

June 4, 2016

Kurt Olson, Community Control Officer
Delaware Municipal Court
Probation/Office of Community Control Division
70 North Union Street, 2nd Floor
Delaware, OH 43015

**Re: Clinical Alcohol and Drug Assessment for Peter J. Sullivan
(DOB – 11/18/1967)**

Dear Mr. Olson:

I performed a Clinical Alcohol and Drug Assessment for Mr. Sullivan in reference to his April 2014 OVI charge in Delaware County. This assessment included a 50-minute clinical interview, and the administration of:

- A SASSI (Substance Abuse Subtle Screening Inventory)
- A Michigan Alcohol Screening Test (MAST)
- A Drug Use Disorder Identification Test (DUDIT)
- A general anxiety/depression screening
- A 10 panel urine drug screen

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 = 1 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

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

10 Panel Urine Drug Screening: negative for all substances tested – cocaine, amphetamine, methamphetamine, cannabis, methadone, MDMA, Opiates, PCP,

Barbiturates, Benzodiazepines (normal temperature, no outstanding concerns during urine collection)

Substance Use Risk Factors:

- ☐ legal history – denies previous history
- ☐ severity of incident – NA
- ☐ anxiety/depression/mental health – NA
- ☐ general health issues – high blood pressure
- ☐ exposure to trauma – NA
- ☐ regular use of liquor – NA
- ☐ other substance use – NA
- ☐ contraindicated prescription use – NA
- ☐ family history – none reported
- ☐ prior treatment history – NA
- ☐ negative peer influence – NA
- ☐ at-risk work environment – NA
- ☐ current stress (relational, work, etc.) – moderate work stress but nothing described was of clinical concern (current stress is on average a “5 or 6” on a scale of 1-10 but it was at an “8 or 9” when he was with his previous employer in 2014), single father of two

Summary - 0 of 13 concerns, no concern to be mitigated with clinical recommendations

Clinical Interview/Summary:

ALCOHOL – Mr. Sullivan’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 1-4 beers on one occasion in the average week. He reported no difference in the amount consumed if he was attending a special event or celebration.

Mr. Sullivan and I discussed his OVI incident and general use of alcohol at length. I did not find him meeting DSM-5 alcohol use disorder criteria for diagnosis and he reports abstinence (with the administration of 2 tests as part of his probationary process) since the time of his arrest. He acknowledged he may return to drinking with a personal zero-tolerance stance toward driving after having consumed alcohol; this, once his legal matter has been settled. He reported that he completed a driver intervention program over a year ago as part of what has been required of him as well. His clinical interview and testimony did not reveal signs of minimization or provide discrepancy.

NON-PRESCRIPTION DRUG – Mr. Sullivan was forthcoming in acknowledging minimal experimental use of marijuana over 20 years ago. He denied experimentation or use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Mr. Sullivan’s report about non-prescription drug use suspect of minimization or deception.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Sullivan denied any recreational use of prescription medications which are prone to abuse including stimulant/ADD medications, narcotic painkiller medications, benzodiazepines, anxiolytics, and sleeping medications. The interview did not reveal hesitation or discrepancy suggesting minimization of prescription drug use problem.

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 contra physical or psychological condition
- ☐ Tolerance
- ☐ Withdrawal symptoms

Summary – 0 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:

Having found no basis for a DSM-5 alcohol or drug use disorder I have no further recommendations for Mr. Sullivan at this time.

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

Sincerely,



Trevor C. Davis, CDCA

Cert.# 150427

Supervision received from Ryan Smith, MSW, LISW-S, LICDC, SAP

SW Lic. #1.1000155-S; #101182

cc: Peter J. Sullivan

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.