

October 10, 2016

York County Adult Probation  
45 North George Street  
York, PA 17401

**Re: Clinical Alcohol and Drug Assessment for Nelson G. Anderson  
(DOB – 10/11/1977)**

Dear Mr. Brody:

I performed a Clinical Alcohol and Drug Assessment for Mr. Anderson in reference to his possession and paraphernalia charges in York county. This assessment included a 60-minute clinical interview by telephone, 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 = 0 / *NEGATIVE SCREEN*; no direct or indirect indication of a present alcohol use disorder (screen relative to lifetime use of alcohol)

**DAST-10:** score = 1 / *LOW LEVEL SCREEN*; point incurred for drug use outside of a medical context and/or supervision, no direct or indirect evidence of a present substance use disorder, mitigate concerns with clinical recommendations (screen relative to substance use in the last 12 months)

**Alcohol & Substance Use Risk Factors:**

- ☐ negative peer influence/at-risk work environment – NA
- ☐ current stress (relational, work, financial, etc.) – NA
- ☒ physical health concerns – chronic pain stemming from car accident in 1996
- ☐ anxiety/depression/mental health – NA
- ☐ exposure to trauma – NA
- ☐ family history of substance abuse or alcoholism – none reported
- ☐ regular use of liquor – NA
- ☐ voluntary treatment history – NA
- ☐ severity of incident – non-driver in the incident at hand, possession of less than one gram
- ☒ legal history – 1999 possession of a controlled substance (cannabis) with intent to distribute

Summary - 2 of 10 concerns, mitigate concern with clinical recommendations

**Clinical Interview/Summary:** ALCOHOL – Mr. Anderson'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 as 1 light beer on 2-6 social occasions per year and he reported no difference in the amount consumed if he was attending a special event or celebration. I did not find Mr. Anderson 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. Anderson reported past daily use of marijuana as a young adult and up until his arrest in '99. He also reported abstinence following this event until 2006, and then less than monthly to monthly use up until his September charges. Mr. Anderson reported that he intends to abstain from the use of all psychoactive cannabis products due to their illegal status in his state and due to the negative impact that this incident has had on him - unless legalized for medicinal use in his state. Though Mr. Anderson acknowledged his cannabis use does help him manage physical pain and has contributed to his desire to use, he reported that it is not at all necessary for him to function at a high level, either at work or home. After reviewing the history and nature of his use with him, he did not meet any criteria for a cannabis use disorder (see below) in considering his use over the last 10 years. It is my understanding that Mr. Anderson was subject to a urinalysis screening the same week of his charge and tested negative for all substances, including marijuana. This provides good basis for the patterns described and he is prepared to provide documentation of this screening to the court if requested.

Mr. Anderson denied experimentation and use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Mr. Anderson's report about non-prescription drug use suspect of minimization or deception. I have made proactive recommendations for him in effort to both rule out the potential for an unidentified disorder and encourage a more healthy and stable lifestyle.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Anderson 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:**

- 1) Outpatient Counseling – 2 outpatient sessions with a professional substance abuse counselor; follow-up provider to update recommendations, or discharge as appropriate;
- 2) Alcohol & Drug Education – 3 hours of drug education from one or more of the following resources: local class (hospital, treatment center, or community facility), Marijuana Anonymous, online alcohol or drug education course.

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

Sincerely,



Trevor C. Davis, CDCA

Certificate # 150427

Reviewed by Brian T. Davis, LISW-S, SAP LIC# I-7948

cc: Nelson G. Anderson

**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.