

September 6, 2016

Kris J. Felthousen, Attorney
The Law Office of Kris J. Felthousen
509 Mustian Street
P. O. Box 626
Kill Devil Hills, NC 27948

**Re: Clinical Alcohol and Drug Assessment for Austin T. Bryant
(DOB – 10/16/1993)**

Dear Mr. Felthousen:

I performed a Clinical Alcohol and Drug Assessment for Mr. Bryant in reference to his July 2015 constructive possession of a controlled substance charge and per his probationary requirements in Currituck County. This assessment included a 40-minute clinical interview, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- A Drug Abuse Screening Test (DAST-10)
- 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 (screen relative to lifetime use of alcohol)

DAST-10: score = 1 / *NEGATIVE SCREEN*; low/minimal level risk; mitigate concern with treatment recommendation

Alcohol & Substance Use Risk Factors:

- ☐ legal history – denies previous history
- ☐ severity of incident – Mr. Bryant reports he was sober passenger in the incident at hand
- ☐ anxiety/depression/mental health – NA
- ☐ general health issues – NA
- ☐ exposure to trauma – NA

- ☐ regular use of liquor – mixed drinks every other month on average
- ☐ other substance use – NA
- ☐ contraindicated prescription use – uses stimulant medication as directed under the care of his primary care physician
- ☐ family history – none reported
- ☐ prior treatment history – NA
- ☐ negative peer influence – NA
- ☒ at-risk work and/or social environment – college student (at-risk population)
- ☐ current stress (relational, work, financial, etc.) – NA
- ☐ poor academics – 2.8 GPA (no history of academic probation)

Summary - 1 of 13 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary: ALCOHOL – Mr. Bryant's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported his normal use of alcohol before this charge as 2-4 beers on 1 occasion every 1-2 weeks. He reported no difference in the amount consumed if he was attending a special event or celebration.

Mr. Bryant and I discussed his legal offense and general use of alcohol at length. I did not find him meeting DSM-5 alcohol use disorder criteria for an alcohol use disorder and his drinking habits are within the NIAAA recommendations for men's low-risk drinking. There are no interventions I feel would be appropriate for him at this time as they relate to the misuse of alcohol.

NON-PRESCRIPTION DRUG – Mr. Bryant acknowledged minimal experimentation with marijuana on 3 occasions over the past "2 or 3 years". He denied experimentation or use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Mr. Bryant's report about non-prescription drug use suspect of minimization or deception. I am making a recommendation in the latter part of this report in an effort to help Mr. Bryant verify the use described and his personal commitment to abstinence going forward.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Bryant denied any recreational use of prescription medications which are prone to abuse including stimulant/ADD medications, narcotic painkiller medications, benzodiazepines and sleeping medications. The interview did not reveal discrepancy with his written screenings, nor did he show signs of hesitation or verbal signs of minimization suggesting problem use of prescription medications.

DSM-5 Alcohol & Cannabis Use Disorder Symptoms:

- ☐ Use beyond intention
- ☐ Persistent desire or unsuccessful efforts to reduce/quit use
- ☐ Substantial time spent obtaining, using, or recovering from use
- ☐ Strong craving/desire
- ☐ Failure to fulfill a major role (work, home, school)
- ☐ Use despite recurrent social/interpersonal problems
- ☐ Important social, occupational, recreational activities relinquished
- ☐ Physically hazardous use
- ☐ Continued use despite knowledge of contraindicated physical or psychological condition
- ☐ Tolerance
- ☐ Withdrawal symptoms

Summary - 0 of 11 symptoms (Mild 2-3 | Moderate 4-5 | Severe 6+)

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

Treatment Recommendations: Drug Testing – Mr. Bryant has been advised to seek a urinalysis drug screening within 48 hours of today's assessment. He is to provide the results of this screen alongside his report, or as the results are received (whichever comes first). If he tests positive for any substance, brief but further consultation will be needed in order to provide appropriate intervention recommendations. It is also recommended the probation department require one random additional screening at some point prior to the fulfillment of the probationary term; this, however, may be a recommendation at the discretion of the probation officer.

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

Sincerely,



Trevor C. Davis, CDCA

Cert.# 150427

Reviewed by Ryan Smith, MSW, LISW-S, LICDC, SAP

cc: Austin T. Bryant

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.