

DRAFT

June 16, 2015

Justin Bellamy, Probation Officer
Rocky Mountain Offender Management
619 Wilcox Street
Castle Rock, CO 80104

**Re: General Mental Health Assessment for Mackenzie S. Kevwitch
(DOB – 08/15/1995)**

Dear Mr. Bellamy:

I performed a General Mental Health Assessment for Ms. Kevwitch in reference to her probationary release requirements in Douglas County. This assessment included a 65-minute clinical interview by phone and the administration of:

- A Beck Depression Inventory (BDI)
- A Patient Health Questionnaire (PHQ-9)
- A Zung Anxiety Inventory
- Borderline Personality Screening
- Collateral contact with Probation Officer to confirm compliance with other probationary requirement before release
- Review of Proof of Alcohol Education and Alcohol Counseling

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

Clinical Instrument Scores/Brief Interpretation

BDI (administered verbally) – score = 1 on a 0-62 scale; no symptoms of clinical significance for depression were reported, clarifying questions were used to ascertain validity of this screening, I had no impression that subject was under-reporting symptoms or faking good on the BDI

PHQ-9 – score = 1 on a 0-27 scale; mild tiredness reported but not of clinical significance, clarifying questions were used to ascertain validity, no impression that subject was experiencing the indirect symptoms of depression such as poor sleep or appetite, concentration problems, low self-esteem, or substance abuse

Zung Anxiety Inventory (administered verbally) - Raw Score = 22/ Anxiety Index= 28; no clinical indications of acute or clinically significant symptoms or anxiety, subject is articulate about ways to prevent and or respond to anxiety provoking situations, I had no suspicions or impressions that Ms. Kevwitch was minimizing or denying any recent

symptoms but she took ownership of a past lifestyle and friendship choices which used to illicit anxiety symptoms regularly (18-19 years old)

Borderline Personality Disorder Screening (administered verbally) – the DSM-5 BPD symptom cluster was first reviewed indirectly in the interview and then later by direct questioning. I concluded that despite some symptom recognition at 18 years old, symptoms appear to have been situational and therefore reflective of adolescent development rather than a bona fide DSM-5 personality disorder.

Collateral Contact with Probation Department (will complete this after telephone call to Jeremy to verify compliance)

Related Legal History Reported: single incident of impaired driving in Colorado (2014 is this the correct year? What month? Any other history of legal charges?)

Clinical Interview Summary(Mackenzie -check the following paragraphs for accurate history): Ms. Kevwitch shared the following with me: She stated that when she was 18 she made poor choices with regard to alcohol and marijuana use as well as poor choices in terms of a boyfriend and several other peer friendships. In this context she did things for attention and approval. This motivated her marijuana and alcohol use which lead to a DUI. She also took a large amount of her grandfather's medication as a means to get attention, immediately told her mother and wound up in the emergency room. These events all happened within about a 2-week timespan. Her case was adjudicated and included 2 years or probation, 14 weeks of group drug and alcohol education, as well as 24 weeks of group alcohol treatment. She received these services from a psychologist and successfully completed both programs. However, due to the nature of her situation that included an emergency room visit after taking some pills, she was evaluated by a psychiatrist who diagnosed her with Borderline Personality Disorder and Depression.

Ms. Kevwitch stated that she failed some alcohol tests early in her probation but over time was able to be clean for each test, to the point she has been released from testing. Ms. Kevwitch and I discussed the history of the last 3 years at length, including her relationships with boyfriends, time spent not dating anyone (8 months), her friendship choices and her current employment and roommate situation.

In my best clinical judgment, I was unable to find Ms. Kevwitch currently meeting criteria for a mental health condition. It is highly likely that Ms. Kevwitch was manifesting depressive symptoms as well as some of the symptoms of Borderline Personality Disorder at the time of the DUI. However, her psychological development appears to be intact and progressing. She took ownership in the interview for her own self-esteem and poor choices in terms of friendships, romantic relationships and substance use. Furthermore, Ms. Kevwitch has an ability to reflect with insight on her past choices, romantic relationships and immature actions, yet without self-condemnation. This seemed particularly poignant and relevant with regard to her view of substance use,

stating that even the idea of resuming alcohol use bothered her.

DSM 5 DIAGNOSIS in reference mental health: Z03.89 (suspected substance use condition not found)

Treatment Recommendations: Having found no cause for a current DSM-5 mental health condition and with awareness that Ms. Kevwitch has been in compliance with her probationary requirements, I have no further professional recommendations for Ms. Kevwitch at this time. If she has any difficulty with depression/anxiety, significant relationship problems or substance use, I strongly recommend that she seek professional assistance from her previous treatment provider or another mental health professional in order to address any matter in a timely way as part of her improved overall self-care.

If you or the court possess additional information about Ms. Kevwitch's mental health 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, Ms. Kevwitch, and yourself in this important matter.

Sincerely,



Brian Davis, LISW-S, SAP
cc: Mackenzie S. Kevwitch

Diagnostic Conclusions / Limitations: Directions Counseling Group provides Clinical Mental Health 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.