

May 21, 2016

Joseph R. Landusky, Attorney
901 S. High St.
Columbus, OH 43206

Re: Clinical Alcohol and Drug Assessment for Zachary Kristan (DOB – 04/06/1988)

Mr. Landusky:

I performed a Clinical Alcohol and Drug Assessment for Mr. Kristan in reference to his November 2015 OVI charge in Franklin County, Ohio. This assessment included a 60-minute clinical interview, 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 = 2 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use, points incurred are relative to lifelong use and were a result of past OVI

DUDIT: score = 0 / *NEGATIVE SCREEN*; scores of 6 or more indicate problematic use (“mild-moderate”), scores of 2 or more (female) suggest presence of mild or moderate condition, 25 or more indicate high likelihood of a severe disorder present

Substance Use Concerns and Risk Factors:

- ☒ previous legal history – previous OVI in 2013
- ☒ anxiety/depression/mental health – diagnosed with ADHD as a child
- ☐ family history – none reported
- ☐ prior treatment history – NA
- ☐ peer influences – NA
- ☐ work environment – NA
- ☐ contraindicated prescription use – NA
- ☐ drink of choice – beer
- ☐ general health problems – NA
- ☐ current family and/or work stress – NA

Summary - 2 of 11 concerns, mitigate concern with clinical recommendations

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 (2 to 3 symptoms warrant the diagnosis of a DSM-5 mild alcohol use disorder)

Clinical Interview/Summary:

ALCOHOL – Mr. Kristan’s written screenings provided little to no indication of an alcohol use disorder (mild, moderate or severe). He reported his normal use of alcohol before this charge as 1-2 beers on 1-2 occasions per month. He reported no difference in the amount consumed if he was attending a special event or celebration. These instances occur on a less than monthly basis. Additionally, he acknowledged use of up to 1-4 “light beers” prior to his first OVI with this same frequency (within NIAAA’s “low risk drinking guidelines”).

Mr. Kristan and I discussed his OVI incident and general use of alcohol at length. He reports he has not had alcohol since his incident and furthermore, intends to maintain lifelong sobriety as a proactive measure to avoid further legal trouble. Though he feels he does not have a drinking problem, he feels this has and will continue to be an “easy” personal life choice for his betterment. 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 with the understanding that he has already been required to complete a victim impact panel and 2 DIP programs. Considering Mr. Kristan’s legal history, I would have made similar recommendations in addition to the recommendations I have provided.

NON-PRESCRIPTION DRUG – He denied experimentation or use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. He acknowledged experimental use of marijuana over 5 years ago a “few times” but found it’s effects to be undesirable. I found no part of Mr. Kristan’s report about non-prescription drug use suspect of minimization or deception.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Kristan reported the following with regard to prescription use of drugs that are commonly abused. The

interview did not reveal hesitation, discrepancy with his written screenings, or other non-verbal signs of minimization or covering a prescription drug use problem.

Narcotic Painkillers – No history

Stimulants – Use of Adderall as prescribed by a doctor in middle school and high school; decided to personally discontinue use in high school as a result of regular side effects

Sleeping Medications – No history

Anxiolytics/Benzodiazapines – No history

DSM-5 DIAGNOSIS in Reference to Substances: Z03.89 (suspected substance use condition not found)

Treatment Recommendations:

- 1) Outpatient Counseling – 3-5 outpatient sessions with a professional substance abuse counselor; update recommendations or discharge as appropriate after 3rd session which should be at least 6 months from today's date (therapy should be focused on prevention planning and maintaining sobriety);
- 2) Drug Testing – provide probation officer with clean drug screen on Monday the 23rd of May; further consultation recommended if appointment is missed OR if there is a positive or inconclusive screen
- 3) If unable to maintain abstinence – Mr. Kristan is to consult with mental health and/or substance abuse professionals regarding additional treatment and support (temporary abstinence period, Intensive Outpatient Program, 12 step meeting attendance, etc.).

If you or the court possess additional information about Mr. Kristan'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. Kristan, 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: Zachary Kristan

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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.