

September 19, 2016

The Honorable Curt A. Haws, Judge
Circuit Court of the Ninth Judicial District
40 South Fremont
Pinedale, WY 82941-1796

**Re: Clinical Alcohol and Drug Assessment for Matthew J. Godin
(DOB – 06/28/1992)**

Dear Mr. Haws:

I performed a Clinical Alcohol and Drug Assessment for Mr. Godin in reference to his possession of a controlled charge in Sublette County. This assessment included a 30-minute clinical interview by telephone, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- Alcohol Use Disorder Identification Test (AUDIT)
- 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)

AUDIT: score = 0 / *NEGATIVE SCREEN*; scores of 8 or more indicate potential *hazardous use*, whereas scores of 15 or more in men indicate a *moderate to severe* disorder may be present (screen predominantly relative to current use of alcohol)

DAST-10: score = 1 / *NEGATIVE SCREEN*; point incurred for drug use outside of a medical context

Alcohol & Substance Use Risk Factors:

- ☐ legal history – denies previous history
- ☐ severity of incident – reports he was not intoxicated at the time of incident
- ☐ anxiety/depression/mental health – NA
- ☐ general health issues – NA
- ☐ exposure to trauma – NA
- ☐ regular use of liquor – NA
- ☐ other substance use – NA
- ☐ contraindicated prescription use – NA
- ☐ family history – none reported

- ☐ prior treatment history – NA
- ☐ negative peer influence – NA
- ☐ at-risk work environment – NA
- ☐ current stress (relational, work, financial, etc.) – NA
- ☐ poor academics – excelled in school, received platinum presidential award

Summary – 0 of 13 concerns, no risk factors and/or concerns to be mitigated through treatment recommendations

Clinical Interview/Summary: ALCOHOL – Mr. Godin’s written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported use of alcohol on one occasion in the past “5 or 6 years.” Accordingly, I did not find Mr. Godin meeting any DSM-5 alcohol use disorder criteria for diagnosis.

NON-PRESCRIPTION DRUG – Mr. Godin acknowledged experimental use of marijuana on one lifetime occasion. He described this as a very poor and out-of-character experience that he never wishes to repeat. This, due to the amount of legal trouble it has caused him. He denied experimentation and use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Mr. Godin’s report about non-prescription drug use suspect of minimization or deception.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Godin 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 & Substance Use 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: Having found no basis for a DSM-5 alcohol or drug use disorder, I have only asked that Mr. Godin obtain a 10-panel drug screen following today's assessment. He will be doing this through a 3rd party provider and will provide the results of this screening with this evaluation. Should Mr. Godin have a positive drug screen or be unable to complete a verified screen within 3 days of this assessment, I recommend he be further assessed to ascertain if he has an undisclosed alcohol or drug use disorder or early problem use of a substance.

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

Sincerely,



Trevor C. Davis, CDCA

Cert.# 150427

Reviewed by Brian T. Davis, LISW-S, SAP LIC# I-7948

cc: Matthew J. Godin

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.