

May 25, 2016

Kola Gibson, Probation Officer
Florida Department of Corrections
Ft. Pierce Circuit Office
3214 South US Highway 1, Suite 7
Fort Pierce, FL 34982-8113

**Re: Clinical Alcohol and Drug Assessment for Michael Luburgh
(DOB – 04/14/1991)**

Dear Ms. Gibson:

I performed a Clinical Alcohol and Drug Assessment for Mr. Luburgh in reference to his February 2016 possession of cannabis charge in St. Lucie County. This assessment included a 50-minute clinical interview by telephone, and the administration of:

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

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

MAST: score = 0 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use

DUDIT: score = 1 / *NEGATIVE SCREEN*; scores of 6 or more indicate problematic use (“mild-moderate”), scores of 6 or more (male), 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 Risk Factors:

- family history = NA
- 0 prior substance-related legal charges
- early onset of substance use = NA
- prior substance-related treatment = NA
- peer influences = NA
- work environment = NA
- contraindicated prescription use = NA
- anxiety or depression symptoms = NA

- comorbid medical conditions = NA
- current family stress = low

Risk profile = 0 of 10; low risk profile

Present Use Status: presently not using alcohol or cannabis; intends to continue abstaining from cannabis use

Anxiety/Depression Screening: no clinically significant concerns reported

Substance Related Legal History Reported: denies any previous history of alcohol or substance related arrests/legal charges

Clinical Interview/Summary:

ALCOHOL - Mr. Luburgh'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 drinks on 1-2 occasions per week. He also acknowledged use of 3-5 drinks on 5-6 special occasions (weddings, birthdays, etc.) per year.

Mr. Luburgh and I discussed his February 2016 incident and general his general use of alcohol at length. In my best clinical judgment, I was unable to find the incident or his overall history and presentation indicative of someone experiencing DSM-5 alcohol use disorder symptoms. I did discuss with him one item of concern (binge pattern of alcohol use in college) and reviewed with him World Health Organization criteria for low risk problem alcohol use to increase his awareness of the form and frequency of responsible alcohol use.

ILLICIT DRUG – Mr. Luburgh acknowledged initial experimentation with cannabis at age 20. He reported smoking cannabis on 4-5 occasions per week throughout college. He denied experiencing any negative impact from his cannabis use during college. Mr. Luburgh's cannabis use appears to have declined steadily following his graduation from college in the spring of 2013. He reported no use of cannabis since his charge and denied any plans to resume cannabis use in the future. He denied experimentation with any and all other illicit substance categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Mr. Luburgh report suspect of minimization or deception.

PRESCRIPTION DRUG – Mr. Luburgh 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, discrepancy with his written screenings or other non-verbal signs of minimization or covering a prescription drug use problem.

DSM-5 DIAGNOSIS in Reference to Substances: F12.10 cannabis use disorder, mild, early full remission

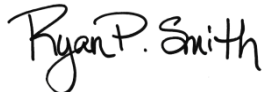
Treatment Recommendations:

- 1) There are no further clinical recommendations at this time.
- 2) If another negative consequence is incurred as a result of any substance use within the next two years, it is recommended Mr. Luburgh seek an updated evaluation and follow all treatment recommendations.

If the court possesses additional information about Mr. Luburgh's use of alcohol or drugs that might impact the outcome of this assessment, I would be happy to review it and consider any appropriate modifications or amendments to the present report.

Thank you for the opportunity to assist the court, Mr. Luburgh, and yourself in this important matter.

Sincerely,



Ryan P. Smith MSW, LISW-S, LICDC, SAP
SW Lic. #I.1000155-S, CD Lic. #101182
cc: Michael Luburgh

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.