

October 4, 2016

Laura Paul, Attorney  
407 Fulton Street  
Indianapolis, IN 46202

**Re: Clinical Alcohol and Drug Assessment for Bryan A. Ohama  
(DOB – 03/20/1974)**

Dear Ms. Paul:

I performed a Clinical Alcohol and Drug Assessment for Mr. Ohama in reference to his possession of a controlled substance and paraphernalia charges in Parke County. This assessment included a 40-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 (screen relative to lifetime use of alcohol)

**DAST-10:** score = 1 / *NEGATIVE SCREEN*; point incurred for drug use outside of a medical context and/or supervision

**Alcohol & Substance Use Risk Factors:**

- ☐ negative peer influence/at-risk work environment – NA
- ☐ current stress (relational, work, financial, etc.) – NA
- ☐ physical health concerns – NA
- ☐ anxiety/depression/mental health – NA
- ☐ exposure to trauma – NA
- ☐ family history – 1 indirect blood-relative
- ☐ regular use of liquor – less than weekly
- ☐ voluntary treatment history – NA
- ☐ severity of incident – NA
- ☐ legal history – denies previous history

Summary - 0 of 10 concerns

**Clinical Interview/Summary:** ALCOHOL – Mr. Ohama'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 before this charge as 2-3 drinks on approximately one occasion per week. He also acknowledged use of 3-5 drinks in times of special occasion (weddings, birthdays, etc.).

I did not find Mr. Ohama meeting DSM-5 alcohol use disorder criteria for diagnosis, and his drinking habits seem to be within NIAAA recommendations for men's low-risk drinking. There are no treatment recommendations I feel would be appropriate for him at this time with regard to his alcohol use.

**NON-PRESCRIPTION DRUG** – Mr. Ohama acknowledged use of marijuana on approximately 15 social occasions since the age of 25 (his first experimentation was also at this age) but reports that he has not used since his charges in August. Mr. Ohama reported that he intendeds to abstain from the use of all psychoactive cannabis products due to their illegal status in his state and due to the negative impact that this incident has had on him. After reviewing the history and nature of his use with him, he did not meet any DSM-5 criteria for a cannabis use disorder (see below).

He denied experimentation and use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Mr. Ohama's report about non-prescription drug use suspect of minimization or deception.

**PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED** – Mr. Ohama denied recreational use of all 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 or verbal signs of minimization suggesting problem use of prescription medications.

**DSM-5 Alcohol & Substance 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 - 0 of 11 symptoms (Mild 2-3 | Moderate 4-5 | Severe 6+)

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

**Treatment Recommendation:** Drug Testing – Having found no basis for a DSM-5 alcohol or drug use disorder, I have only asked that Mr. Ohama obtain a 10-panel drug screen following today's assessment. He will be doing this through a third-party provider and will provide the results of this screening with this evaluation. Should Mr. Ohama have a positive drug screen or be unable to complete a verified screen within 3 days of this assessment, I recommend he be further assessed to ascertain whether he has an undisclosed alcohol or drug use disorder.

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

Sincerely,



Trevor C. Davis, CDCA

Cert.# 150427

Reviewed by Ryan Smith, MSW, LISW-S, LICDC, SAP

SW Lic. #1.1000155-S; #101182

cc: Brian A. Ohama

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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.