

September 19, 2014

Tina Meth-Farrington, County Attorney
Calhoun County Courthouse
416 Fourth Street
Rockwell City, IA 50579

Re: Clinical Alcohol Assessment for John Fees

Dear Ms. Meth-Farrington:

I performed a Clinical Alcohol and Drug Assessment for Mr. Fees in reference to his pending DUI charge in Calhoun County (July 2014). This assessment included the administration of: a Michigan Alcohol Screening Test (MAST), Drug Abuse Disorder Test (DAST), an anxiety/depression screening, and a 50 minute face-to-face videoconferenced clinical interview. The following items provide a summary of the screening results, my diagnostic opinion and professional recommendations:

MAST: score = 12; indicates history of problem alcohol use – screen further to determine severity

DAST: score = 0; scores above 6 indicate hazardous use, above 13 indicates moderate to severe disorder present

DSM/Other Substance Related Concerns: acknowledged numerous indicators of a moderate to severe alcohol use disorder including, tolerance, use beyond intention, interference with relationships and occupation, hazardous use (repeat DUI offenses), alcohol use contraindicated by medical condition

Anxiety/Depression Screening: no clinically significant concerns reported at present

Substance Related Legal History Reported: numerous DUI charges prior to moving to China over 10 years ago

Clinical Interview/Summary: Mr. Fee's written screenings provided clear indication of a history of problem alcohol use. He willingly acknowledged that he considers himself "alcoholic" and moved to China in large part to make a lifestyle change that would support his desire to stop drinking while maintaining his professional life. He reported that he has been successful in his effort to stop drinking since 2007 (when he received a medical diagnosis which contraindicates alcohol use) but could clearly identify his tendency to briefly relapse when visiting the U.S., and particularly when he would gather with old friends. My clinical impression is that Mr. Fee is presently sober but that he could improve his overall health and recovery by participating in 12 step recovery meetings. He reported that this was helpful to him in the past. This might also help decrease his susceptibility to relapse, however brief, when he makes short term trips home to the U.S.

DSM 5 DIAGNOSIS in reference to substances: 303.90 (severe alcohol use disorder; early full remission)

Treatment Recommendations:

- 1) Participation in 12 Step Meetings (AA for example), recommend weekly attendance for 3 month, after 3 months re-evaluate with a substance abuse professional or sponsor to determine the quality of sobriety and appropriateness/ frequency of future meeting attendance;
- 2) Permanent abstinence, advise abstinence from alcohol on a permanent basis;
- 3) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Fees seek further evaluation and follow all treatment recommendations. An increased treatment recommendation of outpatient counseling or intensive outpatient program would likely be recommended if further problem symptoms become apparent due to resumed use of alcohol.

Thank you for the opportunity to assist the court and Mr. Fees in this important matter.

Sincerely,



Brian Davis, LISW-S, SAP
cc: John Fees

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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.