

October 3, 2016

Howard A. Elliott, Attorney at Law
218 S. Main Street
Findlay, Ohio 45840

Re: Clinical Alcohol and Drug Assessment for Seth Larmee (DOB – 11/7/1994)

Dear Mr. Elliott:

I performed a Clinical Alcohol and Drug Assessment for Mr. Larmee in reference to his June 2016 charges of paraphernalia and possession of a controlled substance in Seneca County. This assessment included a 50-minute clinical interview, and the administration of:

- A Substance Abuse Subtle Screening Inventory (SASSI-3)
- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- 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 diagnosis; scores were negative for rules #1-8 and positive for rule #9; screening had a lifetime frame of reference;

MAST: score = 0 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screen relative to lifetime use of alcohol)

DAST: score = 2; 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 – NA
- ☐ general health issues – NA
- ☐ exposure to trauma – NA
- ☐ use of liquor – NA
- ☒ illicit substance use – cannabis
- ☐ contraindicated prescription use – NA
- ☐ family history – none reported

- ☐ prior treatment history – NA
- ☒ negative peer influence – peers engage in cannabis use
- ☐ at-risk work environment – NA
- ☐ current stress (relational, work, etc.) – NA

Summary - 2 of 13 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary:

ALCOHOL – Mr. Larmee'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 2-4 or fewer occasions per month. He reported no difference in the amount consumed if he/she was attending a special event or celebration.

Mr. Larmee and I discussed his past and present use of alcohol at length. While I did not find him meeting DSM-5 alcohol use disorder criteria I did note some concerns associated with his specific situation. Accordingly, I am including some preventative recommendations in the remainder of this report.

NON-PRESCRIPTION DRUG – Mr. Larmee acknowledged beginning using cannabis during his sophomore year of high school. He reported his most frequent and heaviest use of cannabis was ages 18-20 during which time he would smoke on 2-3 occasions per week. Over the past year he reported his use has decreased in frequency and intensity though he continues to use cannabis when stressed. 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. Larmee's report about non-prescription drug use suspect of minimization or deception.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Larmee 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 Substance 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 - 2 of 11 symptoms (Mild 2-3 | Moderate 4-5. Severe 6+)

DSM-5 DIAGNOSIS in Reference to Substances: F12.10 cannabis use disorder, mild

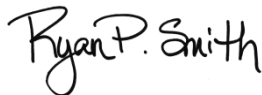
Treatment Recommendations:

- 1) Preventative Alcohol & Drug Education – 9 hrs. of alcohol/drug education including a combination of any of the following resources– local class (Ohio Health’s Alcohol Awareness Series at Riverside Hospital 614-566-3700), AA, and/or online alcohol or drug education course;
- 2) Outpatient Counseling – 5-6 outpatient sessions with a professional substance abuse counselor after completion of recommendation #1; update recommendations or discharge as appropriate;

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

Sincerely,



Ryan P. Smith MSW, LISW-S, LICDC, SAP
SW Lic. #1.1000155-S, CD Lic. #101182
cc: Seth Larmee

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 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.