DIRECTIONS
COUNSELING GROUP

June 29, 2016

Zachuary T. Meranda, Attorney
The Meranda Law Firm LTD
729 South 3rd Street
Columbus, Ohio 43206-1027

Re: Clinical Alcohol and Drug Assessment for Colin M. Cavanaugh
(DOB – 10/11/1996)

Dear Mr. Meranda:

I performed a Clinical Alcohol and Drug Assessment for Mr. Cavanaugh in reference to his June 2016 possession of a controlled substance charge in Delaware County. This assessment included a 60-minute 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: scores indicated an overall *high probability* of a moderate to severe substance use disorder; scores were positive for rule #7 and negative for rules #1-6, 8 & 9; screening was valid and covered a lifetime frame of reference

MAST: score = 3 / *POSITIVE SCREEN*; screening indicates early to middle stage problem drinking; lifetime frame of reference;

DAST: score = 4 / 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 – indications of moderate depressive symptoms
☒ general health issues – stomach problems
☐ exposure to trauma – NA
☐ use of liquor – NA
☐ contraindicated prescription use – NA
☐ family history – none reported
☐ prior treatment history – NA

☒ negative peer influence – pattern of binge alcohol use; illicit substance use
☐ at-risk work environment – NA
☐ current stress (relational, work, etc.) – NA

Summary - 3 of 12 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary:
ALCOHOL – Mr. Cavanaugh's written screenings provided clear indications of an alcohol use disorder at a mild to moderate level. He was open in the clinical interview and shared information indicating 3 problem alcohol use symptoms: recurrent use beyond intention, substantial time spent drinking, and recurrent use in hazardous situations. He reported regular use of alcohol in high school and during his freshman year of college in order to deal with unwanted thoughts and emotions. He also acknowledged experiencing alcohol-related memory impairment. While Mr. Cavanaugh does not appear to have a physiological or psychological dependence on alcohol, he does appear to have difficulty controlling his consumption of alcohol once he is in a social setting that includes drinking and when around peers who engage in binge alcohol use.

NON-PRESCRIPTION DRUG – Mr. Cavanaugh reported his first use of cannabis was at age 14 and that he smoked marijuana on a daily basis throughout high school. In college he switched to smoking hash oil on a daily basis and continued despite negative impact to his academic functioning, substance use-related relationship problems, and feelings of guilt related to his cannabis use. Mr. Cavanaugh reported that his last use of cannabis was 3 weeks ago and acknowledged experiencing withdrawal symptoms and cravings since abstaining from use. 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. Cavanaugh's report about non-prescription drug use suspect of minimization or deception.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Cavanaugh 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.

SUMMARY – Mr. Cavanaugh meets DSM-5 criteria for a mild alcohol use disorder and a severe cannabis use disorder. He also showed indications of a major depressive disorder and recurrent difficulties with anxiety which should be further evaluated as any mood disorders are likely to exacerbate a substance use condition and complicate treatment.

DSM-5 Cannabis 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 - 8 of 11 symptoms (Mild 2-3 | Moderate 4-5. Severe 6+)

DSM-5 DIAGNOSIS in Reference to Substances: F12.20 cannabis use disorder, severe; F10.10 alcohol use disorder, mild

Treatment Recommendations:

1) Alcohol & Drug Education – 12 hrs. of alcohol/drug education including a combination of any of the following – local class (hospital, treatment center, or community facility), AA/NA, MADD VIP, online alcohol or drug education course;

2) Outpatient Counseling – 12-18 outpatient sessions with a professional substance abuse counselor whose scope of practice includes diagnosis and treatment of mood disorders;

3) Monitoring – 6 months of monitoring with same counselor after initial counseling completed, meeting frequency at discretion of counselor;

4) Abstinence – recommend abstaining from all illicit substance use permanently and abstaining from all alcohol use for 2-year minimum; any consideration of resuming alcohol use should be done only in consultation with a physician and/or substance abuse professional;

5) If abstinence is compromised – it is likely that an increased level of treatment will be necessary (e.g. IOP, Inpatient, residential treatment, etc.);

6) Physician consult – for continuity of care, inform primary care doctor of the results of this assessment and obtain a medication consultation in regards to possible mood disorder condition;

7) 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 you or the court possess additional information about Mr. Cavanaugh'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 court, Mr. Cavanaugh, and yourself in this important matter.

Sincerely,

Ryan P. Smith

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

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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.

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