DIRECTIONS
COUNSELING GROUP

July 6, 2016

Jenna Coltrane, PO
Mason County Probation Department
5950 S. Mason Montgomery Road
Mason, Ohio 45040

Re: Clinical Alcohol and Drug Assessment for Kyle Stoner (DOB – 03/23/1989)

Dear Ms. Coltrane:

I performed a Clinical Alcohol and Drug Assessment for Mr. Stoner in reference to his May 2016 misdemeanor drug abuse charge in Mason 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 = 0 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screen relative to lifetime use of alcohol)

DAST: score = 1; 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
☐ anxiety/depression/mental health – NA
☐ general health issues – No known diseases or allergies
☐ exposure to trauma – NA
☐ use of liquor – rarely
☒ illicit substance use – cannabis; mushrooms
☐ contraindicated prescription use – NA
☐ family history – none reported
☐ prior treatment history – NA

☐ negative peer influence – NA
☐ at-risk work environment – NA
☐ current stress (relational, work, etc.) – NA

Summary - 1 of 13 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary:
ALCOHOL – Mr. Stoner'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 over the past 2 years prior to this charge as 2-3 standard beers or 1-2 glasses of wine on 3-5 occasions per month. He also acknowledged use of more than 5 drinks on 4-6 special occasions (weddings, birthdays, etc.) per year.

Mr. Stoner's clinical interview did reveal recurrent alcohol use beyond intention, but I did not find other indications of an alcohol use disorder per DSM-5 criteria. While I did not find him meeting DSM-5 alcohol use disorder criteria I did note the risks and concerns associated with his occasional binge alcohol use. Accordingly, I am including some preventative recommendations in the remainder of this report.

NON-PRESCRIPTION DRUG – Mr. Stoner reported initially experimenting with cannabis during his sophomore year of college. He reported his typical use was 2-3 occasions per month at social events and denied experiencing any negative consequences from his cannabis use. Following college, he continued to smoke cannabis one 1-2 occasions per month in social settings where cannabis was available. Since his charge Mr. Stoner has been abstaining from cannabis use and shared that he plans to continue to abstain from cannabis use to protect his present employment. Mr. Stoner acknowledged that he did experiment with psychedelic mushrooms on one occasion in the summer of 2015. He denied experimentation or use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Mr. Stoner's report about non-prescription drug use suspect of minimization or deception.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Stoner 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.

Summary – While Mr. Stoner acknowledged regular use of cannabis and occasional binge alcohol use, I did not find sufficient evidence to warrant a substance use disorder diagnosis per DSM-5 criteria. I am, however, recommending some alcohol and drug awareness education to assist Mr. Stoner in encouraging his commitment to abstain from illicit substances and moderate his alcohol use.

DSM-5 Substance Use Symptoms:

☒ Recurrent use beyond intention *(alcohol) (cannabis)*
☐ 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)

Treatment Recommendations:

1) Preventative Education – 9 hrs. of Ohio Health's Drug/Alcohol Awareness Series (Riverside Methodist Hospital contact 614-566-3700)

2) If another negative consequence is incurred as a result of any alcohol or other substance use, it is recommended Mr. Stoner seek an updated evaluation and seek extended outpatient substance abuse counseling.

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

Sincerely,

Ryan P. Smith

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

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.

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