

June 15, 2016

Colin R. Maher, Attorney
The Maher Law Firm
1335 Dublin Road, Suite 214A
Columbus, OH 43215-7012

Re: Clinical Alcohol and Drug Assessment for Eric R. Beale (DOB – 11/10/1997)

Dear Mr. Maher:

I performed a Clinical Alcohol and Drug Assessment for Mr. Beale in reference to his possession of a controlled substance, underage consumption and disorderly conduct charges in Delaware County. 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 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 had a lifetime frame of reference and provided a valid result;

MAST: score = 4 / *NEGATIVE SCREEN*; screening indicates early to middle stage problem drinking;

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

Substance Use Risk Factors:

- family history = N/A
- prior substance-related charge = N/A
- early onset alcohol/substance use = positive
- prior substance use treatment = N/A
- peer influences = substance-abusing peers
- work environment = N/A
- contraindicated prescription use = N/A
- anxiety or depression symptoms = N/A
- general health problems = N/A
- current family stress = N/A

Substance Use Risk profile = low to moderate; mitigate with treatment recommendations

Present Use Status: presently not using alcohol or other substances

Anxiety/Depression Screening: no clinically significant concerns reported

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

Clinical Interview/Summary:

ALCOHOL - Mr. Beale's written screenings provided mixed indications of an alcohol use. He reported his initial use of alcohol was at age 17 and that he engaged in monthly alcohol use throughout high school. He did acknowledge a several month period of abstinence from alcohol after he was hospitalized with a blood alcohol concentration of .4. Mr. Beale stated that after that experience he changed his peer group but acknowledged that his new peer group engages in excessive alcohol use as well.

Mr. Beale and I discussed his present charges and his alcohol use at length. Mr. Beale's clinical interview revealed recurrent use beyond intention, alcohol-related memory impairment, continued use despite interpersonal problems, and recurrent use in hazardous situations. At present Mr. Beale meets DSM-5 criteria for a mild alcohol use disorder though ongoing evaluation may reveal that he meets criteria for a moderate alcohol use disorder and may require a higher level of care.

ILLICIT DRUG – Mr. Beale acknowledged minimal experimentation with marijuana beginning at age 16. He acknowledged engaging in regular use of cannabis beginning at 17 due to spending time with peers who engaged in daily marijuana use. Mr. Beale's last use of marijuana was two weeks prior to his June 2016 incident. He denied experimentation with any and all other illicit substance categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Mr. Beale report suspect of minimization or deception.

PRESCRIPTION DRUG – Mr. Beale denied any recreational use of prescription medications which are prone to abuse including stimulant/ADD medications, narcotic painkiller medications, and anxiolytics and sleeping medications. The interview did not reveal hesitation, discrepancy with his written screenings or other non-verbal signs of minimization or covering a prescription drug use problem.

DSM-5 DIAGNOSIS in Reference to Substances: F10.10 alcohol use disorder, mild; Rule out F10.20 alcohol use disorder, moderate; Rule out F12.10 cannabis use disorder, mild

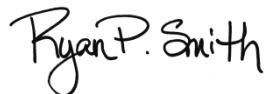
Treatment Recommendations:

- 1) Preventative Alcohol & Drug Education – recommend 9 hrs. of alcohol/drug education including a combination of any of the following resources– local class (Ohio Health's Alcohol Awareness Series at Riverside Hospital 614-566-3700), AA, and/or online alcohol or drug education course;
- 2) Outpatient Counseling – recommend 6-8 outpatient sessions with a professional substance abuse counselor after completion of recommendation #1; update recommendations or discharge as appropriate;
- 3) Monitoring – recommend 6 months of monitoring with same counselor after initial counseling completed, meeting frequency at discretion of counselor;
- 4) If another negative consequence is incurred as a result of any alcohol or other substance use it is recommended Mr. Beale seek an increased level of treatment or extended outpatient substance abuse counseling as appropriate.

If the court possesses additional information about Mr. Beale's use of alcohol or drugs that might impact the outcome of this assessment, I would be happy to review it and consider any appropriate modifications or amendments to the present report.

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

Sincerely,



Ryan P. Smith MSW, LISW-S, LICDC, SAP
SW Lic. #1.1000155-S, CD Lic. #101182
cc: Eric R. Beale

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Diagnostic Conclusions / Limitations: Directions Counseling Group provides Clinical Alcohol and Drug 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.