

July 7, 2016

Trent Tompkins
2370 Wick Campbell Road
Hubbard, Ohio 44425

Re: Clinical Alcohol and Drug Assessment for Trent J. Tompkins (DOB – 02/13/1986)

Dear Mr. Tompkins:

I performed a Clinical Alcohol and Drug Assessment for you in reference to your April 2015 felony possession charge in Trumbull County. This assessment included a 60-minute clinical interview by videoconference, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- A Drug Abuse Screening Test (DAST)
- A general anxiety/depression screening

The following items provide a summary of the screening results, my diagnostic opinion and professional recommendations:

MAST: score = 0; screening does not indicate any concern with problem drinking; screening was relative to respondent's entire life

DAST: score = 2 / **NEGATIVE SCREEN**; scores of 1-2 = low level concern, 3-5 moderate, 6-8 substantial, 9-10 severe

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
- ☐ use of liquor – NA
- ☒ use of illicit substances – use of opioids; experimentation with other substances
- ☐ contraindicated prescription use – NA
- ☐ family history – none reported
- ☐ prior treatment history – NA
- ☒ negative peer influence – past significant relationship involved substance use
- ☐ at-risk work environment – NA
- ☐ current stress (relational, work, etc.) – NA

Summary - 2 of 13 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary:

ALCOHOL – Your written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). You reported your normal use of alcohol prior to this charge as 1-2 drinks on 0-1 occasions per month. You reported no difference in the amount consumed if you were attending a special event or celebration.

You and I discussed your general use of alcohol at length and reviewed standards for responsible use of alcohol as set forth by the World Health Organization and the National Institute of Alcoholism and Alcohol Abuse. At present I do not find you meeting DSM-5 alcohol use disorder criteria.

NON-PRESCRIPTION DRUG – Regarding illicit substances you acknowledged minimal experimentation with cannabis, psychedelic mushrooms, and cocaine. You denied any recurrent use beyond 1-2 uses of each substance. You reported that you first used heroin after beginning to date your most recent girlfriend who abused heroin regularly. You first used heroin 5 months prior to your April 2015 charge and continued to use for another 3 months afterwards in decreasing manner. You stated your last use of heroin was approximately 10 months ago. You denied any use of heroin or experiencing of cravings since that time. I found no part of your report about non-prescription drug use suspect of minimization or deception.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Regarding prescription medications you reported experimenting with Vicodin and Xanax medications on a minimal number of occasions. You denied any recreational use of other prescription medications which are prone to abuse including stimulant/ADD medications and sleeping medications. Your interview did not reveal hesitation, discrepancy with your written screenings, or other non-verbal signs of minimization or covering a prescription drug use problem.

SUMMARY – At present you meet criteria for an opioid use disorder in early remission. I am providing recommendations to assist you in gaining skills to help maintain your present abstinence and improve the likelihood of ongoing recovery from opioid use.

DSM-5 Substance Use Symptoms:

- ☒ Recurrent use beyond intention
- ☐ Persistent desire or unsuccessful efforts to reduce/quit use
- ☒ Substantial time spent obtaining, using, or recovering from use
- ☐ Strong craving/desire
- ☐ Recurrent failure to fulfill a major role (work, home, school)
- ☐ Continued use despite recurrent social/interpersonal problems
- ☐ Important social, occupational, recreational activities relinquished
- ☐ Recurrent physically hazardous use

- ☐ Continued use despite knowledge of contraindicated physical or psychological condition
- ☒ Tolerance
- ☐ Withdrawal symptoms

Summary - 3 of 11 symptoms (Mild 2-3 | Moderate 4-5. Severe 6+)

DSM-5 DIAGNOSIS in Reference to Substances: F11.10 opioid use disorder, mild, in early remission

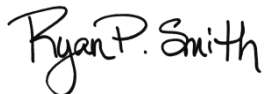
Treatment Recommendations:

- 1) Outpatient Counseling – 6-8 outpatient sessions with a professional substance abuse counselor to provide assistance in helping you gain skills to lessen the likelihood of relapse to opioid use; update recommendations or discharge as appropriate;
- 2) If abstinence is compromised or opioid use is resumed – it is likely that an increased level of treatment will be necessary (e.g. IOP, Inpatient, residential treatment, etc.);
- 3) Drug Testing – random drug screens at the direction of probation officer;
- 4) If another negative consequence is incurred as a result of any substance use it is likely that an increased level of treatment will be necessary and recommended (e.g. IOP, Inpatient, residential treatment, etc.).

If there is any additional information 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 you in this important matter.

Sincerely,



Ryan P. Smith MSW, LISW-S, LICDC, SAP
SW Lic. #I.1000155-S, CD Lic. #101182

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.