DIRECTIONS
COUNSELING GROUP

September 28, 2016

Gregory Davenport, Attorney
3439 Brookside Rd.
Stockton, Ca 95219

Re: General Mental Health, Alcohol and Drug Assessment for Maxwell Edson (DOB – 10/30/1990)

I performed a General Mental Health Assessment and a Clinical Alcohol and Drug Assessment for Mr. Edson in reference to his appeal process regarding his EMT certification in San Joaquin county. This assessment included a 72-minute clinical interview and the administration of:

General Mental Health Instruments
- Mental Status Exam
- DSM-5 Level 1 Cross Cutting Symptom Measure
- Patient Health Questionnaire (PHQ-9)

Alcohol and Drug Assessment Instruments
- A Michigan Alcohol Screening Test (MAST)
- A Drug Abuse Screening Test (DAST)

The following items provide a summary of Mr. Edson's screening results, my diagnostic opinion, and professional recommendations:

GENERAL MENTAL HEALTH

Mental Status Exam
General Appearance – normal confidence, good eye contact, appropriate attire and hygiene
Speech Emotional State – appropriate volume and rate of speech, appropriate demonstration of emotional range congruent with content of speech
Thought Processes – logic and reasoning intact, no evidence of delusions, hallucinations, obsessions/compulsions
Sensorium & Mental Capacity – oriented x 3, normal
Insight & Judgment – appropriate in the individual as well as joint interview

DSM-5 Cross Cutting Symptom Measure
Raw Score of 6 with minor, "rare" experiences of dysphoria, unhappiness, anxiety, etc. which would flag potential areas of mental health concerns; score also suggests genuine responses rather than under reporting or over reporting of symptoms; results were consistent with the clinical interview

PHQ-9 (Depression Screen)
Score: 3; No chronic or acute conditions identified, score suggests genuine responses rather than under reporting or over reporting of symptoms, results were consistent with the clinical interview

PTSD Screening
Since Mr. Edson has worked as a paramedic/EMT for over 4 years I also screened him specifically for post-traumatic stress disorder (PTSD), knowing that EMT duties typically expose workers to significant first and second hand trauma and traumatic incidents. Mr. Edson's was able to accurately report about traumas witnessed and the associated stress he experienced. His screening was however negative for a PTSD condition.

Clinical Interview Summary Regarding General Mental Health: Mr. Edson presented with no overt or immediately identifiable mental health concerns, including personality disorders (narcissistic personality, anti-social personality, etc.) or post-traumatic stress disorder. The remainder of this report focuses more specifically on the identification of substance use disorders.

ALCOHOL AND DRUG ASSESSMENT

MAST (alcohol): score = 2 / NEGATIVE SCREEN; consistent with interview

DAST-10 (drug): score = 7 / POSITIVE SCREEN; consistent with interview for opioids

Alcohol or Substance Use Risk Factors:
Concerns/Risks
☐ drug related legal history – denies any legal history related to use of alcohol or drugs
☒ severity of incident – acknowledged drug use while on duty in April of 2016
☒ anxiety/depression/mental health history – mild depressive symptoms in coping with loss of regular employment, no clinical or mental health crisis indicated
☒ substance use – experimentation with multiple substances, dependence history with opioids
☒ family history – identified 3 relatives in 2 prior generations of family members
☐ prior treatment history – one inpatient treatment/ no relapse history
☐ peer influences– NA – has successfully terminated unhealthy contacts/relationships
☐ work environment – NA
☐ contraindicated prescription use – no Rx at present
☐ general health problems – good health
☐ current family stress – NA
Summary - 4 of 11 concerns, mitigate concern with clinical recommendations

DSM - 5 Opioid 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 -6 of 11 symptoms / in remission since April 26, 2016

Clinical Interview (Alcohol/ Drug Use):
ALCOHOL – Mr. Edson's written screenings provided no overt indications of an alcohol use disorder. He reported his normal use of alcohol, prior to inpatient treatment, as 3-5 standard drinks on 0-1 occasions per week. He also acknowledged that he used beyond this amount on 2-3 atypical occasions per year (7-9 drinks max.). While Mr. Edson was at times drinking beyond NIAAA low risk drinking guidelines (5 drinks or more) it did not appear that his use was frequent enough to result in a concentration of symptoms that warrant an alcohol use disorder diagnosis.

I questioned Mr. Edson about his perspective on alcohol subsequent to his inpatient treatment, sobriety and recovery to date. He was articulate about the need to remain sober and abstinent from all mood altering substances, including alcohol, regardless of the extent and nature of his past use of alcohol.

NON-PRESCRIPTION DRUG – Mr. Edson acknowledged past experimental and infrequent use of a variety of substances since his late teen years, including marijuana, stimulants and benzodiazepines. About six years ago (19) he received a painkiller prescription for a broken facial bone. He denied abusing his prescription but about 18 months ago (24) he used it recreationally for about six months and eventually tried heroin (smoked but not IV use) and became addicted to it for about six months until someone at work suspected his use of heroin and reported it. Mr. Edson acknowledged the use and began 30-day inpatient treatment shortly after at Changing Echoes in Angel's Camp California.

Mr. Edson reports that he has been sober from all substances since his successful completion of inpatient treatment. He is attending 12-step meetings 2-4 times per week and has a sponsor. He is also actively looking for an individual therapist to engage in outpatient counseling to support his sobriety and long term recovery.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Edson acknowledged illicit use of benzodiazepines (at various times between 20-25 years old) and hydrocodone at the age of 24 for about 6 months, until beginning heroin use. He

experimented with stimulants in the past as well (Adderall). He denies any and all illicit use of prescription medications since beginning recovery. For a period of 2 months he used Suboxone (under physician direction) as part of his initial recovery treatment plan. Suboxone is frequently prescribed as part of the initial treatment plan of individuals recovering from heroin dependence. Mr. Edson started at a dosage of 12 mg., notably less than the initial dosage required typically seen for recovering heroin users (16-24 mg.).

ALCOHOL/DRUG USE SUMMARY – Mr. Edson clearly meets criteria for severe opioid use disorder in early full remission. He evidenced a meaningful and working grasp of recovery principals and appears to be highly motivated to continue his recovery by his desire to work again in his chosen occupation. His recovery program appears to be genuine but I also found areas which I recommend he strengthen. My suggestions to enhance his treatment plan are provided below in detail.

DSM-5 DIAGNOSIS in Reference to Substance Use Disorders: F11.20 severe opioid use disorder, early full remission

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Summary Treatment Recommendations Related to Overall Mental Health and Substance Use

1) Individual outpatient counseling – engage in regular outpatient sessions with a professional counselor who has experience diagnosing and treating substance use disorders as well as general mental health conditions; recommend initial treatment frequency of 3 sessions per month and frequency adjusted each 3-month period in consultation with the professional counselor; in the event of any relapse obtain further assessment from counselor and follow all updated treatment recommendations;

2) Continue 12 Step Meeting Attendance & Sponsor Relationship – continue 2-4 meeting per week attendance and document attendance;

3) Physician consult – for continuity of care, keep primary care doctor informed of progress and provide release of information between treatment providers for best practice care;

4) Random Drug Testing – submit to random drug tests (regardless of terms of employment) in order to establish accountability, motivation to continue sobriety and to demonstrate sobriety to future employers or professional caregivers; testing schedule may be determined by substance abuse professional (#1) or employer but should be no less than 2 tests per month for the first 6 months; testing should include extended opiate (12 panel test) to detect synthetic opiates (hydrocodone, and similar); taper testing frequency in consultation with outpatient counselor;

5) Employment – abide by any employer agreements as condition for employment including: random drug testing results to be shared between employer and counselor, document 12 step meeting attendance, etc. as directed by employer; note that some employers may limit responsibilities and/or duties until recovery is established over a period of time;

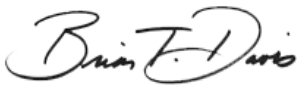
6) Continue Involvement in faith community – attend 1-2 events per week, participate in volunteer service in faith and/ or local community;

7) Holistic Self Care – research shows that lasting recovery from opioid use requires an ongoing multidimensional effort; physical fitness, sound nutrition, healthy sleep habits, mental and spiritual health care, relationship development, occupational development, and so on, all play important roles in successful recovery.

If you possess additional information pertinent to Mr. Edson's use of alcohol or drugs that might aid in the accuracy 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 Mr. Edson and yourself in this important matter.

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: Maxwell Edson

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.