

May 25, 2016

Amy Berry, Probation Officer
Franklin County Adult Probation
369 South High Street, 4th Floor
Columbus, OH 43215-4516

**Re: Clinical Alcohol and Drug Assessment for Stetson Burdine
(DOB – 04/14/1991)**

Dear Ms. Berry:

I performed a Clinical Alcohol and Drug Assessment for Mr. Burdine in reference to his positive urine drug screens. This assessment included a 60-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 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:

SASSI-3: scores indicated an overall *high probability* of a moderate to severe substance use disorder diagnosis; screening was positive for rule #9 and covered a lifetime frame of reference;

MAST: score = 1 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use

DUDIT: score = 10 / *NEGATIVE SCREEN*; scores of 6 or more indicate problematic use (“mild-moderate”), scores of 25 or more indicate high likelihood of a severe disorder present

Substance Use Risk Factors:

Concerns/Risks

- ☒ legal history – previous OVI and gun-related legal charges
- ☐ severity of incident
- ☐ anxiety/depression/mental health
- ☒ other substance use – cannabis
- ☒ family history – extensive family history of problem alcohol and substance use
- ☐ prior treatment history – NA
- ☒ peer influences

- ☐ work environment – NA
- ☐ contraindicated prescription use – NA
- ☐ general health problems – NA
- ☐ current family stress – NA

Summary - 4 of 11 concerns, mitigate concern with clinical recommendations

Present Use Status: low risk alcohol use; attempting to stop cannabis use

Anxiety/Depression Screening: no clinically significant concerns reported

Substance Related Legal History Reported: acknowledged 2013 alcohol-related OVI charge

Clinical Interview/Summary:

ALCOHOL - Mr. Burdine'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 over the past year as 2-3 drinks on 2-3 occasions per week. He also acknowledged a previously higher intensity of alcohol use though he reported he has maintained his present pattern since his 2013 alcohol-related OVI charge.

Mr. Burdine and I discussed his 2013 OVI incident, family history, and his general history of alcohol use at length. At present I was unable to find evidence at present nor from his history that would indicate he is presently experiencing a DSM-5 alcohol use disorder symptom.

ILLICIT DRUG – Mr. Burdine acknowledged experimenting with cannabis for the first time at 11 years of age. He reported subsequent daily use until he was incarcerated at age 18. Mr. Burdine reported past attempts to stop engaging in cannabis use with only brief, limited success before resuming cannabis use. He appeared ambivalent about both stopping and continuing to engage in cannabis use though expressed that he does want to comply with court orders. He denied experimentation with any other illicit substances including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Mr. Burdine report suspect of minimization or deception.

PRESCRIPTION DRUG – Mr. Burdine denied any 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: F12.12 cannabis use disorder, moderate

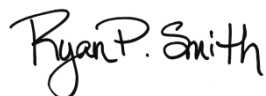
Treatment Recommendations:

- 1) Outpatient Counseling – recommend 8 outpatient sessions with a professional substance abuse counselor update recommendations or discharge as appropriate;
- 2) Monitoring – recommend 6 months of monitoring with same counselor after initial counseling completed, meeting frequency at discretion of counselor;
- 3) Drug Testing – recommend random drug screens at the direction of probation officer or court;
- 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 recommended (e.g. IOP, Inpatient, residential treatment, etc.).

If the court possesses additional information about Mr. Burdine'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. Burdine, and yourself in this important matter.

Sincerely,



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

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.