DIRECTIONS
COUNSELING GROUP

November 15, 2016

Kyle Klukas, Assistant States Attorney
Grundy County Court
111 E. Washington St.
Morris, IL 60450

Re: Clinical Alcohol Assessment for Robert D. Forester (DOB – 05/29/1965)

Dear Mr. Klukas:

I performed a Clinical Alcohol Assessment for Mr. Forester in reference to his June DUI charge in Grundy County. This assessment included a 65-minute clinical interview by video conference, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- A general anxiety/depression screening

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

MAST: score = 5 / *POSITIVE SCREEN*; indirect indication of a present alcohol use disorder, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

AUDIT: score = 5 / *NEGATIVE SCREEN*; scores of 8 or more indicate potential *hazardous use*, whereas scores of 15 or more in men indicate a *moderate to severe* disorder may be present (screen predominantly relative to current use of alcohol)

Current Use Status: Reports abstaining from alcohol and all controlled substances since June 10, 2016

Clinical Interview/Summary: Mr. Forester's written screenings provided some indication of an alcohol use disorder. He reported that he does not enjoy the overall taste of alcohol or it's intoxicating effects. He reported his normal use of alcohol before this charge as 2-3 beers on a less than weekly to less than monthly social basis. He also acknowledged use of up to 4 drinks on special occasions or when using cocaine.

Mr. Forester and I discussed his DUI and general use of alcohol at length. It would seem his drinking habits are within NIAAA recommendations for men's low-risk drinking; however, his use of alcohol cannot be clinically condoned. Mr. Forester was forthcoming and articulate about his longstanding use of cocaine. He described his use of alcohol as being contingent upon his use of cocaine and vice versa (with the latter being far less frequent). Mr. Forester is planning on signing paperwork to enter a 90-day treatment

program in Charleston, South Carolina this coming weekend. This is a treatment program that he reports having had significant success with before and he seems motivated at this point in time to achieve sustained recovery due to the severity of recent consequences of use.

Mr. Forester discussed the fleeting health of a close blood-relative (who also lives in Charleston) and while he intending to enter treatment, should he need to delay his program due to said loved one's health, it would seem that he stable enough to do so with accountability. While he currently has a strong support system (regular 12-step support, new promising medicinal regimen, psychological support, strong negative and positive reinforcement) he is still considered to be at high risk for relapse. Should his treatment be delayed OR should he leave treatment for family obligations, I would advise that only be in conjunction with regular drug testing. The treatment recommendations provided below are reflective and supportive of Mr. Forester's personal intentions to gain lasting sobriety.

DSM-5 Alcohol 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 - 2 of 11 symptoms (Mild 2-3 | Moderate 4-5 | Severe 6+)

DSM-5 DIAGNOSIS in Reference to Substances: F10.10 Mild Alcohol Use Disorder

Treatment Recommendations:

1) Abstinence – abstaining from all alcohol use, any consideration of resuming alcohol use should be done only in consultation with a physician and substance abuse professional;

2) Complete a 90+ Day Residential Rehabilitative Program – Rehab program to discharge as appropriate with relapse prevention plan;

3) 12 Step or Smart Recovery Meeting Attendance – 3 session minimum per week following discharge for 12 months, any exceptions to this recommendation must be

made with approval of a substance abuse professional (optional if in a transitional living arrangement);

4) Monitoring – 24 months of monitoring with same counselor after initial counseling completed, meeting frequency at discretion of counselor;

5) Drug and/or EtG Testing – random weekly screens (1-2 screens) at the discretion of a outpatient substance abuse counselor (if not enrolled in active recovery program);

6) If abstinence is compromised – consult with the primary therapist at the time to determine changes in treatment planning"

If you or the court possess additional information about Mr. Forester's use of alcohol 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. Forester, and yourself in this important matter.

Sincerely,

Trevor C. Davis, CDCA
Certificate # 150427
Reviewed by Brian T. Davis, LISW-S, SAP LIC# I-7948
cc: Robert D. Forester

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.

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