

June 25, 2016

Codi Hawks, Probation Officer
Franklin County Municipal Court
375 South High Street
Columbus, OH 43215-4520

Re: Clinical Alcohol Assessment for Cameron J. Schade (DOB – 08/21/1991)

Dear Ms. Hawks:

I performed a Clinical Alcohol Assessment for Mr. Schade in reference to his October 2015 OVI charge in Franklin County. This assessment included a 60-minute in-person 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 general anxiety/depression screening

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

SASSI-3: overall scores indicated a *high probability* of a moderate to severe substance use disorder; scores were positive for rules #2, 7, and 9; positive scores were related to drug use; no scores were positive in regards to alcohol use; screening was valid and covered a lifetime frame of reference;

MAST: score = 3 / *NEGATIVE SCREEN*; one point was related to having attended AA meetings though not due to alcohol use; one point was gained by report of feeling guilty in regards to alcohol use that led to October 2015 charge; screening did not provide sufficient evidence to suggest problem alcohol use;

AUDIT: score = 3 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 15 or more in men indicates *moderate to severe* disorder present;

Alcohol Use Risk Factors:

- ☐ legal history
- ☒ severity of incident – blood alcohol concentration of .23
- ☐ anxiety/depression/mental health
- ☐ general health issues
- ☐ exposure to trauma
- ☒ use of liquor – alcohol use of rum & Coca-Cola
- ☒ other substance use – prior substance use diagnosis: opioid use disorder, severe

- ☐ contraindicated prescription use
- ☒ family history – family history of substance use problems
- ☒ prior treatment history – opioid-related intensive outpatient treatment
- ☐ negative peer influence
- ☐ at-risk work environment
- ☐ current stress (relational, work, etc.)
- ☐ poor academics

Summary - 5 of 13 concerns, mitigate concern with clinical recommendations

Present Use Status: presently not using alcohol; last use of alcohol in October 2015

Clinical Interview/Summary: Mr. Schade's written screenings provided no indications of an alcohol use disorder at any level (mild, moderate or severe). He reported his normal use of alcohol before this charge as 3-5 drinks on 3-4 occasions per year. He denied consuming alcohol in increased amounts during celebrations, holidays, or other special events.

Mr. Schade and I discussed his OVI incident, historical use of alcohol, and his history of other substance use at length. In my 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. However, Mr. Schade does have a history of a severe opioid use disorder and a family history of problematic substance use including problem drinking. Clinically, it is in Mr. Schade's best interest to maintain his present abstinence from alcohol use because of his general increased risk profile. Mr. Schade freely acknowledged that he has a higher risk of experiencing negative consequences due to alcohol use.

SUMMARY – While Mr. Schade's October 2015 alcohol use was a clear instance of binge alcohol use, he has maintained an abstinence from all alcohol use since that incident. I did not find evidence of a past or present alcohol use disorder and do not see a need for substance use services at this time. It is my recommendation that Mr. Schade continue abstaining from alcohol use.

DSM-5 DIAGNOSIS in Reference to Substances: Z03.89 (suspected alcohol use condition not found); F11.20 opioid use disorder, severe, full remission

Treatment Recommendations:

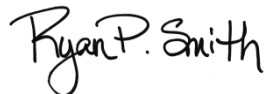
- 1) Abstinence – recommend abstaining from alcohol use permanently; any consideration of resuming alcohol use should be done only in consultation with a physician and substance abuse professional;
- 2) If another negative consequence is incurred as a result of any alcohol use or other substance use is resumed, it is recommended Mr. Schade seek an updated

evaluation where minimum level of care is extended outpatient counseling with extended follow-up/aftercare monitoring.

If the court possesses additional information about Mr. Schade's use of alcohol 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. Schade, and yourself in this important matter.

Sincerely,



Ryan P. Smith MSW, LISW-S, LICDC, SAP
SW Lic. #1.1000155-S, CD Lic. #101182
cc: Cameron J. Schade

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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.