

April 20, 2016

Gabriel M. Biello, Attorney
The Law Office of Gabriel Biello
249 NE Lincoln Street
Hillsboro, OR 97124-3038

Re: Clinical Alcohol and Drug Assessment for Sean Grabow (DOB – 03/20/1985)

Dear Mr. Biello:

I performed a Clinical Alcohol and Drug Assessment for Mr. Grabow in reference to his 2009 drug possession charge in Washington County. This assessment included a 50-minute clinical interview and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- A Drug Use Disorder Identification Test (DUDIT)
- A general anxiety/depression screening
- Review of collateral information (property deed to demonstrate recent home ownership, tax returns to demonstrate gainful employment, 3 character references, proof of current school enrollment)

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 problem alcohol use, denies any DUI history, hangovers, treatment history, memory loss and other indirect measures represented in this screening instrument

DUDIT: score = 0 / *NEGATIVE SCREEN*; scores of 6 or more indicate problematic use ("mild-moderate"), 25 or more indicate high likelihood of a severe disorder present, acknowledges history of infrequent marijuana use between age 19 and 22 (see clinical summary for details)

Alcohol Substance Use Risk Factors:

Concerns/Risks

- ☒ legal history – denies previous history (other than 2009 MDMA possession)
- ☐ severity of incident –
- ☐ anxiety/depression/mental health – NA by report and clinical presentation
- ☐ other substance use – reports no illicit substance use since marijuana @ age 22
- ☒ family history – one blood relative with problem alcohol use
- ☐ prior treatment history – NA
- ☐ peer influences– NA
- ☐ work environment – NA

- ☐ contraindicated prescription use – NA
- ☐ general health problems – NA
- ☐ current family stress – NA

Summary - 2 of 11 concerns but neither item clearly indicative of a historical, recent or current problem with alcohol or illicit drug use

Anxiety/Depression/Mental Health Screening: no clinically significant concerns reported

Collateral Information: I reviewed several collateral documents that the court also has access to. Included were tax returns, a property deed, 3 character references and proof of enrollment in a real estate education program. All items reviewed appeared to be credible documents suggesting that Mr. Grabow is motivated and engaged in a lifestyle that is free of drug use and alcohol abuse, that he has been in recent years been personally and societally productive, and that he has friends and family whose lives he enriches.

Clinical Interview/Summary:

ALCOHOL - Mr. Grabow'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 1-2 drinks (beer only) on 0-1 occasions per week. He also acknowledged use of 2-3 drinks (beer only) on 0-1 special occasions (weddings, birthdays, etc.) per month.

Mr. Grabow acknowledged greater use of alcohol when he was younger (early 20s) but I did not find evidence of him using alcohol at the level of DSM-5 alcohol use disorder. His presentation was detailed, consistent with his written screenings, and generally with an open demeanor and did not create the clinical impression of increased suspicion of problem alcohol use.

NON-PRESCRIPTION DRUG – Mr. Grabow acknowledged infrequent (0-1 per month) use of marijuana from about age 19 through age 22. He was transparent about the mixed feelings he had about using it at the time. There were some situations where it helped him relax but many situations where it created a sense of heightened anxiety. He stated that after he started to mature in his mid-20s, his interests shifted more to his work and future; and that this also lead to a change in relationships, away from marijuana users. He reported his last use as being at 22 years old and that he has had no trouble avoiding use since that time.

Mr. Grabow acknowledged experimentation with a hallucinogen one time at age 19 but found it very unpleasant and he reports that he never tried a hallucinogen since that time. Otherwise, he denied use of all other illicit drugs including: cocaine, stimulants, non-prescription opioids, inhalants, etc.

Mr. Grabow and I discussed his 2009 MDMA possession charge which occurred after he agreed to meet someone in person whom he had met online. That person requested that he bring MDMA when they met for the first time, but the person was actually

working with law enforcement. While he acknowledged possession of the MDMA in this 2009 arrest, he denied any history of using it. Proof of such his claim of non-use is not possible and this assessor is basing clinical conclusions on Mr. Grabow's overall clinical presentation, written screenings, collateral information. As a matter of standard and ethical practice I also open this report up for further input by the court if the court believes Mr. Grabow has not provided me with a complete history of his substance related legal charges or other factual information pointing to illicit drug use (or problem alcohol use).

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Grabow reported use of the following prescription medications:

Narcotic Painkillers

- 17 years old following removal of wisdom teeth – denies receiving any refills or having any difficulty discontinuing use
- 22 years old following an injury and following surgery for the same injury, total time of use less than 15 days, no refills, no trouble discontinuing use
- denied any other prescription use or street use of narcotic painkillers in his lifetime

Mr. Grabow denied having use of other prescriptions prone to abuse (with or without a prescription), including stimulant/ADD medications, anxiolytics/benzodiazepines 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 – After reviewing Mr. Grabow's written screenings, collateral information, and conducting a 50- minute interview I was unable to conclude Mr. Grabow has ever met criteria for a DSM-5 alcohol or substance use disorder of any kind. He reports that this is the only item on his legal record with regard to drug or alcohol use. Furthermore, he appears to be gainfully employed, engaged in pursuits to enhance his employment options and sufficiently motivated to spend his time productively and for the benefit of others.

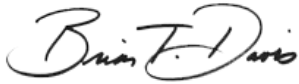
DSM-5 DIAGNOSIS in Reference to Substances: Z03.89 (suspected substance use condition not found)

Treatment Recommendations: Having found no basis for a DSM-5 alcohol or drug use disorder I have no further recommendations for Mr. Grabow at this time.

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

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: Sean Grabow

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 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.