DIRECTIONS
COUNSELING GROUP

October 9, 2015

Sabrina Weeden
Famly Protective Services
5117 Watauga Rd.
Watauga, TX 76137

Re: Clinical Alcohol and Drug Assessment for Megan O'Neal

Dear Ms. Weeden:

I performed a Clinical Alcohol and Drug Assessment for Ms. O'Neal in reference to her as she cooperates with recommendations from CPS. This assessment included the administration of:

- A Michigan Alcohol Screening Test (MAST)
- A Drug Abuse Screening Test (DAST)
- A General anxiety/depression screening
- A 70 minute clinical interview by telephone

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

MAST: score = 1 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screening appeared valid)

DAST: score = 0 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screening appeared valid)

DSM/Other Substance Related Concerns: denies subtle indicators of problem alcohol or drug use including pattern of mild hangovers, mild memory loss after use, repeat use to relieve emotional or work stress, previous treatment, conflict with significant others during or shortly after use of alcohol, guilt or regret associated with use

Anxiety/Depression Screening: mild anxiety symptoms successfully managed with primary care physician

Substance Related Legal History Reported: denies any previous history of alcohol or substance related arrests/legal charges

Clinical Interview/Summary:
ALCOHOL - Ms. O'Neal's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe She reported her normal use of alcohol before this charge as 1-2 drinks on up to 4 occasions per week. Her weekly use as reported is within NAAA low risk drinking guidelines for females. Ms. O'Neal acknowledged that she shared a statement of concern with her mother about her use of

alcohol earlier this year, but I was unable to find her experiencing symptoms to a level that would qualify or a DSM-5 alcohol use disorder. She reports that she successfully reduced her use of alcohol since May of 2015. She also has recently engaged a professional counselor (Shirley Kalling, LPC, M.Ed) for overall self-improvement and attainment of personal goals and intends to continue meeting with her on a regular basis.

ILLICIT DRUG – Ms. O'Neal acknowledged she previously used marijuana on a regular basis in college but has not used any for nearly 6 years. She was convincing and articulate about her use beginning to create anxiety symptoms and found it to be very unpleasant. She denies using it since that time. I found Ms. O'Neal reports report to be consistent and not suspect of minimization or false information.

PRESCRIPTION DRUG – Ms. O'Neal denied any recreational use of prescription medications which are prone to abuse including stimulant/ADD medications, narcotic painkiller medications and anxiolytics and sleeping medications. The interview did not reveal hesitation, discrepancy with her written screenings or other non-verbal signs of minimization or covering a prescription drug use problem.

Ms. O'Neal also shared details of her psychotropic medication prescriptions with me. I did not find her report to be suspect in reference to abuse of prescription medications.

While I did not find a basis in the interview or review of the written screenings to diagnose Ms. O'Neal with a substance use disorder of any kind, I do support her decision to meet with a professional counselor. For preventative purposes Ms. O'Neal may periodically discuss her use of alcohol with counselor Kailing and obtain additional supportive services and/or treatment if problem symptoms arise or persist in connection with her use of alcohol.

If Family Protective Services possesses additional information about Ms. O'Neal'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.

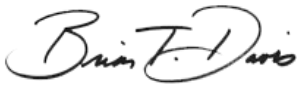
DSM-5 DIAGNOSIS in reference to substances: V71.09 (none found)

Treatment Recommendations:

1) Counseling, recommend continuation of outpatient sessions with professional counselor; Shirley Kalling, LPC, M.Ed. at a twice per month frequency; periodically discuss use of alcohol and any impact to personal and family life.

Thank you for the opportunity to assist Family Protective Services and Ms. O'Neal, in this important matter.

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: Megan O'Neal

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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.

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