

September 14, 2016

Blake D. Hankey, Attorney  
Hankey Law  
405 Bruce Avenue, Suite 100  
Grand Forks, ND 58201

**Re: Clinical Alcohol and Drug Assessment for Mason Vale Headlee  
(DOB – 12/24/1990)**

Dear Mr. Hankey:

I performed a Clinical Alcohol and Drug Assessment for Mr. Headlee in reference to his Possession of a Controlled Substance charge in Pierce County. This assessment included a 55-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 / *NEGATIVE SCREEN*; point incurred for use of psychoactive substances outside of a medical context

**Alcohol and Substance Use Risk Factors:**

- ☒ legal history – Possession of Controlled Substance Charge, Winter 2014 (marijuana)
- ☐ severity of incident – NA
- ☐ anxiety/depression/mental health – NA
- ☐ general health issues – NA
- ☐ exposure to trauma – NA
- ☐ regular use of liquor – NA
- ☒ other substance use – tobacco
- ☐ contraindicated prescription use – NA
- ☐ family history – none reported
- ☐ self-initiated treatment history – court-ordered education only
- ☒ negative peer influence – reports holding marijuana for friend on probation
- ☐ at-risk work environment – NA

- ☒ current stress (relational, work, financial, etc.) – minimal current stress reported, at-risk for stress due to custody battle and/or relational stress

Summary - 4 of 13 concerns, mitigate concerns with clinical recommendations

**Clinical Interview/Summary:**

ALCOHOL – Mr. Headlee’s written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported his normal use of alcohol before this charge as 2-3 beers on a less than monthly basis (approximately 6 times a year). He reported no difference in the amount consumed if he was attending a special event or celebration.

Mr. Headlee and I discussed his general use of alcohol at length. I did not find him meeting DSM-5 alcohol use disorder criteria for an alcohol use disorder and his drinking habits are within the NIAAA recommendations for men’s low-risk drinking.

NON-PRESCRIPTION DRUG – Mr. Headlee acknowledged minimal use of marijuana in the “last year and a half” but reports having abstained for the last 9 months. Prior to this he described his use as weekly but never daily. He denied experimentation or use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc.

While Mr. Headlee was found to be in possession of marijuana (under a quarter of an ounce), his self-reported abstinence is convincing considering he was screened the night of his arrest and did not test positive. I also understand that he has been taking bi-monthly to weekly uranalysis screens in compliance with the prosecutor’s request since the incident, and has done so with no positive test results. I found no part of Mr. Headlee’s report about non-prescription drug use suspect of minimization or deception.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Headlee 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 demonstrate signs of hesitation or other verbal signs of minimization suggesting problem use of prescription medications.

**DSM-5 Alcohol & Cannabis Use Disorder 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+)  
sometimes in a case like this – since I have checked nothing I take out all 11 lines with check boxes and simply put otherwise some readers might wonder what is going on until they see the summary part

*Summary - 0 of 11 symptoms found / no basis for diagnosis*

**DSM-5 DIAGNOSIS in Reference to Substances:** Z03.89 (suspected substance use condition not found)

**Treatment Recommendations:**

- 1) Outpatient Counseling – 2 outpatient sessions with a professional substance abuse counselor; recommendation made for purpose of reinforcing and supporting abstinence from marijuana, follow-up provider may update treatment recommendations as appropriate or discharge after 2 sessions;
- 2) Continued Drug Testing – random bi-monthly drug screens (Mr. Headlee reports that he will be doing this regardless of recommendations due to requirements of child custody proceedings);
- 3) If another negative consequence is incurred as a result of any cannabis use it is recommended Mr. Headlee seek further evaluation and follow all treatment recommendations.

If you or the court possess additional information about Mr. Headlee'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. Headlee, 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: Mason Vale Headlee

**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.