

October 26, 2016

Liberty Center Connections Pathways
245 Beall Ave.
Wooster, OH 44641

Re: Clinical Alcohol and Drug Assessment for Anthony D. Shires (DOB – 04/19/1989)

To Whom It May Concern:

I performed a Clinical Alcohol and Drug Assessment for Mr. Anthony Shires regarding prospective treatment admission at Liberty Center in Wooster, Ohio. This assessment included a 90-minute clinical interview and the administration of:

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

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

MAST: POSITIVE SCREEN: mitigate concerns with clinical recommendations, see clinical summary (screen relative to lifetime use of alcohol)

DAST-10: score = 10 (of 10) / **POSITIVE SCREEN;** mitigate concerns with clinical recommendations (screen relative to drug use in the last 12 months)

10-Panel Urine Drug Screen: POSITIVE BENZODIAZAPINE SCREENING – Cocaine, Amphetamine, Methamphetamine, Cannabis/THC, Methadone, MDMA, Opiates, PCP, Barbiturates all screened negative

Clinical Interview/Summary: ALCOHOL – Mr. Shires' written screenings provided clear indication of historical problem alcohol use. He and I discussed his current use of alcohol, and it was difficult to ascertain whether or not he is experiencing enough symptoms for an DSM-5 alcohol use disorder at present. Though it would seem he'd meet the criteria for (at least) a DSM-5 mild alcohol use disorder, his regular use is currently less than weekly and has been often less than monthly over the last 12-months. When he does drink, he generally consumes alcohol within what is considered to be "low-risk" by the NIAAA for men.

NON-PRESCRIPTION DRUG – Mr. Shires and I discussed his past use of heroin at length. He reported 3 years' abstinence but admitted a recent very-near relapse as he recently came into contact with an old needle/watched someone "shoot-up."

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Shires acknowledged a long-standing history of prescription polysubstance drug abuse which first began around the age of 12. He expressed fear of a heroin relapse if his current Suboxone provider were to discover that he has been using his medication in combination with daily Xanax (approximately 8-11mg a day, see symptoms below).

SUMMARY – Despite having completed multiple rehabilitative treatment terms as a teen and a young adult without sustained success, Mr. Shires appeared motivated to gain long-term recovery. In addition to recently attending “barber school,” he started a new job today and has 2 children with a wife (expecting their third child) for whom he wants to be present and engaged. While Mr. Shires described many concerning mental health issues, it would seem the overbearing symptoms he has struggled with since childhood relate to anxiety and panic attacks.

Mr. Shires reported his highest level of stability was when he was at 2mg of Xanax in combination with his Suboxone protocol but understands that with his history of abuse that he is high-risk and that this may not be permissible. He and I discussed how his prognosis for long-term recovery could potentially be improved and agreed that extra structure, support, and accountability after discharge *should* increase his ability to gain and maintain long-term recovery. It is with this in mind that I have made some preliminary treatment recommendations for him.

Current DSM-5 Anxiolytic-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 - 11 of 11 symptoms (Mild 2-3 | Moderate 4-5 | Severe 6+)

DSM-5 DIAGNOSIS in Reference to Substances: F13.20 Severe Anxiolytic Use Disorder; F11.20 Severe Opioid Use Disorder - Sustained Remission; F10.10 Mild Alcohol Use Disorder – Partial Remission

Treatment Recommendations:

- 1) Complete a Residential Outpatient Treatment Program (60 Day Minimum) – with detox and treatment emphasis placed on: medical/physician consultation, chronic anxiety and panic symptoms, relapse-prevention/support-system development for discharge;
- 2) Monitoring – 12 months (minimum) of monitoring with an outpatient counselor after initial treatment has been completed, meeting frequency at discretion of Mr. Shires and follow-up provider.

If the reader possesses additional information about Mr. Shires' 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 Mr. Shires and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA

Certificate # 150427

Reviewed by Ryan Smith, MSW, LISW-S, LICDC, SAP

SW Lic. #I.1000155-S; #101182

cc: Anthony D. Shires

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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.