

June 28, 2016

Lisa Fields Thompson, Attorney at Law
Thompson, Steward, and Flecha LLC
800 Cross Pointe Road Suite E
Gahanna, Ohio 43230

Re: Clinical Alcohol and Drug Assessment for Robert Solomon III (DOB – 08/06/1996)

Dear Ms. Thompson:

I performed a Clinical Alcohol and Drug Assessment for Mr. Solomon in reference to his June 2016 OVI charge in Athens County. This assessment included a 60-minute clinical interview and 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 Drug Abuse Screening Test (DAST)
- 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); screening was valid and covered a lifetime frame of reference;

MAST: score = 2 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screen relative to lifetime use of alcohol)

AUDIT: score = 8 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, whereas scores of 15 or more in men indicate a *moderate to severe* disorder may be present, mitigate concerns with clinical recommendations (screen relative to use of alcohol within the past 12 months)

DAST: score = 0 / *NEGATIVE SCREEN*; scores of 1-2 = low level concern, 3-5 moderate, 6-8 substantial, 9-10 severe

Substance Use Risk Factors:

- ☐ legal history – denies previous history
- ☐ severity of incident – NA; blood alcohol concentration of 0.08
- ☐ anxiety/depression/mental health – NA
- ☐ general health issues – NA

- ☐ exposure to trauma – NA
- ☒ use of liquor – occasional use of liquor; not beverage of choice
- ☐ other substance use – NA
- ☐ contraindicated prescription use – NA
- ☒ family history – family history of problem substance use
- ☐ prior treatment history – NA
- ☒ negative peer influence – several peers engage in frequent excessive alcohol use
- ☐ at-risk work environment – NA
- ☐ current stress (relational, work, etc.) – NA
- ☐ poor academics – NA

Summary - 2 of 14 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary:

ALCOHOL – Mr. Solomon's written screenings provided mixed indications of a potential mild alcohol use disorder. He reported his normal use of alcohol before this charge as 5-7 drinks on 1-2 occasions per month. He also acknowledged use of 8-10 drinks on 2-3 special occasions (holidays, birthdays, special events, etc.) per year.

Mr. Solomon and I discussed his OVI incident and general use of alcohol at length. While I did not find him meeting DSM-5 alcohol use disorder criteria, I did note the risks and concerns associated with his pattern of binge alcohol use and his increased risk of an alcohol use disorder due to his family history of problem alcohol use. Accordingly, I am including some preventative recommendations in the remainder of this report.

NON-PRESCRIPTION DRUG – Mr. Solomon denied experimentation or use with cannabis and all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Mr. Solomon's report about non-prescription drug use suspect of minimization or deception.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Solomon 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 Alcohol Use Symptoms:

- ☐ Recurrent use beyond intention
- ☐ Persistent desire or unsuccessful efforts to reduce/quit use
- ☐ Substantial time spent obtaining, using, or recovering from use
- ☐ Strong craving/desire
- ☐ Recurrent failure to fulfill a major role (work, home, school)
- ☐ Continued use despite recurrent social/interpersonal problems

- ☐ Important social, occupational, recreational activities relinquished
- ☐ Recurrent physically hazardous use
- ☐ Continued use despite knowledge of contraindicated physical or psychological condition
- ☒ Tolerance
- ☐ Withdrawal symptoms

Summary - 1 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); rule out F10.10 alcohol use disorder, mild

Treatment Recommendations:

- 1) Attend a local MADD – Victim Impact Panel, 5900 Roche Dr. #250 Columbus, OH 43229, Phone - 614.885.6233, email - oh.state@madd.org
- 2) AA, 12 Step or Smart Recovery Meeting Attendance – recommend attending 5 open speaker/open lead AA meetings and provide proof of attendance to probation department and/or court;
- 3) Abstinence – abstaining from all alcohol use until of legal age to consume alcohol;
- 4) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Solomon seek a further evaluation and follow all updated treatment recommendations.

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

Sincerely,

Ryan P. Smith

Ryan P. Smith MSW, LISW-S, LICDC, SAP
SW Lic. #1.1000155-S, CD Lic. #101182
cc: Robert Solomon III

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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 and Drug 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.