

September 2, 2016

Michael Berry
835 Trotwood Drive
Youngstown, Ohio 44512

Re: Clinical Alcohol and Drug Assessment for Michael Berry (DOB – 04/13/1988)

Dear Mr. Berry:

I performed a Clinical Alcohol and Drug Assessment for you in reference to your May 2016 misdemeanor possession charge in Summit 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)
- 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 *low probability* of a moderate to severe substance use disorder; screening was valid and covered a lifetime frame of reference

MAST: score = 2 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use; points related to 2 alcohol-related legal charges (screen relative to lifetime use of alcohol)

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

Substance Use Risk Factors:

- ☒ legal history – 2 alcohol-related legal charges (2008, 2012)
- ☐ severity of incident – NA
- ☒ anxiety/depression/mental health – use of cannabis as coping tool for anxious distress
- ☐ general health issues – NA
- ☐ exposure to trauma – NA
- ☐ use of liquor – NA
- ☐ mixed substance use – NA
- ☐ contraindicated prescription use – NA
- ☒ family history – family history of problem substance use
- ☒ prior treatment history – previous outpatient counseling related to alcohol use

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

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

Clinical Interview/Summary:

ALCOHOL – Your written screenings provided no indication of a current alcohol use disorder at any level though there are indications of a prior mild to moderate alcohol use disorder. You reported your normal use of alcohol over the past 2 years as 3-5 standard drinks on less than one occasion per month. You also acknowledged use of up to 7 drinks on 2-3 special occasions (weddings, birthdays, etc.) per year.

You reported having made some substantial changes to your alcohol use after your OVI charge in November 2012. Your clinical interview revealed sufficient DSM-5 symptoms to warrant a prior mild alcohol use disorder, but I did not find evidence that you have met DSM-5 criteria for an alcohol use disorder within the past 12 months.

NON-PRESCRIPTION DRUG – You acknowledged experimentation with cannabis in college and stated that you began smoking more regularly after decreasing your alcohol use. You reported your typical cannabis use was to smoke most days after work to deal with stress, emotional difficulties, or physical exhaustion. Your clinical interview revealed use in hazardous situations and increased tolerance to cannabis use. You denied experimentation or use within the past 24 months of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – You reported previously being prescribed stimulant and anxiolytic medication for suspected attention deficit and anxiety disorders. You denied any recreational use of prescription medications which are prone to abuse including stimulant/ADD medications, narcotic painkiller medications, and anxiolytics and sleeping medications. Your interview did not reveal hesitation, discrepancy with your written screenings, or other non-verbal signs of minimization or covering a prescription drug use problem.

SUMMARY – You meet criteria for a past mild alcohol use disorder in sustained remission and meet criteria for a mild cannabis use disorder.

DSM-5 Cannabis 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+)

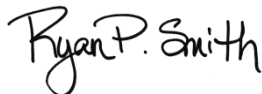
DSM-5 DIAGNOSIS in Reference to Substances: F12.10 cannabis use disorder, mild

Treatment Recommendations:

- 1) Outpatient Counseling – 5 outpatient sessions with a professional substance abuse counselor; update recommendations or discharge as appropriate;
- 2) If another negative consequence is incurred as a result of any alcohol use it is recommended that you seek an updated evaluation and follow all treatment recommendations.

Thank you for the opportunity to assist you in this important matter.

Sincerely,



Ryan P. Smith MSW, LISW-S, LICDC, SAP
SW Lic. #I.1000155-S, CD Lic. #101182

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.