

January 16, 2015

Josh Covey, Attorney
2150 South 1300 East Rd.
Suite 500
Salt Lake City, UT 84106

Re: Clinical Alcohol and Drug Assessment for Kris Patrick

Dear Mr. Covey:

I performed a Clinical Alcohol and Drug Assessment for Mr. Patrick in reference to his pending drug possession charge in Washington County. This assessment included the administration of: a Michigan Alcohol Screening Test (MAST), a Drug Abuse Screening Test (DAST), an Alcohol Use Disorder Identification Test (AUDIT), an anxiety/depression screening, and a face-to-face clinical teleconferenced interview. The following items provide a summary of the screening results, my diagnostic opinion and professional recommendations:

Substance(s) of Concern: marijuana primary; screened for all illicit substances

MAST: *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use

DAST: score = 2 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol or substance use

AUDIT: score = 0 / *NEGATIVE SCREEN*; scores above 8 indicate hazardous use, above 13 indicates moderate to severe disorder present

DSM/Other Substance Related Concerns: clinical interview revealed 0 of 11 DSM 5 substance related symptoms present; denies subtle indicators of problem alcohol use including 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: no clinically significant concerns reported

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

Clinical Interview/Summary:

ALCOHOL: Mr. Patrick's written screenings provided no indication of an alcohol use disorder. He reported his normal use of alcohol *previous* to his charges as 1-2 drinks on 1 or less occasions per month. He also acknowledged use of 1-2 drinks on special occasions (weddings, birthdays, etc.) less than 3 times per year. Mr. Patrick indicated that since his legal incident, he has completely abstained from alcohol. He feels that this will assist him in thinking more clearly overall, as well as guarantee no further legal consequences to interfere with his future goals as a recent college graduate. Regarding alcohol related disorders, I was unable to find him meeting *any* of the 11 DSM 5 criteria.

DRUG USE: We discussed Mr. Patrick's marijuana possession charges and the incident's surrounding this at length. While he admitted to having smoked marijuana while camping with his girlfriend on their trip to the Grand Canyon, he denies that he did so while driving there. My assessment is that he made a poor choice due to situational and social factors which led to his decision to bring marijuana with him on the trip. Mr. Patrick does deny that he has been a regular marijuana user. Further, he maintains he has completely abstained from marijuana use, again stating that he does not want to see any impediment to his bright future. Additionally, he maintains that he has no plan to smoke recreationally going forward. Regarding substance use disorders, I was also unable to find him meeting criteria for a DSM substance related disorder of any kind.

DSM 5 DIAGNOSIS in reference to substances: V71.09 (no alcohol or drug use disorder found)

Treatment Recommendations: After examination of Mr. Patrick's written screenings and a thorough clinical interview I am of the opinion to a reasonable degree of clinical certainty that he is not someone manifesting signs and symptoms of an alcohol or drug use disorder. Accordingly, I have no additional professional recommendations for him at this time.

Thank you for the opportunity to assist the court, Mr. Patrick and yourself in this important matter.

Sincerely,



Anita McLeod, LCSW, SAP
cc: Kris Patrick

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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.