

May 11, 2016

Donald Mashke, Probation Officer Comprehensive Offender Rehabilitation & Education Program (C.O.R.E. Program) 1436 Old Dixie Highway, Suite B Vero Beach, FL 32960-3700

Re: Clinical Alcohol and Drug Assessment for Tyler N. Woolsey (DOB – 03/28/1996)

Dear Mr. Mashke:

I performed a Clinical Alcohol and Drug Assessment for Mr. Woolsey in reference to his possession and paraphernalia charges in Indian River County. This assessment included a 50-minute clinical interview by telephone, and the administration of:

- 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:

MAST: score = 0 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use

DUDIT: score = 2 / NEGATIVE SCREEN; scores of 6 or more indicate problematic use ("mild-moderate"), 25 or more indicate high likelihood of a severe disorder present

Alcohol Substance Use Risk Factors:

Concerns/Risks
☐ legal history – denies previous history
□ severity of incident – low severity
$\hfill \square$ anxiety/depression/mental health – no concerns identified/ normal presentation
□ other substance use – NA
☐ family history – none reported
□ prior treatment history – NA
□ peer influences– NA
□ work environment – NA
□ contraindicated prescription use – NA
☐ general health problems – NA
□ current family stress – NA
Summary - 0 of 11 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary:

ALCOHOL - Mr. Woolsey's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported that he does not drink alcohol and does not plan to do so until he is 21 years of age. He also reports that there is no contradictory legal or school disciplinary history on his record to indicate otherwise.

NON-PRESCRIPTION DRUG – Mr. Woolsey acknowledged experimental useof marijuana on a total of 4 occasions in his life (between winter of 2014 and March of 2016). His reported use of marijuana was unremarkable from a clinical perspective in that it appeared to be motivated by participation and shared pleasure with his peers. He did not cite problems with sleep, chronic pain or have other life problems he was consciously trying to address. Further, he stated that he has no prior history of legal problems involving marijuana use.

Mr. Woolsey denied having experimented with or using all other non-prescription drug categories including: opioids, hallucinogens, stimulants, inhalants or other illicit drugs. His report was without hesitation, contradiction or other non-verbal signs of minimizing or deception.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Woolsey denied any history of recent use of prescription medications which are commonly misused or abused including: narcotic painkillers, stimulants, sleeping medications and benzodiazepines. He did recall that at about the age of 13 he was treated in the ER after some damage to tendons in his wrist. He recalls the medication having a short term impact on him physically but he does not believe he received a prescription to treat pain. His report about prescription drug use was without hesitation, contradiction or other non-verbal signs of minimizing or deception.

SUMMARY – Ultimately I did not find Mr. Woolsey meeting DSM-5 alcohol or drug use disorder criteria. However, since he has incurred a legal charge associated with the use of marijuana I am recommending that he complete some basic drug education.

DSM-5 DIAGNOSIS in Reference to Substances: Z03.89 (suspected substance use condition not found)

Treatment Recommendations:

1) <u>Drug/Marijuana Education</u> – 4 hrs. (minimum) of drug education including a combination of any of the following – local class or online course acceptable, for online class examples see www.onlinedrugclass.com or www.logancourtclasses.com (course that include alcohol education along with drug education are also acceptable);



2) <u>If another negative consequence</u> is incurred as a result of any alcohol use it is recommended Mr. Woolsey seek further evaluation and follow all treatment recommendations.

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

Sincerely,

Brian T. Davis, LISW-S, SAP

LIC# I-7948

cc: Tyler N. Woolsey

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.

