DIRECTIONS
COUNSELING GROUP

July 27, 2016

Michael Fisher, Atty.
710 South Market St. Suite A
Oskaloosa, IA 52577

Re: Clinical Alcohol and Drug Assessment for Justin Kelling (DOB – 01/29/1993)

Dear Mr. Fisher:

I performed a Clinical Alcohol and Drug Assessment for Mr. Kelling in reference to his possession of a controlled substance charge in Poweshiek County. This assessment included a 50-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 = 2 / *LOW LEVEL SCREEN*; scores of 1-2 are suggestive of a "low-level" drug problem whereas scores or 3-5 would be indicative of a potential "moderate" drug problem, concern to be mitigated through treatment recommendations

Alcohol and Substance Use Risk Factors:

☒ legal history – 1 past charge for possession of a controlled substance (marijuana-related)
☐ severity of incident – NA
☒ anxiety/depression/mental health – managed symptoms depression/anxiety
☐ general health issues – NA
☐ exposure to trauma – unexpected death of a close blood relative in 2010 (saw a therapist for a year and a half following this with success)
☐ use of liquor – NA
☒ other substance use – regular tobacco use

☒ past treatment – marijuana use was addressed at the time Mr. Kelling was seeing counselor however it was not the therapeutic focus of his treatment; it was around this time that his use saw a significant decrease
☐ contraindicated prescription use – NA
☒ family history – 3 blood relatives
☐ negative peer influence – NA
☐ at-risk work environment – NA
☒ current stress (relational, work, etc.) – reported mild to moderate stress stemming from current living situation/core relationship (quantified this stress as a “5 or 6” on a scale of 1-10 in the average week)

Summary - 5 of 13 concerns, mitigate concern with clinical recommendations

DSM-5 Substance Use 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 contra physical or psychological condition
☐ Tolerance
☐ Withdrawal symptoms

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

Clinical Interview/Summary:
ALCOHOL – Mr. Kelling’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 as 1 beer on approximately 5-7 occasions in the average year. He reported no difference in the amount consumed if he was attending a special event or celebration. I did not find him meeting any DSM-5 alcohol use disorder criteria and his drinking habits are within the NIAAA “low-risk” drinking standards for men.

NON-PRESCRIPTION DRUG – Mr. Kelling acknowledged weekly use of marijuana (2-3 times a week) and past daily use years ago. He identified 3 current DSM-5 use

symptoms (see above) warranting diagnosis for a mild cannabis use disorder. He denied experimentation and use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Mr. Kelling's report about non-prescription drug use suspect of minimization or deception.

Since his incident he has responsibly decided to abstain from the use of all cannabis products and was articulate of his reasons for doing so. Though he does not feel he will have much trouble discontinuing his use, I have provided recommendations to help support him and ensure he can successfully make this positive life transition.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Kelling was forthcoming in acknowledging past experimentation (use on 2-3 occasions, 2+ years ago) of a commonly abused stimulant medication. This was taken at the time he was attending community college in an effort to improve focus and academic performance. He denied recreational use of all other prescription medications which are prone to abuse including benzodiazepines, narcotic painkiller medications, and sleeping medications. The interview did not reveal hesitation, discrepancy with his written screenings, or other verbal signs of minimization covering a prescription drug use problem.

DSM-5 DIAGNOSIS in Reference to Substances: 305.20 (F12.10) Mild Cannabis Use Disorder

Treatment Recommendations:

1) Outpatient Counseling – 4-7 outpatient sessions with a professional substance abuse counselor with the discharge session occurring at least 12 months from today's date, follow-up provider may update recommendations or terminate as appropriate;

2) Drug Testing – random drug screens at the discretion of follow-up provider.

3) If another negative consequence is incurred as a result of any drug use it is recommended Mr. Kelling seek an increased level of treatment or extended outpatient substance abuse counseling as appropriate.

If you or the court possess additional information about Mr. Kelling'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. Kelling, 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: Justin Kelling

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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.