

March 5, 2016

Matthew M. Schardt
1100 E. Telegraph Road
Carson City, NV 89701

**Re: Clinical Alcohol and Drug Assessment for Matthew Michael Schardt
(DOB – 06/03/1971)**

Dear Concerned Parties:

I performed a Clinical Alcohol and Drug Assessment for you in reference to your possession of paraphernalia charge in Washoe County (Oct. 7, 2015). This assessment included a 50-minute clinical interview by telephone, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- A Drug Use Disorder Identification Test (DUDIT)
- 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 problem alcohol use

DUDIT: score = 0 / *NEGATIVE SCREEN*; scores of 6 or more indicate problematic use (“mild-moderate”), scores of 6 or more (male), 25 or more indicate high likelihood of a severe disorder present

Alcohol & Substance Use Risk Factors:

Concerns/Risks

- legal history – denies previous history
- anxiety – NA
- other substance use – NA
- family history – none reported
- prior treatment history – NA
- peer influences – NA
- work environment – NA
- contraindicated prescription use – NA
- general health problems – NA
- current family stress – NA

Summary - 0 of 10 concerns = low risk profile

Anxiety/Depression Screening: no clinically significant concerns reported

Clinical Interview/Summary:

ALCOHOL - Mr. Schardt'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 a single drink (or less) drinks on 1-2 special occasions per year (toasting at a wedding or similar). He reported that aside from these rare occasions he does not drink alcohol as it causes a severe allergic reaction (hives) which is painful and embarrassing. He has known that he reacts this way to alcohol since he was 16 years old. Furthermore Mr. Schardt reported that he has no alcohol related arrests or alcohol related work violations in his lifetime.

NON-PRESCRIPTION DRUG USE— Mr. Schardt acknowledged recreational use of marijuana between the age of 16 and 29 (2-3 times per week). In 2001 he began attending AA meetings to support a friend and found that he liked the 12 Steps and it "set him free from the bondage of self". He stated that he did not have a problem avoiding marijuana use from that time on.

After suffering a separated shoulder in 2012 he used marijuana edibles for medicinal purposes in the state of Washington only, where it was also legal to do so. He used it for 2 years and after his shoulder healed he stopped using the edibles and denies any continuation of use past 2014.

He also denied any history of experimentation or use of all other non-prescription substance categories including: stimulants, hallucinogens, inhalants and all opiates.

Mr. Schardt and I discussed his possession of paraphernalia charge at length. While he acknowledges that paraphernalia was found in his car he provided plausible explanations as to why the paraphernalia was there in light of his claim that he hasn't used marijuana since 2014, nor marijuana paraphernalia since 2001. Regardless of whether solid proof exist to demonstrate his claim, my strong clinical impression, after a 50-minute interview, is that Mr. Schardt does not have a cannabis use disorder now, nor has he in recent years.

PRESCRIPTION DRUG – Mr. Schardt reported that he generally avoids prescription drugs. He recalled that he used a painkiller briefly in 2009 as prescribed for a tooth ache. He used the medicine for 4-5 days, did not finish the prescription, and did not seek to have it refilled. That was his last use of a drug prescribed by a physician.

He also denied any recreational use of prescription medications which are prone to abuse including stimulant/ADD medications, narcotic painkiller medications, and anxiolytics and sleeping medications.

SUMMARY – Mr. Schardt's interview did not reveal hesitation, discrepancy with his written screenings, or other non-verbal signs of minimization or covering an alcohol, street-drug, or prescription-drug use problem. Furthermore, I found Mr. Schardt to be

very articulate about principles he has learned and still practices as a result of his involvement in AA. He also seems to have more than adequate insight and awareness regarding self-care principles, including motivation to avoid harmful alcohol and/or drug use. In my best clinical judgement, I did not find a basis to warrant a diagnosis nor any clinical treatment recommendations at this time for Mr. Schardt.

If you or the court possess additional information about Mr. Schardt'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.

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. Schardt at this time.

Thank you for the opportunity to assist you in this important matter.

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: Matthew Michael Schardt

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.