

August 9, 2016

Jamie Trice
8552 2nd Ave.
Silver Spring, MD 20910

Re: Clinical Alcohol and Drug Assessment for Sean Wesley Martin (DOB – 03/20/1989)

Dear Officer Trice:

I performed a Clinical Alcohol and Drug Assessment for Sean Martin in reference to his probationary requirement in Fairfax County. This assessment included a 45-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 = 0 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

DAST-10: score = 2 / *LOW LEVEL SCREEN*; scores of 3-5 indicate moderate problem drug use (screen relative to lifetime use of substances)

Alcohol & Substance Use Risk Factors:

- ☐ legal history – denies previous history
- ☐ severity of incident – possession of a controlled substance with intent to distribute
- ☐ anxiety/depression/mental health – NA
- ☐ general health issues – NA
- ☒ exposure to trauma – as a child (addressed through therapy and adequately managed)
- ☐ regular use of liquor – NA
- ☐ prominent family history – none reported
- ☐ prior treatment history – NA
- ☐ negative peer influence – NA
- ☐ at-risk work environment – NA
- ☐ current stress identified (relational, work, financial, etc.) – NA

Summary - 1 of 11 concerns, low risk

Clinical Interview/Summary: ALCOHOL – Mr. Martin's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He described his normal use of alcohol as being 1 beer on a less than monthly basis. He reported use of up to 4 beers in times of special occasion or celebration.

Mr. Martin and I discussed his lifetime drinking habits and general use of alcohol at length. I did not find him meeting DSM-5 alcohol use disorder criteria for an alcohol use disorder and his drinking habits are within the NIAAA recommendations for men's low-risk drinking.

NON-PRESCRIPTION DRUG – Mr. Martin acknowledged regular use of marijuana through October 2013. He was forthcoming in his clinical interview and helped identify 8 DSM-5 cannabis use disorder symptoms (see below) he had been experiencing around the time leading to his legal incident. Since this October, he has been able to abstain from the use of all cannabis products and was articulate of the personal growth he has seen as a result. In addition to this, he also discussed and identified the environmental and relational factors that were contributing to his problem drug use and how these have dissipated.

Mr. Martin 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.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Martin denied any 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 discrepancy with his written screenings, nor did he show signs of hesitation and/or verbal signs of minimization indicative of problem use.

SUMMARY - This assessment has been completed with the understanding that Mr. Martin has been subject to regular urinalysis screens and has done so without any positive tests. Considering his long-term abstinence and risk profile, he is considered to be at low risk for relapse.

Past DSM-5 Cannabis Use Disorder Symptoms:

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

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

Summary - 8 of 11 symptoms (Mild 2-3 | Moderate 4-5 | **Severe 6+**)

DSM-5 DIAGNOSIS in Reference to Substances: F12.20 Severe Cannabis Use Disorder (Sustained Remission)

Treatment Recommendations: Having found no basis for an active DSM-5 alcohol or drug use disorder I have no further recommendations for Mr. Martin at this time if he continues his mandatory drug screening without complication or further legal trouble. Should he have further complication, he is to seek further evaluation and comply with any treatment recommendations his follow-up provider may have.

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

Sincerely,



Trevor C. Davis, CDCA
Cert.# 150427
cc: Sean Wesley Martin

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.