

July 13, 2016

Mary Logan So
George J. Igel & Company Inc.
2040 Alum Creek Dr.
Columbus, OH 43207

Re: Clinical Alcohol and Drug Assessment for Caleb Gabriel (DOB – 04/23/1992)

Dear Ms. So:

I performed a Clinical Alcohol and Drug Assessment for Mr. Gabriel in reference to the random drug screen in which he tested positive for THC. This assessment included a 50-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 = 2 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screen relative to lifetime use of alcohol)

DAST-10: score = 1 / *NEGATIVE SCREEN*; scores of 1-2 suggest low-level problem use; point incurred was for using drugs “other than those required for a medical reason”

Alcohol and Substance Use Risk Factors:

- ☐ legal history – denies previous history
- ☐ severity of incident – NA
- ☐ anxiety/depression/mental health – NA
- ☐ general health issues – NA
- ☐ exposure to trauma – NA
- ☐ regular use of liquor – approximately 2 occasions in a year
- ☐ family history – 1 distant blood relative
- ☐ prior treatment history – NA
- ☐ past work-related concerns – NA
- ☐ negative peer influence – NA
- ☐ at-risk work environment – NA
- ☐ current stress (relational, work, etc.) – heavy but reasonable demands during the school year and summer; expressed that his workload feels very manageable
- ☐ poor academics – 3.0+ accumulative GPA; has made dean’s list twice at OSU

Summary - 0 of 13 concerns, no concern to be mitigated with clinical recommendations

Clinical Interview/Summary:

ALCOHOL – Mr. Gabriel'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 before this charge as 3-5 light beers on 1-2 occasions per month.

Mr. Gabriel and I discussed general use of alcohol at length. Given his normal drinking habits are within the NIAAA's low-risk habits for men, I have no further recommendations for him at this time with reference to his use of alcohol.

NON-PRESCRIPTION DRUG – I was unable to identify Mr. Gabriel meeting any of the DSM-5 criteria for diagnosis of a cannabis use disorder. He described his regular use of marijuana as 4-6 social occasions in the average 12-month period. He denied experimentation and use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of his report about non-prescription drug use suspect of minimization or deception.

Since his positive drug test at work he has committed himself to abstaining from marijuana and feels he will have no trouble doing so given his history with the drug. He talked about how much he enjoys his work and how important his work is to his future and cited this as his main reason for quitting.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Gabriel denied any and all recreational use of prescription medications which are prone to abuse including: stimulant/ADD medications, narcotic painkiller medications, benzodiazepines and sleeping medications. The interview did not reveal hesitation or discrepancy with his written screenings and/or other-verbal signs of minimization or covering a prescription drug use problem.

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. Gabriel at this time. This comes with the understanding that he will be subject to monthly drug screens over the next 12 months as part of the company's second chance employment policy. If Mr. Gabriel experiences difficulty abstaining he is advised to meet with an out-patient professional for further assistance at his discretion but I am not making follow up out-patient sessions a contingency for returning to his regular work duties.

If you possess additional information about Mr. Gabriel'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 George J. Igel Company, Mr. Gabriel, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA

Cert.# 150427

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

cc: Caleb Gabriel

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.