

July 21, 2016

Ben Luftman, Attorney at Law Luftman, Heck & Associates LLP 580 E. Rich Street 2nd Floor Columbus, Ohio 43215

Re: Clinical Alcohol and Drug Assessment for Eric McGlaughlin (DOB – 05/20/1986)

Dear Mr. Luftman:

I performed a Clinical Alcohol and Drug Assessment for Mr. McGlaughlin in reference to his May 2016 possession of a controlled substance charge in Belmont County. This assessment included a 50-minute in-person clinical interview, and the administration of:

- A Substance Abuse Subtle Screening Inventory (SASSI-3)
- 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:

SASSI-3: overall scores indicated a *low probability* of a moderate to severe substance use disorder; scores were negative for rules #1-9; screening was valid and covered a lifetime frame of reference:

MAST: score = 1 / *NEGATIVE screening*; screening did not provide sufficient evidence to suggest problem alcohol use;

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 legal history	
□ severity of incident – N/A	
☐ anxiety/depression/mental health	
☐ general health issues – No known diseases or allergies	
□ exposure to trauma	
☐ use of liquor – N/A	
☑ illicit substance use – use of cannabis; experimentation with other substances	
Contraindicated prescription use	

family history – N/A
prior treatment history – N/A
negative peer influence – N/A
at-risk work environment – N/A
current stress (relational, work, etc.) - low

Summary - 1 of 12 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary:

ALCOHOL – Mr. McGlaughlin'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 prior to this charge as 1-3 standard drinks on 1 occasion per week. He also acknowledged use of 4-6 standard drinks on 1 special occasions (weddings, birthdays, etc.) per month.

Mr. McGlaughlin and I discussed his present and historical use of alcohol at length. We also discussed low risk problem alcohol use standards as set forth by the World Health Organization. Mr. McGlaughlin's clinical interview did not reveal any indications of an alcohol use disorder per DSM-5 criteria.

NON-PRESCRIPTION DRUG – Mr. McGlaughlin regular use of marijuana beginning at age 21 and reported engaging in once weekly use of cannabis over the past 2 years. He reported abstaining from cannabis use since his charge and denies any plans to resume cannabis use. While he freely acknowledged engaging in regular cannabis use, his overall use did not appear to meet DSM-5 criteria for a cannabis use disorder. He denied experimentation or use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Mr. McGlaughlin's report about non-prescription drug use suspect of minimization or deception.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. McGlaughlin acknowledged experimenting with Valium and Xanax medications on one occasion and denied engaging in any subsequent abuse of prescribed medications. He denied any other recreational use of prescription medications which are prone to abuse including stimulant/ADD medications, narcotic painkiller medications, and anxiolytics and sleeping medications. The interview did not reveal hesitation, discrepancy with his written screenings, or other non-verbal signs of minimization or covering a prescription drug use problem.

DSM-5 DIAGNOSIS in Reference to Substances: Z03.89 (suspected alcohol use condition not found)

Treatment Recommendations:

1) There are no clinical recommendations at this time.



2) If another negative consequence is incurred as a result of any alcohol or other substance use or if Mr. McGlaughlin finds it difficult to maintain his abstinence from cannabis use, it is recommended that he seek further evaluation and follow all updated treatment recommendations.

If the court possesses additional information about Mr. McGlaughlin's use of alcohol or drugs that might impact the outcome of this assessment, I would be happy to review it and consider any appropriate modifications or amendments to the present report.

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

Sincerely,

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

cc: Eric McGlaughlin

Ryan P. Snith

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Diagnostic Conclusions / Limitations: Directions Counseling Group provides Clinical Alcohol and Drug 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.

