

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN  
DISTRICT OF FLORIDA

JUSTIN GATLIN

Plaintiff

v.

CASE NO. 3:08cv241/LAC/EMT

UNITED STATES ANTI-DOPING  
AGENCY, IINC; U.S.A. TRACK AND  
FIELD, INC.;  
UNITED STATES OLYMPIC  
COMMITTEE;  
INTERNATIONAL ATHLETIC  
ASSOCIATION FEDERATION;

Defendants.

AFFIDAVIT OF ROBIN E. BARNETT

Before me, the undersigned authority, personally appeared Robin E. Barnett, M.D., known to me, who being by me first duly sworn, deposes and says on oath as follows:

1. I am over the age of 18 and have personal knowledge of the following facts and, if called as a witness, could and would testify to them.
2. In 1990, I obtained my Doctorate of Medicine Degree with High Honors from The University of Tennessee, Memphis. I later became board-certified in General Psychiatry.
3. From 1990-1995, I did my residency at the University of Kentucky Medical Center in a triple board program, which included pediatrics, psychiatry, and child psychiatry. I was the Chief resident from 1994-1995. After residency, I became a Staff Psychiatrist at the Lakeview Center in Pensacola, Florida. I was in this position until 2005: From 1996 to 2005, I also served as the Medical Director for the Center for Personal and Family

Additionally, from 2003 to 2005, I was the Youth Residential Director, Meridian at the Lakeview Center. I currently semi-retired but remain board certified in General Psychiatry.

4. In my capacity as a licensed psychiatrist at the Lakeview Center, I came to treat Justin Gatlin in the beginning of 1996. At the time, Justin was fourteen years old and about to enter high-school. I monitored Justin's disability and adjusted his prescription as necessary. Throughout my treatment of Justin, I found him to be a respectful and pleasant young man.

5. I diagnosed Justin with Attention Deficit Hyperactivity Disorder ("ADHD"), predominantly inattentive type, which is a condition in which both children and adults show problems with attention and distractibility, and sometimes impulsivity and overactivity. ADHD is a biological, brain-based condition that often can lead to poor school or work performance, poor social relationships, and sometimes a feeling of low self-esteem. Justin showed classic symptoms of ADHD, including severe attention deficit. When I first began to treat Justin, he was taking Dexedrine; however, it started to become ineffective. One indication of its ineffectiveness was that Justin's grades were decreasing.

6. Due to the lack of effectiveness of the Dexedrine treatment, I switched Justin's prescription to Adderall in May 1996, shortly after Adderall became approved by the Federal Drug Administration for the treatment of ADHD. Adderall contains mixed salts of amphetamine, a stimulant, which for people suffering from ADHD, increases their focus and attention. Amphetamines, in my opinion, would not have provided Justin with a performance enhancing benefit. Indeed, based on my discussions with Justin, his use of Adderall decreased his performance ability.

7. After only a few months of usage, Justin reported good improvement. Justin

reported the change to Adderall made him more attentive and focused, and he started to do better in school. At one point, I decreased the dosage Justin took from 20 mg to 10 mg; however, this resulted in an evident decline in Justin's grades.

8. Throughout his High School Years, Justin predominantly took his Adderall prescription in the mornings. Justin did not like taking Adderall in the afternoons, because, as I noted above, it tended to affect his performance on the track negatively, and it affected his sociability. Justin told me while taking Adderall made him focused; it resulted in him being more lethargic on the track and generally affected his energy levels. Attempting to accommodate his track practice schedule, Justin and I agreed that he take Adderall in the mornings only unless he had a large amount of homework in the afternoon.

9. Before Justin went to the University of Tennessee, we discussed the different schedules in college and how he might have to adjust his prescription. I advised Justin to inform the Health Services Department at the University that he was taking Adderall and to have them monitor his academic progress much like I had been doing. Justin and I also discussed how he may have to adjust when he took Adderall and adjust the size of his Adderall dosage to fit his study time and schedule.

10. When Justin returned to see me after his freshman year in college, he was devastated about the fact that his Adderall treatment led to a positive test result for the use of a prohibited substance. Justin was very concerned about continuing his use of Adderall because of a concern that it could lead to further positive test results. I researched how long it would take Adderall to clear a patient's system completely, such that not even a trace of the amphetamine remained. However, I was unable to find any published authority for how long it would take Adderall to completely clear the system. Unable to find any published articles on this topic, I wrote to Ed Ryan, Director of USOC Sports Medicine on July 21,

2001, asking him to provide me, either from the drug testing industry or from USA Track and Field, the typical length of time necessary for an athlete to be off his medication prior to attending a track meet. This letter is attached to my declaration. Much to my dismay, I did not receive a response to my letter.

11. During the summer of his freshman year of college, Justin and I discussed possible medications he could take, for example, Wellbutrin. My belief was that Adderall was going to be the most effective treatment of his condition and that Wellbutrin would not be as effective. I have since learned that during his sophomore year at the University, Justin stopped taking medication to treat his ADHD, which resulted in a poor academic performance that caused him to lose his eligibility to compete in his junior year.

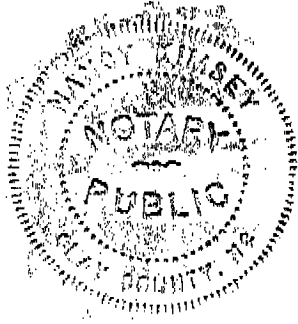
12. Much of what I have described in this affidavit with respect to my treatment of Justin is contained in his medical file from the Lakeview Center which is attached hereto.

Further, affiant sayeth not.

  
\_\_\_\_\_  
Robin Eric Barnett, M.D.

STATE OF: North Carolina  
COUNTY OF: Clay

Sworn to and subscribed before me this 16 day of June, 2008, by  
Robin Eric Barnett, who are personally known to me and  
have produced NC drivers license, as identification and who did take on  
oath.



Nancy Kimsey  
Print Name  
Notary Public: Nancy Kimsey

My Commission expires 8/19/11.

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LAKEVIEW CENTER, INC.  
MEDICAL NOTES

SERVICE: MEDICATION MANAGEMENT / IMP  
LOCATION: The Center for Personal & Family Development  
DATE: 08/08/01  
TIME: 11:00 to 11:30 a.m.  
SCHEDULED

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulation (42 CFR, Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute the patient. Not for re-release. UAL MR301

S: Justin comes in today along with his mother. It has been an extended absence since I have seen him. He has been at college at UT and their student health services have been filling his prescriptions for Adderall. He did fairly well academically and definitely believes the Adderall helps with focus and attention. Unfortunately because of his status as an NCAA track athlete, the possibility of stimulants in his system could hurt his track outcome. For that reason, they would like to try an alternative medication. Evidently, his track coaches were unaware of that potential problem as he tested positive for amphetamines at a USA track event. He stopped the medication around three days before but still tested positive at a very low level, and unfortunately, this may result in a suspension. Visibly he is upset about that today and shows some grief that he hasn't been able to show at other times. The mother and I encourage him that none of this was his fault in terms of deliberately trying to fool anyone. All the people at UT knew exactly what he was taken and should have been aware of this. I also let him know that it is this kind of life stressor that usually results in stepping up a level in terms of performance both personally as well as probably athletically.

O: As above, visibly tearful at times, but is at least able to express some emotion that hasn't been available before. No suicidality.

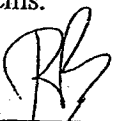
A: ADHD Predominantly Inattentive.

P:

1. We would like to try an alternative for ADD that will not test positive or will certainly not be performance enhancing. I had the USA track book and it did not mention Wellbutrin and we wrote in a letter to make sure that it was approved. We will start with the 100 mg SR tablet once a day and increase to twice a day after four to five days, if he has not problems. I gave him a handout describing side effects and benefit, risk profile of the medicine in general. He or mother will call me if he has any difficulty with the medication. If it seems effective, then I would probably stay on it at least through the Christmas period and winter semester. If he is doing well at that point, then it will be worth a try of decreasing it to make sure that it absolutely is necessary.

I will see him back probably sometime over the Thanksgiving or winter break. He will call in the interim if there are any problems.

SIGNATURE: \_\_\_\_\_

  
ROBIN BARNETT, M.D.

RB: cel D: 08/08/01 T: 08/14/01

CLIENT NAME: GATLIN, Justin

MR #: 7008994

REV 6/00

FILE UNDER MEDICAL

LAKEVIEW CENTER, INC.  
An Affiliate of Baptist Health Care  
MEDICAL PROGRESS NOTES

STAFF NAME: BARNETT ROBIN  
CLIENT NAME: GATLIN, JUSTIN A

STAFF ID: 3704C  
CLIENT ID: 7008994

SERVICE: 7717 - MED MANAGEMENT  
START TIME: 16:10                      END TIME: 16:30  
DATES ATTEND (DT):  
PROB #

EMERG SCHED X  
LOCATION: AT CENTER  
LENGTH: 00:20    DATE: 07/27/00

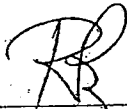
S: JUSTIN COMES IN TODAY WITH MOM. HE FINISHED THE ACADEMIC YEAR WITH FAIR PROGRESS. HE IS PREPARED TO RUN TRACK AT UT IN THE FALL. MOTHER CONTINUES TO BE A LITTLE CONCERNED ABOUT HIS WORK ETHIC AND WHETHER HE HAS ENOUGH SELF-MOTIVATION TO DO WELL IN SCHOOL. JUSTIN SAYS THAT HE THINKS IT WILL BE GOOD FOR HIM TO BE OUT ON HIS OWN AND MAKING DECISIONS. I TALKED TO HIM IN GENERAL ABOUT TRYING TO PUT ACADEMIC PRIORITIES FIRST. HE CONTINUED TO TAKE ADDERALL THROUGH THE SCHOOL YEAR. I TALKED TO HIM ABOUT THE SCHEDULE AT COLLEGE BEING MUCH DIFFERENT THAN HIGH SCHOOL. HE WILL HAVE TO WORK WITH A PHYSICIAN THERE BECAUSE THEY MAY NEED TO ADAPT THE AMOUNT OF MEDICINE AND THE TIMES THAT HE TAKES IT TO FIT HIS SCHEDULE AND HIS STUDY TIME IN THE EVENING. TALKED ABOUT AVOIDING TAKING IT TOO LATE IN THE EVENING BECAUSE IT MIGHT KEEP HIM AWAKE. ALSO, IF HE TAKES IT TOO OFTEN, IT MIGHT AFFECT HIS APPETITE AND ABILITY TO GAIN WEIGHT AND STRENGTH TRAIN.

O: AGAIN, FAIRLY QUIET AND LAID BACK. MOTHER VOICES SOME GENERAL NEGATIVITY AND SOME DISPLEASURE AT HIS OVERALL EFFORT.

A: ADHD, PREDOMINANTLY INATTENTIVE.

P:

1. HE WILL RE-START ADDERALL AT 20 MG. ON SCHOOL MORNING WHEN SCHOOL RESUMES. I RECOMMEND STARTING WITH 1/2-TABLET IN THE AFTERNOON IF HE NEEDS IT FOR A LONG DAY OF STUDYING. HE WILL CONTACT STUDENT HEALTH UPON ARRIVAL TO SET UP FOLLOW-UPS THERE TO MAINTAIN AND MONITOR MEDICINE. MOTHER SAID THEY WILL TRY TO SET UP AN APPOINTMENT TO SEE ME WHEN HE RETURNS DURING THE CHRISTMAS BREAK.



CLINICIAN SIGNATURE/CREDENTIALS

3704C  
ID #

August 9, 2000  
DATE SIGNED

CLIENT: GATLIN, JUSTIN A  
REV 2/99

FILE UNDER PROGRESS NOTES

ID: 7008994  
ISN: 0727000727

LAKEVIEW CENTER, INC.  
An Affiliate of Baptist Health Care  
PROGRESS NOTES

STAFF NAME: BARNETT ROBIN  
CLIENT NAME: GATLIN JUSTIN A

STAFF ID: 3704C  
CLIENT ID: 7008994

SERVICE: 7717 - MED MANAGEMENT      EMERG      SCHED X  
LOCATION: AT CENTER  
START TIME: 16:00      END TIME: 16:20      LENGTH: 00:20      DATE: 04/17/00  
DATES ATTEND (DT):  
PROB #

S: JUSTIN COMES IN TODAY WITH DAD. THEY REPORT FAIR ACADEMIC PROGRESS CONTINUING. HE IS AT LEAST ON SCHEDULE WITH HIS A.C.T. AND CORE CURRICULUM GRADES TO GO ON WITH THE TRACK SCHOLARSHIP AT TENNESSEE. HE CONTINUES TO EXCEL, ESPECIALLY IN THE 300-METER HURDLES. HE IS CURRENTLY RANKED #1 IN THE NATION AND RECENTLY SET THE RECORD AT A MEET IN MOBILE. THE STATE TOURNAMENT IS IN MAY AND HE HOPES TO BE ONE OF THREE KIDS FROM FLORIDA INVITED TO A NATION-WIDE MEET IN CALIFORNIA OVER THE SUMMER. HE CONTINUES TO SAY THAT THE ADDERALL HELPS WITH FOCUS. HIS MOTHER HAS BACKED OFF A LITTLE IN TERMS OF MONITORING. JUSTIN CONTINUES TO LOOK FORWARD TO A DIFFERENT LIVING ENVIRONMENT AND THINKS HE WILL ENJOY COLLEGE. HIS SLEEP IS GOOD AT NIGHT. HE NOW TAKES THE ADDERALL PRETTY MUCH ON SCHOOL MORNINGS ONLY.

O: NO CHANGE.

A: ADHD, PREDOMINANTLY INATTENTIVE.

P:

1. CONTINUE ADDERALL 20 MG. ON SCHOOL MORNINGS. I'VE SCHEDULED TO SEE HIM BACK IN LATE JULY BEFORE HE LEAVES FOR SCHOOL. THEY WILL CALL IN THE INTERIM WITH ANY PROBLEMS.



CLINICIAN SIGNATURE/CREDENTIALS

3704C  
ID #

April 28, 2000  
DATE SIGNED

CLIENT: GATLIN JUSTIN A  
REV 2/99

FILE UNDER PROGRESS NOTES

ID: 7008994  
ISN: 0417000339



LAKEVIEW CENTER, INC.  
An Affiliate of Baptist Health Care  
PROGRESS NOTES

STAFF NAME: BARNETT ROBIN  
CLIENT NAME: GATLIN JUSTIN A

STAFF ID: 3704C  
CLIENT ID: 7008994

SERVICE: 7717 - MED MANAGEMENT      EMERG      SCHED X  
LOCATION: AT CENTER  
START TIME: 16:00      END TIME: 16:20      LENGTH: 00:20      DATE: 02/04/00  
DATES ATTEND (DT):

S: JUSTIN COMES IN TODAY ALONG WITH MOM. THEY CONTINUE TO VOICE THE SAME FRUSTRATION THAT'S MOSTLY SURROUNDING JUSTIN'S LACK OF MOTIVATION TOWARDS SCHOOL WORK. CURRENTLY HE MEETS MINIMUM REQUIREMENTS IN TERMS OF THE ACT AND GRADE POINT. HE HAS A SCHOLARSHIP OFFER TO THE UNIVERSITY OF TENNESSEE FOR TRACK. MOTHER IS FRUSTRATED THAT INSPITE OF THAT HE SPENDS NO TIME STUDYING AND HE DOESN'T SEEM TO DO WHAT HE NEEDS TO. JUSTIN TELLS ME THAT MOTHER IS JUST INTRUSIVE AND A LITTLE OVER A MESHED IN ALL THAT SHE NEEDS TO DO IS BACK OFF. HE SAYS THAT HE DOES PROCRASTINATE BUT HE USUALLY GETS THINGS DONE AT THE LAST MINUTE IF HE HAS TO AND THAT'S THE SAME WAY WITH THIS. HE DOES SAY THE ADDERALL DOES CONTINUE TO HELP WITH FOCUS AND ATTENTION. MOTHER AGREES THAT IT DOES SEEM TO MAKE A DIFFERENCE AT SCHOOL.

O: NO CHANGE. JUSTIN AGAIN IS FAIRLY CALM AND UPBEAT WHEN HE SEE'S ME BUT BECOMES MORE PESSIMISTIC AND NEGATIVE WHEN MOM IS PRESENT. SHE IS GENERALLY ANGRY AND UPSET AND ASKS ME IF SHE CAN POSSIBLE SEE A COUNSELOR TO VENTILATE SOME OF HER FRUSTRATION.

A: ADHD, PREDOMINATELY INATTENTIVE.

PLAN:

1. CONTINUE THE ADDERALL 20 MG ON SCHOOL MORNINGS. I WILL SEE HIM BACK IN AROUND 10 WEEKS AND THEY WILL CALL WITH ANY PROBLEMS IN THE INTERIM.

  
\_\_\_\_\_  
CLINICIAN SIGNATURE/CREDENTIALS

3704C  
ID #

February 15, 2000  
DATE SIGNED

CLIENT: GATLIN JUSTIN A  
REV 2/99

FILE UNDER PROGRESS NOTES

ID: 7008994  
ISN: 0204000879

LAKEVIEW CENTER, INC.  
An Affiliate of Baptist Health Care  
PROGRESS NOTES

STAFF NAME: BARNETT ROBIN E  
CLIENT NAME: GATLIN JUSTIN A

STAFF ID: 3704  
CLIENT ID: 7008994

SERVICE: 7717 - MEDICATION MANAGEMENT  
START TIME: 16:00                      END TIME: 16:20  
DATES ATTEND (DT):

EMERG                      SCHED X  
LOCATION: AT CENTER  
LENGTH: 00:20      DATE: 09/27/99

S: JUSTIN COMES IN TODAY ALONG WITH MOTHER. THE SAME DYNAMIC SEEMS TO BE PRESENT, THAT IS THAT JUSTIN DOES JUST ENOUGH TO GET BY AND HAS TO BE FREQUENTLY REMINDED BY MOTHER. HE SAYS THAT IF SHE WILL BACK OFF THAT HE WILL GET IT DONE. SHE SAYS THAT IF SHE DOESN'T STAY ON TOP OF HIM THAT IT WON'T GET DONE. I AGAIN TALK TO THEM ABOUT A CONSEQUENCE AND REWARD SYSTEM AND MOTHER SEEMS A LITTLE MORE EAGER THAT THIS TIME TO TRY THAT. THE POSITIVE NOTE IS THAT JUSTIN SAYS THAT HIS GRADES ARE GOING TO BE IT LEAST A'S, B'S AND C'S AND HE IS GETTING SEVERAL INTERVIEW FOR COLLEGES FOR TRACK. HE REPORTS NO PROBLEMS WITH THE MEDICINES.

O: GENERALLY MORE FRUSTRATION FROM MOM VOICED. JUSTIN APPEARS A LITTLE UPSET ABOUT THAT.

A: ADHD, PREDOMINATELY INATTENTIVE

PLAN:

1. CONTINUE ADDERALL 20 MG IN THE MORNING AND OCCASIONALLY A HALF IN THE AFTERNOON. I WILL SEE THEM BACK IN 10 WEEKS AND MOTHER WILL INSTITUTE A REWARD CONSEQUENCE PROGRAM FOR BEHAVIOR. WE WILL FOLLOW UP ON THAT WHEN THEY RETURN.



CLINICIAN SIGNATURE/CREDENTIALS

3704  
ID #

October 6, 1999  
DATE SIGNED

CLIENT: GATLIN JUSTIN A  
REV 2/99

FILE UNDER PROGRESS NOTES

ID: 7008994  
ISN: 0927990789

LAKEVIEW CENTER, INC.  
An Affiliate of Baptist Health Care  
PROGRESS NOTES

STAFF NAME: BARNETT ROBIN E  
CLIENT NAME: GATLIN JUSTIN A

STAFF ID: 3704  
CLIENT ID: 7008994

SERVICE: 7717 - MEDICATION MANAGEMENT  
START TIME: 14:30                      END TIME: 14:50                      EMERG                      SCHED X  
DATES ATTEND (DT):                      LOCATION: AT CENTER  
PROB #                                      LENGTH: 00:20                      DATE: 06/28/99


S: JUSTIN COMES IN TODAY WITH MOM. THEY REPORT GOOD STABILITY SINCE THE LAST VISIT. HE CONTINUES TO TAKE ADDERALL THAT GETS HIM THROUGH THE ACADEMIC DAY. HE ENDED UP THE YEAR WITH MOSTLY A "B" AVERAGE AND ONLY ONE "D" IN MATH. HE IS MAKING THIS UP IN SUMMER SCHOOL. HE CONTINUES TO EXCEL ATHLETICALLY IN TRACK PROGRAMS AND MADE ALL-REGION AND PLACED THIRD IN THE NATIONALS FOR THE 400 HURDLES. HE IS EXCITED BECAUSE HE IS GETTING RECRUITMENT LETTERS FROM DIFFERENT COLLEGES.

O: NO CHANGE.

A: ADHD, PREDOMINANTLY INATTENTIVE.

P:

1. CONTINUE ADDERALL 20 MG. IN THE MORNING. DEPENDING ON HOW MUCH HOMEWORK HE HAS IN THE FALL, WE MAY CONSIDER A HALF-TABLET IN THE AFTERNOON. I WILL SEE THEM BACK IN 3 MONTHS. THEY WILL CALL IN THE INTERIM WITH PROBLEMS.

  
\_\_\_\_\_  
CLINICIAN SIGNATURE/CREDENTIALS

3704  
ID #

July 7, 1999  
DATE SIGNED

CLIENT: GATLIN JUSTIN A  
REV 2/99

FILE UNDER PROGRESS NOTES

ID: 7008994  
ISN: 0628990843

LAKEVIEW CENTER, INC.  
An Affiliate of Baptist Health Care  
PROGRESS NOTES

STAFF NAME: BARNETT ROBIN E  
CLIENT NAME: GATLIN JUSTIN A

STAFF ID: 3704  
CLIENT ID: 7008994

SERVICE: 7717 - MEDICATION MANAGEMENT  
START TIME: 16:30 END TIME: 17:00  
DATES ATTEND (DT):

EMERG      SCHED X  
LOCATION: CPFD  
LENGTH: 0:30      DATE: 02/15/99

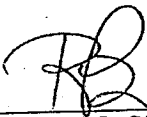
S: JUSTIN COMES IN TODAY WITH MOM. THEY REPORT GOOD PROGRESS SINCE OUR LAST VISIT. HE INCREASED THE ADDERALL FROM 1/2 TABLET TO A WHOLE TABLET BECAUSE HIS GRADES STARTED SLIPPING A LITTLE AND THIS WAS IMPACTING HIS ABILITY TO RUN TRACK THIS SPRING. SINCE INCREASING THE DOSE, HIS GRADES HAVE COME UP TO AROUND A "B" AVERAGE. HE IS NOT HAVING ANY PROBLEMS WITH APPETITE OR SLEEP AT NIGHT. HIS PARENTS ARE GENERALLY PLEASED, ALTHOUGH WISH HE WAS A LITTLE MORE ENERGETIC AND MOTIVATED WITH SOME OF THE HOME PROJECTS THAT THEY WOULD LIKE HIM TO DO.

O: GOOD MOTHER-CHILD INTERACTIONS. VERY PLEASANT.

A: DSM IV: AXIS I = ADHD, PREDOMINANTLY INATTENTIVE.

P:

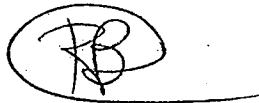
1. CONTINUE ADDERALL AT THE HIGHER DOSE OF 20 MG. I WILL SEE THEM BACK IN 2-3 MONTHS. THEY WILL CALL IN THE INTERIM WITH PROBLEMS.

  
CLINICIAN SIGNATURE/CREDENTIALS

3704  
ID #

February 24, 1999  
DATE SIGNED

5/10/99 - c/c



CLIENT: GATLIN JUSTIN A  
REV 12/97

FILE UNDER PROGRESS NOTES

ID: 7008994  
ISN: 0215990710

LAKEVIEW CENTER, INC.  
An Affiliate of Baptist Health Care  
PROGRESS NOTES

STAFF NAME: BARNETT ROBIN E  
CLIENT NAME: GATLIN JUSTIN A

STAFF ID: 3704  
CLIENT ID: 7008994

SERVICE: 7717 - MEDICATION MANAGEMENT  
START TIME: 16:30 END TIME: 17:00  
DATES ATTEND (DT):


EMERG SCHED X  
LOCATION: CFPD  
LENGTH: 0:30 DATE: 12/07/98

S: JUSTIN COMES IN TODAY AND REPORTS GOOD STABILITY ON ADDERALL. HE WAS ABLE TO DECREASE HIS DOSAGE DOWN TO 1/2 OF A 20 MG. TABLET AND STILL MAINTAIN GOOD EFFECT. HE HAS CHANGED FROM WASHINGTON TO WOODHAM HIGH SCHOOL BECAUSE OF A BETTER TRACK PROGRAM AND, FOR THE MOST PART, HIS GRADES HAVE BEEN A'S, B'S, AND C'S. HE HAD ONE D BUT THAT GRADE IS BEING BROUGHT UP. HIS PARENTS CONTINUE TO BE A LITTLE CONCERNED ABOUT OVERALL MOTIVATION AND ENERGY LEVEL. THE ZOLOFT REALLY DIDN'T MAKE MUCH DIFFERENCE AND I THINK THIS IS MORE TEMPERAMENT THAN ANYTHING ELSE. NO PROBELMS WITH SIDE EFFECTS.

A: DSM IV: AXIS I = ADHD, PREDOMINANTLY INATTENTIVE.  
= R/O DEPRESSIVE DISORDER.

P:

1. CONTINUE ADDERALL AT 1/2 OF A 20 MG. TABLET IN THE MORNING. I WILL SEE THEM BACK IN 2-3 MONTHS. THEY WILL CALL IN THE INTERIM WITH PROBLEMS.

  
\_\_\_\_\_  
CLINICIAN SIGNATURE/TITLE/CREDENTIALS

3704  
ID #

December 16, 1998  
DATE SIGNED

CLIENT: GATLIN JUSTIN A  
REV 12/97

FILE UNDER PROGRESS NOTES

ID: 7008994  
ISN: 1207981870

LAKEVIEW CENTER, INC.  
An Affiliate of Baptist Health Care  
PROGRESS NOTES

STAFF NAME: BARNETT ROBIN E  
CLIENT NAME: GATLIN JUSTIN A

STAFF ID: 3704  
CLIENT ID: 7008994

SERVICE: 739 - MED FOLLOW-UP VISIT  
START TIME: 16:00 END TIME: 16:30  
DATES ATTEND (DT): 083198

EMERG SCHED X  
LOCATION: CPFD  
LENGTH: 0:30 DATE: 08/31/98

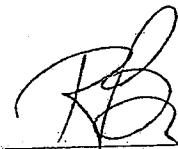
S: Justin comes in today along with mom. They report an uneventful summer for the most part. He was off the medication during this period of time and has competed in a couple of state and inter olympic track trials. He placed High Leap 2nd and 3rd in a couple of different hurdle events. He reports no problems starting back on his medications again this fall except that a fairly small decrease in his appetite. He can tell the difference between his motivation and amount of work he gets done when he takes his medicine and so would like to continue. They could not however tell a big difference after stopping the Zoloft so for now we will hold off on resuming that dosage regiment.

O: No change.

A: DSM IV: Axis I = ADHD, predominately inattentive  
= R/O Depressive Disorder

P:

1. For now will resume the Adderall for school mornings. I have asked them to try and cut back to 15mg to see if he gets the same response than to 20 mg. because his appetite definitely fall during this period. I would like to get back to the lowest dose that can maintain his academics. They can even go on back to 10 mg if it seems to be given the same benefit as the 20. I will schedule to see them in 2 months but they will call sooner if they have any problems.



CLINICIAN SIGNATURE/TITLE/CREDENTIALS

3704  
ID #

September 22, 1998  
DATE SIGNED

CLIENT: GATLIN JUSTIN A  
REV 12/97

FILE UNDER PROGRESS NOTES

ID: 7008994  
ISN: 0831980802

LAKEVIEW CENTER, INC.  
An Affiliate of Baptist Health Care  
PROGRESS NOTES

ISN ID: 0402980468  
STAFF ID: 3704  
CLIENT ID: 7008994

STAFF NAME: BARNETT ROBIN E  
CLIENT NAME: GATLIN JUSTIN A

SERVICE: 739 - MED FOLLOW-UP VISIT      EMERG      SCHED X  
START TIME: 16:00      END TIME: 16:30      LOCATION: CFPD  
DATES ATTEND (DT): 4/2/98      LENGTH: 0:30  
PROB # -

S: Justin comes in today with his mother. They report that academics continue at a satisfactory level. Mother is always a little frustrated at Justin's overall attitude toward academics. She thinks that he places a very low priority and with his temperament being very laid-back, he tends to just get by with a minimum in order to maintain track and to keep them off his back. He tolerates the medicine and says he can tell a definite difference when he takes the Adderall in terms of focus and attention. Mother said that she thinks it helps because she doesn't get those same notes and reports from teachers that she used to. However, they do wonder if the Zoloft is making any difference and I agree with them that maybe we will taper off the medication during the summer to see if they can tell.


O: No change.

A: DSM IV: Axis I = ADHD, predominantly inattentive.  
= R/O Depressive Disorder.

P:

1. For now, continue Adderall 20 mg. on school mornings.

2. Will stop Adderall at the end of the school year and begin a Zoloft taper. He will go to 1/2 of a 50 mg. tablet for 3 weeks and then 1/2 every other day for 1-2 weeks. If they notice no decline in his energy, motivation, or mood, they will discontinue that. I will see them back shortly after school starts in the fall after he resumes taking his Adderall. They will call in the interim with problems.

  
\_\_\_\_\_  
CLINICIAN SIGNATURE/TITLE/CREDENTIALS

3704  
ID #

April 14, 1998  
DATE

CLIENT: GATLIN JUSTIN A  
REV 12/97

FILE UNDER PROGRESS NOTES

ID: 7008994

# The Center

for Personal & Family Development

A Service of Lakeview Center, Inc.  
& An Affiliate of Baptist Health Care

LAKEVIEW CENTER, INC.  
MEDICAL PROGRESS NOTE

3298 Summit Blvd.  
Jefferson Park, Suite 12  
Pensacola, FL 32503  
(904) 438-4007  
Fax (904) 444-8542

EMERG SCHED X

CLIENT NAME: GATLIN, Justin

CLIENT ID: 7008994

SERVICE: Individual Therapy/Med Check LOCATION: CPFD

TIME: 5:40-6:00 P.M. LENGTH: .20 DATES ATTEND (DT): 4/14/97

Prob #1:

S: Justin comes in today with mother. In general, they report fairly good improvement on the combination of Zoloft and Adderall. He is maintaining at least minimal expectations with grades as far as parents are concerned, making mostly C's with an occasional B. He is at least showing some interest in track and football which drives him for a potential scholarship. In general, he still seems fairly laid back and needs a lot of external motivation to get him started. He is reporting no negative side effects, however, from the medicine and is still sure that they seem to be helping.

O: No real change.

A: DSM IV: Axis I = ADHD, predominantly inattentive.  
= R/O Depressive Disorder.

P:

1. Continue Adderall 20 mg. in the morning and Zoloft 50 mg. q. day. I will see him back in 3 months. They will call in the interim with problems.



Robin E. Barnett, M.D.

Approved: Client Name: GATLIN, Justin Client ID: 7008994 4/14/97

bw 4/16/97



# The Center

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EMERG SCHED X

CLIENT NAME: GATLIN, Justin A. CLIENT ID: 7008994

SERVICE: Individual Therapy/Med Check LOCATION: CFPD

TIME: 5:20-5:40 p.m. LENGTH: .20 DATES ATTEND (DT): 8/15/97

Prob #1:

S: Justin comes in today with Mom. They report a fairly good summer off the medication. They just re-started the school year and he is back on his medication and so far so good. She reports a little more energy than he typically has and he recently scored very well on some vocabulary testing that had given him trouble before. His grades were just good enough last spring to maintain his football status. He will be playing free-safety this year for Washington High School.

O: Seems a little more motivated and energetic. Good mother-child interactions.

A: DSM IV: Axis I = ADHD, predominantly inattentive.

= R/O Depressive Disorder.

P:

1. Continue Zoloft 50 mg./day and Adderall 20 mg./morning. I will see them back in 2 months. They will call in the interim with problems.



Robin E. Barnett, M.D.

Approved: Client Name: GATLIN, Justin A. Client ID: 7008994 8/25/97

bw 8/28/97

LAKEVIEW CENTER, INC.

MEDICAL PROGRESS NOTE

EMER \_\_\_\_\_ SCHED X \_\_\_\_\_

Service: Individual Therapy/Med. Check      Location: CPHD

Time: 5:30-6:00 p.m.    Length: .30    Dates Attended (DT): 10/23/97

Prob #1:

S: Justin comes in today with his dad. They report very good academics this past term. He made the A-B Honor Roll, which is as well as he has done in a long time, especially when he didn't have to do it for football. He didn't enjoy the coach and how he selected team starters, so he is now just running track. He questions, and so does his mother, if the Zoloft is particularly helpful, as it really hasn't changed his overall energy level. I'm not so sure that it hasn't and they also noticed a difference in the beginning, so I talked to them about trying a slow taper. Only at that point, if we can't tell a difference, will we stop it altogether. The Adderall continues to help with focus and attention and maximize his work efficiency at school.

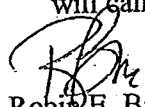
O: Fairly good father-child interactions.

A: DSM IV: Axis I = ADHD, predominantly inattentive.

= R/O Depressive Disorder

P:

1. Decrease Zoloft to 25 mg./day for an entire month. If they cannot tell any difference, they can discontinue it at that time.
2. Continue Adderall 20 mg. in the morning. I will see them back in 2 months. They will call in the interim with problems.

  
Robin E. Barnett, M.D.

bw 11/4/97

Approved: Client Name: GATLIN, Justin A. ID#: 7008994 Date: 10/23/97

LAKEVIEW CENTER, INC.

MEDICAL PROGRESS NOTE

EMER \_\_\_\_\_ SCHED X \_\_\_\_\_

Service: Individual Therapy/Med. Check      Location: CPFD

Time: 5:30-6:00 p.m.      Length: .30      Dates Attended (DT): 12/30/97

Prob #1:


S: Justin comes in today with Dad. They report continued good improvement since our last visit. Grades continue to be a little better than they have been and they don't have to stay on top of him as much. They do continue to monitor him fairly closely, however. It appears that the incentive to stay with track gives him enough motivation and energy to continue to make fairly good progress. In addition, mother decided that he had been doing well enough that she didn't really want to try to alter the course and discontinue the Zolof, so he is just maintained on that. Appetite is a little better even on the Adderall through the day. Sleep is good. No evidence of tics.

O: No change.

A: DSM IV: Axis I: ADHD, predominantly inattentive. R/O Depressive Disorder.

P:

1. Continue Adderall 20 mg. in the morning. I will see them back in a little over 2 months. They will call in the interim with problems.

  
Robin E. Barnett, M.D.

/bw 1/8/98

Approved: Client Name: GATLIN, Justin A. ID#: 7008994 Date: 12/30/97

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EMERG      SCHED X

CLIENT NAME: GATLIN, Justin A.

CLIENT ID: 7008994

SERVICE: Individual Therapy

LOCATION: CPFD

TIME: 5:40-6:00 p.m.    LENGTH: .20    DATES ATTEND (DT): 1/28/97

Prob #1:


S: Justin returns today with his mother. They report continued same complaints and that his passive behavior tends to cause him academic problems at school. They have tried various intervention strategies which lean mostly on the side of intrusiveness as opposed to just showing him expectations and rewarding and consequencing the results of those. He had an initial intake with Dr. Cronmeyer but, for whatever reason, mother does not want to follow-up. She tells me that it is because of the scheduling of appointments but when I try to have her work around that, she seems resistant for some other reason. He will begin seeing an LCI counselor. They report that over the past few weeks, there has seemed to be some improvement in terms of responsibility both at home and at school. While initially they don't seem to think the Zoloft is helping, it has also been during that same time frame that he has been taking it consistently. As opposed to the 100 mg., he has been taking 1/2 per day.

O: No change.

A: DSM IV: Axis I = ADHD, predominantly inattentive.  
= R/O Depressive Disorder.

P:

1. Continue Adderall 20 mg. in the morning and Zoloft 50 mg. regularly. I will see him back in 8 weeks for follow-up.
2. I recommend that they follow up with Dr. Cronmeyer whose speciality is school intervention strategies but will leave this choice up to Mom.

  
Robert E. Barnett, M.D.

Approved: Client Name: GATLIN, Justin A. Client ID: 7008994 1/28/97  
bw 1/31/97

3/24/97 NO SHOW

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EMERG      SCHED X

CLIENT NAME: GATLIN, Justin      CLIENT ID: 7008994

SERVICE: Individual Therapy/Med Check      LOCATION: CPF

TIME: 5:40-6:00 p.m.      LENGTH: .20      DATES ATTEND (DT): 12/3/96

Prob #1:

S: Justin returns today along with mother and they report that after some initial improvement with the combination of Attirol and Zoloft, he has once again returned to baseline activity level of mostly appearing lazy and very daydreamy. They have tried different motivational systems in order to get him involved with any activities at home or at school. Basically, he seems to just not have any interests. He tells me that sometimes he feels the medicine is working but he is just very bored with school and cannot get interested in doing anything even though he knows it is required. They have tried various consequence systems at home including loss of privileges but he never seems to have any motivation to try to earn these back. He voices having some interest in paranormal astronomical-type phenomena but does not seem really involved in this and the parents don't feel he is obsessional about it whatsoever. He does not appear schizotypal in any other way. Have discussed with mother the possibility of trying to refer him to Dr. Cronemeyer who can do more specific school intervention strategies to help develop some kind of motivation other than what the medication might do. She is in agreement with this today.

O: No change. Mother continues to voice frustration and although she does not deliberately try to cut him down, just by her communicating the problems, I can see where this might be depressogenic. No suicidality. Good reality testing but I'm not sure if he is being a little defensive about some of my line of questioning.

A: DSM IV: Axis I = ADHD, predominantly inattentive.

= R/O Depressive Disorder.

P:

1. Will refer to Dr. Cronemeyer to help implement school intervention strategies as well as to get a second opinion as to the individual nature of Justin's problem.

2. For now, will continue current medications but increase Zoloft to 100 mg./day. Will maintain Attirol at 20 mg. in the morning. I will see them back after follow-up with Dr. Cronemeyer. They will call in the interim with problems.



Robin E. Barnett, M.D.

Approved: Client Name: GATLIN, Justin A. Client ID: 7008994 12/3/96

bw

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EMERG SCHED X

CLIENT NAME: GATLIN, Justin CLIENT ID: 7008994

SERVICE: Individual Therapy/Med. Check LOCATION: CFPD

TIME: 4:40-5:00 p.m. LENGTH: .20 DATES ATTEND (DT): 8/29/96

Prob #1:


S: Justin comes in today along with his parents. He is reporting good improvement comparing the new Adderall with the old Dexedrine tablet. He says he is more attentive and focused and is doing better work at school. In addition, the Zoloft seems to have helped with energy and motivation. The combination of medications is without too many side effects after some appetite suppression with the Adderall. We don't have any official grades yet, but he predicts that, so far, he would be making the A-B Honor Roll

O: He is a little more animated. Smiling some today. Parent-child interactions are positive. Reality testing is good. No suicidality.

A: DSM IV: Axis I = ADHD, predominately inattentive, provisional.  
= R/O Depressive Disorder.

P:

1. Will continue Adderall 20 mg. 1 p.o. q. a.m.
2. Continue Zoloft 50 mg. p.o. q. afternoon. I will see them back in 6 weeks. They will call in the interim with problems.

  
Robin E. Barnett, M.D.

Approved: Client Name: GATLIN, Justin A. Client ID: 7008994 8/29/96

bw 9/11/96



LAKEVIEW CENTER, INC.  
MEDICAL PROGRESS NOTE

EMERG SCHED X

CLIENT NAME: GATLIN, Justin

CLIENT ID: 7008994

SERVICE: Med. Check

LOCATION: CFPD

TIME: 4:20-4:40 p.m. LENGTH: .20 DATES ATTEND (DT): 5/20/96

Prob #1:

S: Justin returns today with mother and they are a little more positive about the progress he has been making since beginning Zoloft. He seems to be in a little better mood, has been more agreeable, with a higher frustration tolerance. His energy and motivation level seems to be increased somewhat and he is getting a little more academic work done. He still doesn't seem to be achieving to his full potential and continues with his "laid-back-type" personality.

O: He seems more animated today and mother-child interactions are more positive. She continues talking about how lazy he is but is much more smiling and agreeable that he is doing better.

A: DSM IV: Axis I = Depressive Disorder NOS.  
= ADHD, predominately inattentive.

P:

1. Will continue with Zoloft 50 mg. p.o. q. day during the summer.
2. Have written them a prescription for ~~Adderol~~ <sup>Atomox</sup> 20 mg. and will try beginning the school year with a half-tab/day and increasing to a whole tab./day as needed. He had been on the Dexedrine Spansule before with some success. We will try a different formulation to see if it works better for him.
3. I will also refer to an individual therapist who can, hopefully, help with some school intervention and parenting intervention strategies at home as far as setting minimal expectations and helping follow up his progress before it becomes too late this year. I will see them shortly after the school year begins. They will call in the interim with problems.

Robin E. Barnett, M.D.

Approved: Client Name: GATLIN, Justin Client ID: 7008994 5/20/96

bw 6/5/96





LAKEVIEW CENTER, INC.  
MEDICAL PROGRESS NOTE

EMERG SCHED X

CLIENT NAME: GATLIN, Justin A. CLIENT ID: 7008994

SERVICE: Ind. Therapy/Med. Mgt. LOCATION: CPFD

TIME: 5:00-5:20 p.m. LENGTH: .20 DATES ATTEND (DT): 4/22/96

Prob #1:

S: Justin comes in today with his father. They report a possible improvement since starting the Zoloft. He took a half-tablet a day for a long time and has been on a whole tablet a day for just less than a week. Both he and his parents report a general increase in his energy level and possible motivation, but there continues to be academic difficulties in school, such as just using his time unwisely and socializing instead of doing his homework. It is probably too late to make marked improvement this year and he will have to be in summer school. He denies any problems since beginning Zoloft such as headaches, nausea, vomiting, or problems with sleep. There are no problems with continued use of Dexedrine such as weight loss, tic disorder.

O: His mood appears a little dysphoric today and he feels that his mom and dad have been on his back too much lately. Dad explains that he is just unable to get his tasks done at home that he is supposed to do and they have to bug him about it constantly. I talked to them again about the need to back off some and just make him responsible for his behavior, both good and bad. He denies any suicidality and does give a positive report of increased energy since beginning Zoloft.

A: 1. ADHD, predominately inattentive.

2. R/O Depressive Disorder.

P:

1. Will continue Zoloft 50 mg. 1 p.o. q. day. Will write for 100 mg. tablets to be broken in half.

2. Discussed the options for his stimulant medication, including the use of Adderol. For the current time, they will continue the current dosing of Dexedrine 15 mg. Spansule in the morning and two 5 mg. Dexedrine tablets around lunchtime.

3. Discussed the possibility of making a therapeutic referral to help with some family intervention and school strategies. Father will call back and let me know whether they want to do that or not. If not, I

will see them back in 4 weeks. Will call in the interim with problems.

  
Robin E. Barnett, M.D.

Approved: Client Name: GATLIN, Justin A. Client ID: 7008994 4/22/96

bw 4/26/96



## PSYCHIATRIC EVALUATION

### IDENTIFYING DATA:

Name: GATLIN, Justin  
File Number: 7008994  
Date of Evaluation: 3/27/96

Justin is a 14-year-old, black, male 8th grader at Ferry Pass Middle School, referred by the Naval Hospital because they no longer see adolescents and are uncomfortable with maintaining his Dexedrine medication for Attention Deficit Hyperactivity Disorder (ADHD).

### HISTORY OF PRESENT ILLNESS:

Justin comes in today with his mother who gives a history of being diagnosed with ADHD since the 4th grade, after presenting with what sounds like the classic triad of ADHD symptoms to include attention problems, hyperactivity, and impulse-control problems. Since that time, he was begun on Ritalin and eventually changed to Dexedrine because of marked appetite suppression. The first couple of years that he was on the medication, they noted a marked improvement. Over the last several years, his level of fidgetiness and hyperactivity has seemed to lessen, while his level of attention and distractibility continues, or may have even worsened, such that his grades are going from an average of B's and C's with an occasional A to more C's and D's with an occasional F. They describe his personality as always being very laid back and lazy, that nothing ever gets him excited or motivated. The teachers describe him as daydreamy and distractible. I have Conner's Inventories that were positive for both parents and teachers with T-scale scores of 72 and 62, respectively, with the most marked areas in attention and distractibility. Because of lack of performance and frustration, mother has gotten over-involved in the monitoring of his school performance and he has lost many privileges to include TV and telephone and it sounds like he has given up. Most of his resistance has always been passive and he has never been an overt behavior problem. There has been no conduct disorder and he denies any alcohol or drug abuse and the parents do not suspect this. Other than a chronic low energy level, trouble with concentration, and occasional intermittent appetite changes, there is no report of depressive symptoms. I had him fill out a Beck Depression Inventory which was, for the most part, negative, but he did report some difficulty with school work and feeling alone at times because he is an only

child. His current medication regimen is Dexedrine 15 mg. Spansule in the morning and two 5 mg. Regular Dexedrine around lunchtime at school.

PAST PSYCHIATRIC HISTORY:

As given in History of Present Illness.

PAST MEDICAL HISTORY:

A normal term pregnancy and delivery without complications. He met all milestones ahead of time with the exception of speech which was on time. No known drug allergies. Only surgery was an appendectomy at age 5. He has no chronic medical problems and is on no other medication than Dexedrine.

SOCIAL HISTORY:

His parents have been married for 18 years and have been living in Pensacola for the past seven years. Mother works as a teller at Regions Bank and Dad is retired military, currently back in school and looking for a job. They describe a fairly stable upbringing, although Justin has been in the home pretty much by himself and might have been spoiled at times. They each have grown children from a prior marriage. Justin is involved in track at school, but this is being threatened because of his grades. He is also a talented artist and would like to do something with that when he gets older.

FAMILY HISTORY:

Mother denies any primary psychiatric or substance abuse in the family.

MENTAL STATUS EXAM:

Justin comes along very cooperatively with mother. He sits very quietly on the couch through most of the dual and individual interviews. He appears very "laid back", but is able to smile and show expression when we talk about basketball, which he has a good deal of interest in. No abnormal motor activity is noted and there are no tics. There is a little slowing to his speech and he talks in a very quiet manner. No evidence, past or present, of any thought disorder. Affect is a little restricted, by report, as in his mood, but no obvious depressive symptoms or neuro-vegetative symptoms. No history of suicidality. Cognitively, mother says he has been tested and is at least of above-average intelligence and should be doing better, although I don't have those results with me. Insight is

fair in that Justin tells me that, basically, he is a lazy person and is just not motivated to do some of the work because it is boring to him and he can't get interested in it. Judgment has been a little impaired in the past regarding decision-making.

ASSESSMENT:

DSM IV: Axis I = ADHD, predominately inattentive,  
provisional.

= R/O Depressive Disorder.

Axis II = None.

Axis III = None.

Axis IV = Marked academic difficulties.

Axis V = Current GAF: 55.

TREATMENT PLAN:

1. Given the degree of severity and at least marked impairment in school, and failing grades in at least two subjects, I recommend a change in the typical regimen that is being done. Talked to mother about some parenting changes regarding their intrusiveness into his school work and gave them a hand-out on school under-achieving.

2. Discussed medication options and recommended at least a one-month trial of an antidepressant medication. Will begin with Zoloft 25 mg. and increase to 50 mg. as soon as tolerated. Discussed the benefits and side effects, as well as the risk profile. For the current time, will not change his Dexedrine regimen and will re-assess at follow-up the need to continue Zoloft or not. See if the need for a more intensive therapeutic referral is indicated. They will call in the interim with problems.



Robin E. Barnett, M.D.

bw 4/2/96