

January 20, 2015

Kristin Burkett, Attorney  
21 West Church Street, Suite 201  
Newark, OH 43055

**Re: Clinical Alcohol and Drug Assessment for Mark Brobeck**

Dear Ms. Burkett:

I performed a Clinical Alcohol and Drug Assessment for Mr. Brobeck in reference to his pending drug possession charge in September, 2014 in Fairfield County. This assessment included the administration of: a Michigan Alcohol Screening Test (MAST), a Drug Abuse Screening Test (DAST), an Alcohol Use Disorder Identification Test (AUDIT), an anxiety/depression screening, and a 50 minute clinical face- to- face teleconferenced interview. The following items provide a summary of the screening results, my diagnostic opinion and professional recommendations:

**Substance(s) of Concern:** screened for all illicit substances; marijuana primary

**MAST:** *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use

**DAST:** score = 5 / *NEGATIVE SCREEN*;

**AUDIT:** score = 2 / *NEGATIVE SCREEN*; scores above 8 indicate hazardous use, above 13 indicates moderate to severe disorder present

**DSM/Other Substance Related Concerns:** clinical interview revealed 0 of 11 DSM 5 symptoms present

**Anxiety/Depression Screening:** no clinically significant concerns reported

**Substance Related Legal History Reported:** denies any previous history of alcohol or substance related arrests/legal charges

**Clinical Interview/Summary:**

**ALCOHOL:** Mr. Brobeck's written screenings provided no indication of an alcohol use disorder. He reported his normal use of alcohol as 0-1 drinks on 1 occasion per week. He also acknowledged use of 2-3 drinks on special occasions (weddings, birthdays, etc.) or about 3 occasions per year. We discussed Mr. Brobeck's legal incident at length but I was unable to find the incident or his overall history and presentation indicative of someone experiencing DSM 5 alcohol use disorder symptoms. Furthermore, Mr. Burkett indicated that since his charges in September, he has completely abstained from alcohol with no plan to drink going forward.

**DRUG USE:** We discussed Mr. Brobeck's drug possession charge and surrounding incidents at length. He was non-defensive in his demeanor, and the interview did not reveal inconsistencies or discrepancies in written or verbal form. Mr. Brobeck did acknowledge regular pot use in the evenings while at home indicating that the marijuana helped him to relax and sleep better after the daily demands associated with owning his own business. However, Mr. Brobeck has completely abstained from all

marijuana use since his charges in September, 2014 and maintains that he feels much better from a physical and emotional perspective as a result of his abstinence. He maintains that he has no plan to continue any marijuana use for the above stated reasons. My clinical opinion is that he has been able to see the benefits of complete abstinence and now realizes that the marijuana use was an actual hindrance to the better sleep and stress relief he was hoping to obtain. In addition, Mr. Brobeck is remorseful regarding legal charges and seems to have gained significant insight into the ramifications of any ongoing marijuana use going forward. I am in agreement that his continued abstinence will continue to greatly benefit him, and advise him to maintain abstinence.

**DSM 5 DIAGNOSIS in reference to substances:** V 71.09 (none found)

**Treatment Recommendations:** After examination of Mr. Brobeck's written screenings and a thorough clinical interview I am of the opinion to a reasonable degree of clinical certainty that he is not someone manifesting signs and symptoms of a DSM 5 alcohol or drug use disorder. Accordingly, I have no additional treatment or professional recommendations for him at this time.

Thank you for the opportunity to assist the court, Mr. Brobeck and yourself in this important matter.

Sincerely,



Anita McLeod, LCSW, SAP  
cc: Mark Brobeck

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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.