

July 21, 2016

Adrienne Journey, Probation Officer
Sentinel Offender Services
3565 Martin Luther King Jr. Drive, Suite 3571
Atlanta, GA 30331

**Re: Clinical Alcohol and Drug Assessment for Thomas Deckard Croix
(DOB – 11/30/1983)**

Dear Ms. Journey:

I performed a Clinical Alcohol and Drug Assessment for Mr. Croix in reference to his January 2016 OVI charge in Fulton 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: no scores indicative of an alcohol use disorder at any level (mild, moderate, or severe); respondent's DEF score (defensiveness) was elevated beyond the norm which increases the likelihood of a missed moderate to severe alcohol use disorder but may also reflect situational factors;

MAST: score = 2 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

DAST: score = 0 / *NEGATIVE SCREEN*; scores of 1-2 = low level concern, 3-5 moderate, 6-8 substantial, 9-10 severe

Substance Use Risk Factors:

- ☒ legal history – prior alcohol-related legal charge in June 2011
- ☐ severity of incident – NA
- ☒ anxiety/depression/mental health – history of depressive symptoms
- ☐ general health issues – NA
- ☐ exposure to trauma – NA
- ☐ use of liquor – NA
- ☒ other substance use – some experimentation with cannabis

- ☐ contraindicated prescription use – NA
- ☒ family history – family history of problem alcohol use
- ☐ prior treatment history – NA
- ☐ negative peer influence – NA
- ☐ at-risk work environment – NA
- ☐ current stress (relational, work, etc.) – NA

Summary - 4 of 13 concerns, mitigate concern with clinical recommendations

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

Clinical Interview/Summary:

ALCOHOL – Mr. Croix's written screenings did not provide overt indications of an alcohol use disorder. He was open in the clinical interview and shared information indicating 2 problem alcohol use symptoms (see above). While Mr. Croix does not have a history of daily alcohol use, he does appear to have some difficulty of moderating his alcohol use in social situations. Mr. Croix reported that he has abstained from alcohol use for the past 7 months though he does plan to resume a responsible use of alcohol in the future.

NON-PRESCRIPTION DRUG – Mr. Croix acknowledged minimal experimentation with cannabis when he was with his ex-fiancée but denied any cannabis use within the past year. Mr. Croix's prior cannabis use does not appear to have reached an abuse level and he reports no desire to engage in further cannabis 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. Croix's report about non-prescription drug use suspect of minimization or deception.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Croix 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 DIAGNOSIS in Reference to Substances: F10.10 alcohol use disorder, mild, early full remission

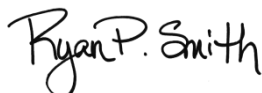
Treatment Recommendations:

- 1) 72 Hour Driver Intervention Program – complete program and provide documentation to the court
- 2) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Croix seek a further evaluation and follow all updated treatment recommendations.

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

Sincerely,



Ryan P. Smith MSW, LISW-S, LICDC, SAP
SW Lic. #I.1000155-S, CD Lic. #101182
cc: Thomas Deckard Croix

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.