

July 27, 2016

Charles R.B. Stewart, Attorney
Schatz, Anderson & Associates LLC
Salt Lake Office
1425 South 700 East
Salt Lake City, Utah 84105-2125

Reuben J. Renstrom, Judge
Woods Cross Justice Court
1555 South 800 West
Woods Cross, UT 84087-2160

Re: Clinical Alcohol and Drug Assessment for Caroline Taing (DOB – 04/22/1983)

Dear Mr. Stewart and Mr. Renstrom:

I performed a Clinical Alcohol and Drug Assessment for Ms. Taing in reference to her November 2015 possession of a controlled substance and paraphernalia charge in Davis 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 = 1 / *LOW LEVEL SCREEN*; scores of 1-2 suggest low-level problem substance use; point incurred was for drug use outside of a medical context

Alcohol & Substance Use Risk Factors:

- ☐ legal history – denies previous history
- ☐ severity of incident – NA
- ☐ anxiety/depression/mental health – NA
- ☐ general health issues – in good health; asthma
- ☐ exposure to trauma – NA
- ☐ use of liquor – NA
- ☐ family history – none reported
- ☐ prior treatment history – NA

- ☐ negative peer influence – NA
- ☒ at-risk work environment – works as a bartender
- ☐ current stress (relational, work, etc.) – NA

Summary - 1 of 11 concerns, no concern to be mitigated through further intervention

Clinical Interview/Summary: ALCOHOL – Ms. Taing’s written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). She reported no regular drinking habits because of a personal allergy to alcohol; she did however admit that on occasion, she will drink small quantities of various types of alcohol because of her job requirements. She is able to do so without any unfavorable effects.

NON-PRESCRIPTION DRUG – Ms. Taing acknowledged minimal experimentation with marijuana since her early 20’s (use on approximately 10 social occasions) but denied experimentation and/or regular use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Ms. Taing’s report about non-prescription drug use suggestive of minimization and given her history, suspect of deception.

Following Ms. Taing’s November 2015 charges, she has personally decided to discount the use of all cannabis products indefinitely. She has made this decision citing the current legal trouble and stress of her current situation as her main motives for abstaining. This, in the context of previously infrequent use, has provided to be an easy transition for her as she reports no cravings or relapses since making this decision.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Ms. Taing denied any recreational use of prescription medications which are prone to abuse including: stimulant/ADD medications, narcotic painkiller medications, benzodiazepines, and sleeping medications. The interview and initial screening did not reveal discrepancy or other verbal signs of minimization covering a prescription drug use problem.

DSM-5 Alcohol & 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 - 1 of 11 symptoms (Mild 2-3 | Moderate 4-5. Severe 6+)

DSM-5 DIAGNOSIS in Reference to Substances: Z03.89 (suspected substance use condition not found)

Treatment Recommendations: Having found no basis for a DSM-5 alcohol or drug use disorder, I am only recommending that Ms. Taing provide a urine drug screen analysis that is consistent with her reported abstinence. The screening should be provided alongside this assessment and should only be considered valid if it has been completed by the end of the month (July 2016).

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

Sincerely,



Trevor C. Davis, CDCA
Cert.# 150427
cc: Caroline Taing

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 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.