

August 22, 2016

Bradley J. Groene, Attorney
Luftman, Heck & Associates, LLP
810 Sycamore Street, Floor 3
Cincinnati, OH 45202-2180

**Re: Clinical Alcohol and Drug Assessment for David W. Collins
(DOB – 11/07/1958)**

Dear Mr. Groene:

I performed a Clinical Alcohol and Drug Assessment for Mr. Collins in reference to his June 2016 substance-related charge in Clinton 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 diagnosis; screening covered a lifetime frame of reference;

MAST: score = 16 / *POSITIVE SCREEN*; screening indicated severe problem drinking (screen relative to lifetime use of alcohol)

DAST: score = 1 / *NEGATIVE SCREEN*; scores of 1-2 = low level concern, 3-5 moderate, 6-8 substantial, 9-10 severe

Substance Use Risk Factors:

- ☒ legal history – alcohol-related DUI charge in 1992 and 1995
- ☒ severity of incident – motor vehicle crash
- ☐ anxiety/depression/mental health – NA
- ☐ general health issues – NA
- ☐ exposure to trauma – NA
- ☐ use of liquor – NA
- ☒ other substance use – inhalants
- ☐ contraindicated prescription use – NA
- ☒ family history – family history of problem alcohol use

- ☒ prior treatment history – inpatient and intensive outpatient treatment for alcohol use
- ☐ negative peer influence – NA
- ☐ at-risk work environment – NA
- ☐ current stress (relational, work, etc.) – NA

Summary - 5 of 13 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary:

ALCOHOL – Mr. Collins' written screenings provided clear indications of an alcohol use disorder at a severe level. He was open in the clinical interview and shared that he has received inpatient and outpatient treatment for alcohol use on several occasions. Mr. Collins' reported he has been abstinent from alcohol use for the past 3 years with the help of daily Antabuse medication.

NON-PRESCRIPTION DRUG – Mr. Collins acknowledged minimal experimentation with cocaine, hallucinogens, mushrooms, and inhalants in late high school and early college. He denied ongoing use or experimentation subsequent to his college years with exception of his use of an inhalant on June 16, 2016. I found no part of Mr. Collins' report about non-prescription drug use suspect of minimization or deception.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Collins 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. Collins has a history of severe alcohol use and acknowledged past experimentation with multiple substances. While I do not see evidence of a substance use disorder beyond an alcohol use disorder in remission, I am recommending counseling sessions with a professional substance abuse counselor for relapse prevention services.

DSM-5 Alcohol 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 - 7 of 11 symptoms (Mild 2-3 | Moderate 4-5. Severe 6+)

DSM-5 DIAGNOSIS in Reference to Substances: F10.20 alcohol use disorder, severe, in sustained full remission

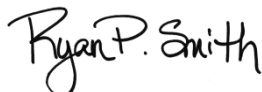
Treatment Recommendations:

- 1) Relapse Prevention Planning – 8 sessions with a substance abuse professional for assistance in mitigating the likelihood of any substance use resumption;
- 2) Monitoring – 6 months of monitoring with same counselor after initial counseling completed, meeting frequency at discretion of counselor;
- 3) Abstinence – abstaining from all alcohol and substance use permanently;
- 4) If abstinence is compromised – 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. Collins' 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. Collins, and yourself in this important matter.

Sincerely,



Ryan P. Smith MSW, LISW-S, LICDC, SAP
SW Lic. #1.1000155-S, CD Lic. #101182
cc: David W. Collins

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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.