mealey:

I performed a Clinical Alcohol Assessment for Mr. Alexander in reference to his November 2015 physical control charge in Delaware County. In addition to our 80-minute clinical interview conducted in-person, this assessment included the administration of:

- A Substance Abuse Subtle Screening Inventory (SASSI-3)
- 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:

SASSI-3: no scores indicative of an alcohol use disorder at any level (mild, moderate, or severe);

MAST: score = 5 / *POSITIVE SCREEN*; points incurred were for: reported memory loss while drinking, getting into a physical fight while under the influence, and legal trouble due to drinking;

AUDIT: score = 5 / *NEGATIVE SCREEN*; scores of 8 or more indicate hazardous use, whereas scores of 15 or more in men indicates moderate to severe disorder present;

Alcohol Substance Use Risk Factors:

Concerns/Risks

- anxiety/depression – N/A
- other substance use – marijuana (early remission), cocaine (use in sustained remission for approximately 7 years)
- family history of substance abuse – problem alcohol use with maternal relatives
- prior treatment history – previous outpatient counseling at Directions Counseling Group 2 years ago
- negative peer influences – N/A
- work environment – described previous work environment and load as being “high stress”

- contraindicated prescription use – N/A
- general health problems – high blood pressure
- current family stress —reported tension with his wife due to lack of time spent together and career obligations
- alcohol preference – gin

Summary - 7 of 10 concerns = moderate to high risk profile

Substance-Related Legal History Reported: Underage consumption charge at 19; OVI in 2004 (reported BAC as .1 but wasn't absolutely positive); OVI in 2013 (could not recall BAC); November 2015 physical control charge (refused BAC)

Clinical Interview/Summary: Mr. Alexander's written screenings provided some indication of an alcohol use disorder. He reported his normal use of alcohol before this charge as 5-6 gin and sours on one occasion a month. He also acknowledged use of higher consumption on special occasions (birthdays, weddings, etc.). This special consumption pattern could be up to 10 drinks (on or about two occasions per year) but was often less.

Mr. Alexander and I discussed his OVI incident, history of alcohol-related legal charges, and general use of alcohol at length. He denied any capacity of drinking and driving and presented the following incident as something of an extenuating circumstance as he would normally "Uber" if he's been drinking. Mr. Alexander met 2 DSM criteria (alcohol tolerance and use beyond intention) and considering his legal history, there are some clinical recommendations I feel would be appropriate to address his pattern of binge alcohol use.

DSM-5 DIAGNOSIS in reference to substances: F10.10 mild alcohol use disorder

Treatment Recommendations:

- 1) Attend a local MADD Victim Impact Panel;
- 2) Counseling, recommend 5-10 initial outpatient sessions with a professional substance abuse counselor; if ongoing assessment reveals a clinical necessity for extending duration of counseling or for a higher level of care, treatment recommendations will be updated to meet client need;
- 3) Monitoring, after initial counseling completed, recommend ongoing monitoring sessions with same counselor; meeting frequency at discretion of counselor with suggested minimum of once per month for 6 months;
- 4) 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.).

If you possess any additional information about Mr. Alexander's use of alcohol that may 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 serve Delaware County Probation, Mr. Alexander, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA

Cert.# 150427

Reviewer:

Ryan Smith, MSW, LISW-S, LICDC, SAP

SW Lic. #I.1000155-S; #101182

cc: Jason L. Alexander

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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.