

October 4, 2016

Dennis Lothspeich, Atty. 416 S. 6th St. PO Box 552 Brainerd, MN 56401

Re: Clinical Alcohol Assessment for Hunter Haugen Johnson (DOB – 06/23/1997)

Dear Mr. Lothspeich:

I performed a Clinical Alcohol and Drug Assessment for Mr. Johnson in reference to his July minor in consumption charge in Cass County. This assessment included a 55-minute clinical interview by telephone, 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 = 2 / *NEGATIVE SCREEN*; no direct or indirect indication of a present alcohol use disorder (screen relative to lifetime use of alcohol)

AUDIT: score = 6 / 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)

Alcohol Use Risk Factors:

Ш	poor academics – 3.0 GPA; no history of academic probation
\boxtimes	negative peer influence/at-risk work environment - college student (population at-
	risk)
	current stress (relational, work, financial, etc.) – NA
	physical health concerns – NA
	anxiety/depression/mental health – NA
	exposure to trauma – NA
\boxtimes	family history – one blood-relative reported (2 generations removed)
	contraindicated prescription use – NA
	other substance use – NA
	regular use of liquor – NA
	voluntary treatment history – NA
	severity of incident 13 BAC

	legal history – denies previous history
Su	mmary - 3 of 13 concerns, mitigate concern with clinical recommendations
of a	nical Interview/Summary: Mr. Johnson's written screenings provided no indication an alcohol use disorder at any level (mild, moderate or severe). He reported his mal use of alcohol before this charge as 4-6 beers on 2-3 occasions per month.
alco alco cor rec	Johnson and I discussed his minor in consumption charge and general use of ohol at length. I did not find him meeting DSM-5 alcohol use disorder criteria for an ohol use disorder, however, his drinking habits are beyond what the NIAAA isiders to be "low-risk" for men who are of legal age. I am providing clinical ommendations for Mr. Johnson in an effort to diminish the chance of future problem ohol use.
	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
Su	mmary - 0 of 11 symptoms (Mild 2-3 Moderate 4-5 Severe 6+)
	M-5 DIAGNOSIS in Reference to Substances: Z03.89 (suspected substance use adition not found)
Tre	eatment Recommendations:
1)	Abstinence – abstaining from all alcohol use until of legal age;
2)	Outpatient Counseling – 3-5 outpatient sessions with a professional substance abuse counselor; follow-up provider to update recommendations and discharge as appropriate;
3)	Attend a local Victim Impact Panel – M.A.D.D. (Mothers Against Drunk Driving).



If you or the court possess additional information about Mr. Johnson'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. Johnson, and yourself in this important matter.

Sincerely,

Trevor C. Davis, CDCA Certificate # 150427

Reviewed by Ryan Smith, MSW, LISW-S, LICDC, SAP

SW Lic. #I.1000155-S; #101182 cc: Hunter Haugen Johnson

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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.

