

November 17, 2016

Barbara Mckowan, Case Manager  
Clark County Probation  
Law Enforcement Center, Ground Fl.  
707 W. 13th Street  
Vancouver, WA 98660

**Re: Clinical Alcohol and Drug Assessment for Cody Krause (DOB – 12/08/1987)**

Dear Ms. Mckowan:

I performed a Clinical Alcohol and Drug Assessment for Mr. Krause in reference to his DUI charge that has been reduced to Negligent Driving (second degree) in Clark County. This assessment included an 80-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 a present alcohol use disorder (screen relative to lifetime use of alcohol)

**DAST-10:** score = 4 / *POSITIVE SCREEN*; indicative of a substance use disorder

**Clinical Interview/Summary:**

**ALCOHOL** – Mr. Krause's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported his last use of alcohol was a "couple of years ago" and his last time being "drunk" was on his 21<sup>st</sup> birthday. He reported that he doesn't use alcohol as it exacerbates his anxiety. While alcohol for many, alcohol can alleviate symptoms of anxiety, this is not always the case. Mr. Krause described a chronic anxiety condition that he has struggled with as long as he can remember. I found his reasons for not using alcohol plausible and consistent with the legal history he reported.

**NON-PRESCRIPTION DRUG** – Mr. Krause denied regular and experimental use of all non-prescription substance use categories including: stimulants, hallucinogens, inhalants, etc. Mr. Krause reported that he is drug tested every 2 months by his prescribing Suboxone clinic and has been subject to screening for the past 6 months without raising suspicion or providing evidence of illicit drug use. Mr. Krause disclosed that he had a past heroin problem (see symptoms below); however, he has remained

abstinent for approximately 2 years. I found no part of Mr. Krause's report about non-prescription drug use suspect of minimization or deception.

**PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED** – Mr. Krause denied use of all prescription medications which are prone to abuse (and not prescribed to him) including: stimulant/ADD medications, narcotic painkiller medications, benzodiazepines, and sleeping medications. He has been taking Suboxone for 6 months (previously took prescribed Methadone for 1.5 years prior to this) in combination with a benzodiazepine and SSRI medication under the care of a physician. He is taking Suboxone to treat the severe opioid use disorder he began to develop in high school. His use of pain-killers started as standard treatment for sports-related injuries; however, he began to notice the positive effects these had on his anxiety. His opioid prescription use progressed into heroin use in his early 20's.

**SUMMARY** – Mr. Krause has had past inpatient and extensive outpatient treatment for substance use. He attributed, what would seem to be the most "stable" he has ever felt, to the current combination of medications he is currently taking (and has been taking for the past 6 months). He currently meets with his Suboxone prescribing/managing doctor every 2 weeks and attends 1-hour mental health counseling sessions at his clinic every other week. He has attended a victim impact panel per his legal obligation and seems to have the support system he needs in place to avoid relapse.

**DSM-5 Opioid 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 - 10 of 11 symptoms (Mild 2-3 | Moderate 4-5 | Severe 6+)

**DSM-5 DIAGNOSIS in Reference to Substances:** F11.20 Severe Opioid Use Disorder (Sustained Remission on Agonist Therapy)

**Treatment Recommendations:** Mr. Krause appears to be experiencing a strong recovery process and has good and ongoing professional support. I have no additional recommendations for him at this time except to urge him to continue his current schedule of treatment and follow the ongoing direction of his physician and counselor.

If you or the court possess additional information about Mr. Krause'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. Krause, 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: Cody L. Krause

**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 and Drug 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.