

October 11, 2016

Anthony Whitacre, Director of Safety-EEO Officer, Secretary/Treasurer
Oglesby Construction Inc.
1600 Toledo Road, Route 20 West
Norwalk, Ohio 44857-9549

Re: Clinical Alcohol and Drug Assessment for Patrick T. Ott (DOB – 02/10/1987)

Mr. Whitacre:

I performed a Clinical Alcohol and Drug Assessment for Mr. Ott in reference to his positive urine screening in June 2013 and employment status with Oglesby Construction. This assessment included a 60-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 = 2 / *NEGATIVE SCREEN*; no direct or indirect indication of a present alcohol use disorder (screen relative to lifetime use of alcohol)

DAST-10: score = 1 / *LOW LEVEL SCREEN*; point incurred for drug use outside of a medical context and/or supervision, no direct or indirect evidence of a present substance use disorder

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 – history of depression
- ☐ exposure to trauma – impactful death of a loved one (appears managed)
- ☒ family history of substance abuse or alcoholism – 3 blood relatives
- ☐ regular use of liquor – NA

- ☐ voluntary treatment history – NA
- ☐ severity of incident – NA
- ☒ legal history – underage drinking charge at 19 years of age

Summary - 3 of 10 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary: ALCOHOL – Mr. Ott’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 as 2-4 beers on approximately 1 occasion per week. He reported no difference in the amount consumed if he was attending a special event or celebration.

Mr. Ott and I discussed his general use of alcohol at length. I did not find him 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.

NON-PRESCRIPTION DRUG – Mr. Ott acknowledged infrequent use of marijuana (1-2 times a month) leading up to his random positive test in 2013, but reported abstinence since that time. While he acknowledged that smoking cannabis helped him cope with symptoms of depression he was experiencing at the time, Mr. Ott denied that his use ever became necessary for him to function. He also denied experiencing any difficulty in abstaining from cannabis use. Since his positive test with Oglesby, he has been subject to random drug testing through his current employer (Duraseal) with the most recent test being “1-2 months” ago. He reported no positive screens with Duraseal and outside of this random positive screen with Oglesby, no positive screens or cause for concern with regard to substance use in his 5-year history with the company. In considering Mr. Ott’s longstanding work history and the nature of the substance he had been using, he is considered to be at low-risk for a cannabis use disorder at this time.

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

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Ott 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.

Past 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 - 1 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 Recommendations:

- 1) Drug Testing – random drug screens at the discretion of employer or as in accordance with company protocol.
- 2) If unable to maintain abstinence from cannabis OR if there is evidence of problem alcohol use – Mr. Ott is to consult with a mental health and substance abuse professional for further evaluation in an effort to ascertain whether he has an unidentified disorder; a minimum of extended outpatient counseling should be recommended in combination with any additional support options (marijuana anonymous, AA, education, etc.).

If you possess additional information about Mr. Ott'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 Mr. Ott and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA

Certificate # 150427

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

cc: Patrick T. Ott

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.