

March 30, 2016

Milena Brumbaugh, LISW-S  
Nemeth Counseling & Consultation  
5123 Norwich St. Ste. 110  
Hilliard, OH 43026

**Re: Clinical Alcohol & Drug Assessment for Cristina N. Buonaiuto  
(DOB – 12/09/1994)**

Dear Ms. Brumbaugh:

I performed a Clinical Alcohol and Drug Assessment for Ms. Buonaiuto in reference to your request. This assessment included a 60-minute in-person clinical interview, and the administration of:

- A Substance Abuse Subtle Screening Inventory (SASSI-3)
- A Michigan Alcohol Screening Test (MAST)
- A Drug Use Disorder Identification Test (DUDIT)
- A general anxiety/depression screening

The following items provide a summary of the screening results, my diagnostic opinion and professional recommendations:

**SASSI-3:** positive for rules 2 and 9 / reflects likely cannabis use disorder at moderate level

**MAST:** score = 0 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use, mitigate concerns with clinical recommendations

**DUDIT:** score = 20 / *POSITIVE SCREEN*; scores of 2 or more (female) suggest presence of mild or moderate condition, 25 or more indicate high likelihood of a severe disorder present

**Alcohol or Substance Use Risk Factors:**

*Concerns/Risks*

- legal history – denies previous history
- severity of incident – no precipitating incident
- anxiety/ depression – significant symptoms
- NIAAA/NIH low risk guidelines for alcohol – does not exceed guideline
- other substance use – NA
- family history – none reported
- prior treatment history – NA
- peer influences – friends use marijuana
- work environment – NA

- contraindicated prescription use – yes (antidepressant, benzodiazepine)
- general health problems – NA
- current family stress – NA

Summary – 3 of 12 concerns, mitigate concern with clinical recommendations

**Anxiety/Depression Screening:** receiving treatment from physician and therapist, reports good rapport and progress in therapy

**Clinical Interview/Summary:**

**ALCOHOL** - Ms. Buonaiuto's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). She reported her normal use of alcohol as 2-3 drinks on 2-3 occasions per week. She also acknowledged use of up to 5 drinks on 5 (or less) special occasions (weddings, birthdays, etc.) per year. While I did not find her meeting DSM-5 alcohol use disorder criteria I did note that she should avoid using alcohol while using benzodiazepines due to the compounding sedating and impairing effects on the central nervous system. Likewise, since she uses other medications and marijuana, her risks for drug interactions (subtle or severe) are compounded even if not using them simultaneously.

**NON-PRESCRIPTION DRUG** – Ms. Buonaiuto acknowledged regular use of marijuana reporting positive benefits to be: improved sleep, pleasure, reduced anxiety and improved appetite. She also noted unwanted side effects to be: loss of motivation, decreased personal accomplishment and being more withdrawn socially. She clearly identified some withdrawal syndrome if she had to abruptly stop using marijuana.

Ms. Buonaiuto denied regular use of other non-prescription drugs although she was forthright about use of cocaine about 3 times per year since 2014.

**PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED** – Ms. Buonaiuto reported use of the following prescription medications:

Xanax – 1 mg. 2-3 x per week (anxiety symptoms)

Wellbutrin (depression)

Zoloft – 100 mg./day (relieve obsessions and/or compulsions)

Vyvanse – 40 mg./day (for focus and

Trazadone – 50 mg./ day (sleep)

**SUMMARY** – Ms. Buonaiuto appears to have a moderate cannabis use disorder. She desires to ideally reduce her use of cannabis with the hopes of regaining her overall motivation and achievement of personal goals. We discussed her previous efforts to reduce her use of marijuana while not trying to abstain altogether. Considering the perceived and felt benefits of the marijuana use, it is doubtful that moderating use will be possible; and in light of depressive symptoms and other medications which may be creating some complex and unwanted drug interactions.

Options to abstain from marijuana altogether would, in my opinion, involve substantial lifestyle changes. I will offer some recommendations in the remainder of this report.

**DSM-5 DIAGNOSIS in Reference to Substances:** F12.20 (moderate cannabis use disorder)

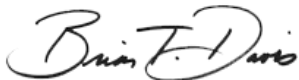
**Treatment Recommendations:**

- 1) Outpatient Counseling – continue frequent therapy with current therapist (currently at 2 sessions per week);
- 2) Abstinence – abstaining from all cannabis use for one-year minimum;
- 3) Various means of accountability for abstinence can be obtained – 12 step groups, use of a sponsor, random drug screens, see Marshall Goldsmith Triggers – Ch. 11 “daily questions in action”;
- 4) Focus on lifestyle development – weekly schedule immersed in sober activities and community life (e.g. - join a gym with structured classes and where community is fostered, volunteer in a local non-profit that has weekly activity with peers, pursue involvement in a faith based organization, look on meetup.com for sober common interest groups that gather on a regular basis for sober enjoyable purposes, etc.)
- 5) Complete an Intensive Outpatient Program – if recommendations above are not producing adequate progress in terms of ability to abstain from marijuana this option is highly recommended (recommend Cornerstone of Recovery 614-889-0000);
- 6) Drug Testing – random drug screens at the direction of counselor;
- 7) Physician consult – for continuity of care, inform primary care doctor of the results of this assessment and obtain appropriate medical recommendations.

If you possess additional information about Ms. Buonaiuto’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, Ms. Buonaiuto, and yourself in this important matter.

Sincerely,



Brian T. Davis, LISW-S, SAP  
LIC# I-7948  
cc: Cristina N. Buonaiuto

**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.