

November 10, 2016

Randall T. Ricciuti, Attorney
DeLuca, Ricciuti & Konieczka
225 Ross Street, 4th Floor
Pittsburgh, PA 15219-2024

**Re: Clinical Alcohol and Drug Assessment for Joshua Louis Fisher
(DOB – 12/12/1972)**

Dear Mr. Ricciuti:

I performed a Clinical Alcohol and Drug Assessment for Mr. Fisher in reference to his June public drunkenness charge in Allegheny County. This assessment included a 55-minute clinical interview by telephone, review of his police report, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- A Drug Abuse Screening Test (DAST-10)
- A general anxiety/depression screening

The following items provide a summary of the screening results, my diagnostic opinion, and professional recommendations:

MAST: score = 1 / *NEGATIVE SCREEN*; no direct or indirect indication of a present alcohol use disorder (screen relative to lifetime use of alcohol)

DAST-10: score = 0 / *NEGATIVE SCREEN*; no direct or indirect evidence of a present substance use disorder

Alcohol & Substance Use Risk Factors:

- ☐ negative peer influence/at-risk work environment – NA
- ☐ current stress (relational, work, financial, etc.) – NA
- ☐ physical health concerns – NA
- ☐ anxiety/depression/mental health – NA
- ☐ exposure to trauma – NA
- ☐ family history of substance abuse or alcoholism – none reported
- ☐ regular use of liquor – less than monthly
- ☐ voluntary treatment history – NA
- ☐ legal history – denies any previous history

Summary - 0 of 9 concerns, no concern to be mitigated clinical recommendations

Clinical Interview/Summary: ALCOHOL – Mr. Fisher’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 1-2 glasses of wine on 1-2 occasions per week. He also acknowledged use of up to 5 drinks on special occasions approximately 2 times per year.

Mr. Fisher and I discussed his legal charges and general use of alcohol at length. I did not find him meeting DSM-5 alcohol use disorder criteria for diagnosis and his drinking habits seem to be within NIAAA recommendations for men’s low-risk drinking.

NON-PRESCRIPTION DRUG – Mr. Fisher acknowledged minimal experimentation with cannabis in college, but reports having abstained since. He denied experimentation and use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Mr. Fisher’s report about non-prescription drug use suspect of minimization or deception.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Fisher denied recreational use of all prescription medications which are prone to abuse including: stimulant/ADD medications, narcotic painkiller medications, benzodiazepines, and sleeping medications. The interview did not reveal discrepancy with his written screenings, nor did he show signs of hesitation or verbal signs of minimization suggesting problem use of prescription medications.

DSM-5 Alcohol & Substance Use Disorder 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 contraindicated 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. Fisher at this time. If another negative consequence is incurred as a result of any alcohol or drug use in the next 24

months, it is recommended Mr. Fisher seek further evaluation and follow all treatment recommendations.

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

Sincerely,



Trevor C. Davis, CDCA
Certificate # 150427
cc: Joshua Louis Fisher

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 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.