

December 22, 2015

Dr. Ghulam Mujtaba, MD  
Licking Memorial Hospital  
1320 W. Main Street  
Newark, Ohio 43055

**Re: Clinical Alcohol and Drug Assessment for Mikayla Brashears**

Dear Dr. Mujtaba:

I performed a Clinical Alcohol and Drug Assessment for Ms. Brashears in reference to her request for approval to receive pharmacological intervention. This assessment included 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
- 50 minute in-person clinical interview

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

**SASSI-3:** scores indicated a *high* probability of a substance use disorder; scores were positive for rules #2, 7, and 9; screening had a lifetime frame of reference

**MAST:** score = 3; screening revealed one legal charge related to alcohol and other substance use; hospitalization at age 14 due to excessive alcohol use; use despite being informed of liver damage from other medical condition; screening had a lifetime frame of reference

**DUDIT:** score = 16 / *POSITIVE SCREEN*; scores of 6 or more indicate abuse of substances other than alcohol; screening had a lifetime frame of reference

**Anxiety/Depression Screening:** no clinically significant concerns reported

**Substance Related Legal History Reported:** menacing charge related to alcohol & substance use

**Clinical Interview/Summary:**

ALCOHOL – Ms. Brashears' written screenings provided mixed indications of an alcohol use disorder and clear indications of a prior severe amphetamine use disorder. She reported her normal use of alcohol over the past 3 years as 2-4 standard drinks (light domestic beer) on less than 1 occasion per month. She shared that her alcohol use occurs in social settings on holidays, birthdays, or other social events and that she has not consumed more than 3 standard beers on any one occasion within the past 3 years. Ms.

Brashears also shared that she recently received report of a positive diagnosis for hepatitis C, and we discussed the importance of abstaining from alcohol to avoid any liver impairment or loss of function. She was receptive to the information and expressed her willingness to abstain from alcohol use until an as yet undetermined future date if/when she is deemed recovered from hepatitis C.

**AMPHETAMINES** – Ms. Brashears shared that she had been prescribed psychotropic medication for ADHD since childhood. After returning from deployment to Afghanistan in December 2005, she was introduced to cocaine. Initial use was experimental and limited to weekends though her use of cocaine increased to a daily frequency. In response Ms. Brashears moved from Newark, Ohio to Delaware, Ohio to get away from substance using peers and dealers. In the fall of 2006 she was introduced to methamphetamine. Her use went quickly from inhalation to smoking and then to injection. At her peak Ms. Brashears was injecting methamphetamine 4x per week, multiple instances per day. Ms. Brashears stopped using on November 14, 2007 and voluntarily entered inpatient treatment on November 15, 2007 at The Woods at Parkside. She successfully completed a 21-day residential stay and reports ongoing sobriety from illicit substances since that time.

Ms. Brashears' clinical interview indicated the following positive DSM-5 symptom criteria at the time of her amphetamine use: recurrent use beyond intention, recurrent use in physically hazardous situations, tolerance, withdrawal, cravings, loss of control of use, and use despite ongoing interpersonal problems. Ms. Brashears denied experiencing any cravings for amphetamines since mid-2008. She stated she attended NA throughout her residential treatment and briefly afterwards but reported that meetings often led to thinking about drug use and she stopped attending. Ms. Brashears is not attending any social support meetings at present and has not done so since mid-2008.

In reference to her substance use history, Ms. Brashears meets criteria for an amphetamine use disorder, severe, in full remission. I did not find evidence of preoccupation with substance use or evidence from her social or occupational functioning that would suggest ongoing substance use. She denies experiencing any cravings for drug use and appears to both desire and to have engaged herself in meaningful prosocial activities. Ms. Brashears did share that she is in the middle of a divorce process which has been stressful though she appears to be managing her increased stressors without relapsing. In my best clinical judgment I consider Ms. Brashears to be at a low risk of relapse to amphetamine use and do not find her past year alcohol use as reaching DSM-5 criteria for an alcohol use disorder. Given her present relational distress, I am recommending some brief outpatient relational counseling to provide clinical support and give her an opportunity to gain skills useful to managing stress in an adaptive manner.

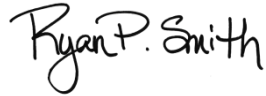
**DSM-5 DIAGNOSIS in reference to substances:** 304.40 / F15.20 stimulant (amphetamine) use disorder, severe, in full remission

#### **Treatment Recommendations:**

- 1) Counseling, recommend 4-6 outpatient sessions with a professional counselor or clinical social worker to address present relational distress.

Thank you for the opportunity to assist Ms. Brashears and yourself in this important matter.

Sincerely,



Ryan Smith, LISW-S, LICDC, SAP  
SW Lic. # I.1000155-S, CD Lic. # 101182  
cc: Mikayla Brashears

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**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.