

July 25, 2016

Loida Waters, County Director
Sumter County Division of Family and Children Services
1601 North Martin Luther King Jr. Boulevard, Suite 200
Americus, Georgia 31719-2489

Re: Clinical Alcohol and Drug Assessment for Amanda Keeter (DOB – 07/13/1980)

Dear Ms. Waters:

I performed a Clinical Alcohol and Drug Assessment for Ms. Keeter in reference to her April 1998 possession of a controlled substance charge in Lamar County. This assessment included a 40minute 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, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

DAST-10: score = 3 / *MODERATE LEVEL SCREEN*; scores of 3-5 are indicative of “moderate” problem substance use (screening is relative to lifetime use of substances)

Alcohol and Substance Use Risk Factors:

- ☐ legal history – denies previous history
- ☐ severity of incident – NA
- ☐ anxiety/depression/mental health – appropriately managed anxiety and depression (diagnosed in 2008)
- ☐ general health issues – NA
- ☐ exposure to trauma – NA
- ☐ use of liquor – NA
- ☒ family history – one close blood-relative
- ☐ prior treatment history – celebrate recovery
- ☐ negative peer influence – NA
- ☐ at-risk work environment – NA
- ☐ current stress (relational, work, etc.) – reports low stress; close blood relative passed in June 2016

☒ other – 3 lifetime divorces

Summary - 2 of 12 concerns, no concern to be mitigated through further intervention

Previously Relevant 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 – Ms. Keeter's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). She reported her normal use of alcohol as one glass of wine on one occasion in the average year. Her drinking habits are within the NIAAA's recommendations for women's low-risk drinking and I found no cause for a DSM-5 alcohol use disorder

NON-PRESCRIPTION DRUG – Ms. Keeter acknowledged minimal to moderate use of marijuana and methamphetamine from the time she was 18 to the age of 20. She reported no history of relapse or difficulty keeping her sobriety intact since this time and completed 5 years of probation without further complication or positive screens. She denied experimentation or use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Ms. Keeter's report about non-prescription drug use suspect of minimization or deception.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Ms. Keeter 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 did not reveal discrepancy with her written screenings, or other verbal signs of minimization covering a prescription drug use problem.

SUMMARY – It seems apparent that Ms. Keeter has successfully recovered from a methamphetamine disorder from over 10 years ago. In my best clinical judgment her life situation and developmental changes put her at low risk for a methamphetamine or other substance relapse.

DSM-5 DIAGNOSIS in Reference to Substances: 305.70 Mild Amphetamine-Type Stimulant Disorder (Full Remission)

Treatment Recommendations: Having found no basis for a DSM-5 alcohol or drug use disorder, I have no further recommendations for Ms. Keeter at this time.

If the Department of Family and Children's Services possess additional information about Ms. Keeter'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 Department, Ms. Keeter, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA
Cert.# 150427
cc: Amanda Keeter

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.