

March 30, 2015

Stark County Courthouse  
51 Third St. E. Ste. 106  
Dickinson, ND 58601

**Re: Clinical Alcohol and Drug Assessment for Matthew Barella**

Dear Stark County Representative:

I performed a Clinical Alcohol and Drug Assessment for Mr. Barella in reference to drug possession charge in Stark County (approx.. 14 grams of cannabis). This assessment included the administration of: a Michigan Alcohol Screening Test (MAST), a Drug Abuse Screening Test (DAST), an anxiety/depression screening, and a 50 clinical interview by telephone. 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 at a clinical level; valid screening by clinical impression

**DAST:** score = 8 / *POSITIVE SCREEN* with reference to chronic pain, history of surgeries and narcotic painkiller prescriptions preceding opioid use, abuse and dependence (reported last use as 2011)

**DSM/Other Substance Related Concerns:** denies subtle indicators of problem alcohol use including pattern of mild hangovers, mild memory loss after use, repeat use to relieve emotional or work stress, previous treatment, conflict with significant others during or shortly after use of alcohol, guilt or regret associated with use / clinical interview revealed 0 of 11 problem symptoms per DSM 5 alcohol and drug use disorder criteria

**Anxiety/Depression Screening:** disclosed a variety of depressive and anxiety symptoms which are currently under successful medication management with a psychiatrist; denies any recent (since 2011) crisis, suicidal ideology or actions

**Substance Related Legal History Reported:** denies any previous history of alcohol or substance related arrests/legal charges

**Clinical Interview/Summary:**

**ALCOHOL:** Mr. Barella's written screenings provided no indication of an alcohol use disorder. He reported normal use of alcohol as 2-4 drinks on 0-1 occasions per week. He also acknowledged use of up to 6 drinks on special occasions (weddings, birthdays, etc.) on about 6 occasions per year. He denied using alcohol and operating motor vehicles and denied any history of impaired driving related to alcohol. The clinical interview revealed the impression that Mr. Barella was being forthright in his written and verbal presentation of his use of alcohol and I did not detect contradictions, hesitations or discrepancies in his answers which gave rise to suspicion of minimized reporting of an alcohol use disorder.

**ILLICIT DRUG USE:** Mr. Barella's written screenings and clinical interview provided clear indications his past use, misuse and dependence on opioids after a series of college football injuries, surgeries and prescription narcotic use. He openly acknowledged his opioid use leading to criminal activity which culminated in his incarceration from 2011 to 2014. He also openly reported that he has sought medical opinion with regard to alternates to manage chronic pain so he could avoid returning to opioid use of any kind. He subsequently decided to obtain a medical marijuana recommendation from a physician and reports that his psychiatrist also supported this choice as a means to mitigate pain and avoid narcotic painkiller prescriptions going forward. He is pursuing this path under the active guidance of two physicians.

Mr. Barella appears to be gainfully employed and enjoying a stable marriage; signs of substantial recovery and lifestyle improvements compared to his life prior to incarceration. While his use of cannabis to alleviate significant pain from a history of injuries and corrective surgeries is preferable to the use of prescription opioid painkillers, and it can be legally obtained and used in private in his home state (not in North Dakota), we discussed the possibility of his accumulating some unwanted side effects from prolonged use. My recommendations below will provide additional means to manage pain and minimize the use of cannabis going forward.

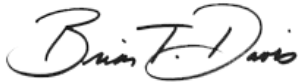
**DSM 5 DIAGNOSIS in reference to substances:** 304.00 (severe opioid use disorder in sustained full remission)

**Treatment Recommendations:**

- 1) Attend a local MADD Victim Impact Panel (completed December 2014, can provide proof to the court)
- 2) Continue regularly scheduled quarterly appointments with psychiatrist to monitor client well being with regards to chronic pain management, avoidance of narcotics, avoidance of negative side effects or problems symptoms which could be associated with long term cannabis use; encourage minimization of cannabis use.
- 3) Keep primary care doctor informed twice per year minimum with regard to anxiety, depression treatment, chronic pain and use of cannabis;
- 4) Pursue awareness and practice of multiple forms of holistic pain relief including physical therapy, massage therapy, acupuncture, yoga, etc. in order to minimize future use of cannabis;
- 5) If negative consequences are incurred as a result of any substance use it is recommended Mr. Barella seek further evaluation and follow all treatment recommendations.

Thank you for the opportunity to assist the court, Mr. Barella, and yourself in this important matter.

Sincerely,



Brian Davis, LISW-S, SAP  
cc: Matthew Barella

**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 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.