

August 4, 2016

Joshua Wilson, Esq.
1507 King Street
Alexandria, Virginia

Re: Clinical Alcohol and Drug Assessment for Kiarra Vaje Gwynn (DOB – 02/21/1994)

Dear Mr. Wilson:

I performed a Clinical Alcohol and Drug Assessment for Ms. Gwynn in reference to her possession of a controlled substance charge in Fairfax County. This assessment included a 40-minute clinical interview by telephone, 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 / *LOW LEVEL SCREEN*; point incurred was for admission to drug use outside of a medical context

Alcohol & Substance Use Risk Factors:

- ☐ legal history – denies previous history
- ☐ severity of incident – NA
- ☐ anxiety/depression/mental health – NA
- ☐ general health issues – NA
- ☐ exposure to trauma – NA
- ☐ regular use of liquor – no more than 4 times in a year
- ☐ 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, etc.) – NA
- ☐ poor academics – 3.2 GPA

Summary - 0 of 14 concerns, no concern to be mitigated through treatment recommendations

Clinical Interview/Summary: ALCOHOL – Ms. Gwynn's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). She described her typical consumption of alcohol as 1-2 mixed drinks or glasses of wine on 3 or 4 occasions in the average year. She also reported no difference in the amount consumed if she was attending a special event or celebration.

Ms. Gwynn's drinking habits are within the NIAAA's recommendations for women's low-risk drinking and I was unable to identify any problem alcohol use from her report. I have no recommendations related to misuse of alcohol or a DSM-5 alcohol use disorder for her at this time.

NON-PRESCRIPTION DRUG – Ms. Gwynn acknowledged minimal experimentation with marijuana (use on approximately 4 social occasions) but denied experimentation and/or regular use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Ms. Gwynn's report about non-prescription drug use suggestive of minimization and given her history, suspect of deception.

Following Ms. Gwynn's November 2015 charges, she has personally decided to discount the use of all cannabis products indefinitely. She has made this decision citing the current legal trouble and stress of her current situation as her main motives for abstaining. This, in the context of previously infrequent use, has provided to be an easy transition for her as she reports no cravings or relapses since making this decision.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Ms. Gwynn 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 and initial screening did not reveal discrepancy or other verbal signs of minimization covering a prescription drug use problem.

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 am only recommending that Ms. Gwynn provide a urine drug screen analysis that is consistent with her reported abstinence. The screening should be provided alongside this assessment and should only be considered valid if it has been completed within 3 days of today's date. This recommendation comes with the understanding that she will be providing the court with character reference letters in addition to this assessment as you have advised her to do.

If you or the court possess additional information about Ms. Gwynn'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, Ms. Gwynn, 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: Kiarra Gwynn

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.