

**New Life Recovery Solutions**  
**Substance Use Disorder Assessment**  
**Summary Short Form**

Electronically Filed

9/20/2021 8:30:00 AM

9Z0718572-WSPKINCTKCD

King County District Court

SEALED

**Client Name:** Moyer, Robert E.

**DOB:** 01-05-1967

**Case#:** 19-017170

**Date of Assessment:** 08-20-2019

**Diagnosis:** Client does meet diagnostic criteria for Substance Use Disorder (SUD) **Alcohol Use Disorder 303.90 F10.20** (severe) as established by *American Society of Addiction Medicine PPC (2013)*; *Diagnostic Statistical Manual-(DSM-V, 2013)*.

**Data Notes:** The purpose of the present assessment was to determine the named client's current and historical involvement with alcohol and other drugs and to recommend appropriate treatment if indicated. This assessment is provided on behalf of Mr. Robert E. Moyer who completed a SUD evaluation at this facility on August 20<sup>th</sup>, 2019. As part of the assessment process, Mr. Moyer underwent a diagnostic interview based in-part on the self-report of the client, a full review of client use history, previous treatment/detox history, family history.

**Collateral information procured:** Driving abstract, DCH, arresting officers report, and Bio-Psycho-Social data collected from the client were considered as part of the before stated assessment process.

**Clinical methods of assessment applied:** the application of standardized methods of testing utilized ACES, MAST/DAST-10 screening tools and 8-panel urinalysis w/ETG.

This counselor met with Mr. Moyer at the offices of New Life Recovery Solutions (NLRS) to complete the present evaluation for SUD. Any pertinent information derived from the before stated review was applied to criteria established by the *American Psychiatric Association (DSM-V, 2013; Pg. 490-491)* and the *American Society of Addiction Medicine PPC (ASAM, 2013)*.

Throughout the assessment process, the client's observed behavior was consistent with his response. The client was oriented times three (person, place, and time). The client's over-all affect (expression of feelings through body language, tone of voice, and facial expression) was consistent/appropriate to the subject matter and assessment process. The client is self-described as a 52-year-old male, currently living in Kirkland, WA. level of education was described as, "I did some college." Client reported as being employed (MicroSoft). Client endorsed a family history of SUD. Client denied any history of suicidal ideation/attempts (SI) and denied any history of homicidal ideation / attempts (HI). Client denied any history of military service.

**Presenting Problem:** Client self-referred citing concerns that he may have AUD following arrest for DUI and marital / familial distress due to client drinking of alcohol. "Client stated, "I have a big drinking problem."

**History of Drug Use:**

**Alcohol:** Client reported first use of alcohol as occurring on or about the age of 24 with regular use reported by the client as commencing by age 26. Client self-described alcohol use as, "I drink half a fifth of vodka a day during the week and a whole bottle on weekends". Last use of alcohol was reported by client as occurring on or about 08-07, 2019.

Client denied the use of any other psycho-active drugs.

**DCH/Driving Abstract History:** Mr. Moyer's DCH / Driving Abstract were reviewed and endorsed client's assertion of a history of DUI with 02 prior to the present charge. Nothing indicated other than pending charges.

**Detox/Treatment History:**

Client acknowledged a history of both inpatient and outpatient SUD treatment, and denied any history of medically managed detox. (Driftwood, Austin Texas 2019, ATA Bellevue.

This notice accompanies a disclosure of information concerning a client in chemical dependency treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). 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 CFR Part2.

Sealed RESP36

## New Life Recovery Solutions

### Substance Use Disorder Assessment

#### Summary Short Form

**MAST Scoring and interpretation:** A score value of “1-5” is given for each YES response, except for items 4, 5, and 7, for which a NO response is given a score of “1-2.” Scores range from 1-53. Any score above 12 is indicative of an alcohol problem. **Mr. Moyer scored a 35. Indicative if significant alcohol problem.**

**DAST-10 Scoring and Interpretation:** A score of “1” is given for each YES response. A score of three or higher indicates potential Substance Use Disorder requiring further investigation / intensive assessment. **Mr. Moyer scored a 01.** No problem indicated.

**ACES (adverse childhood experience score):** Client scored a 06 indicating an extensive degree of childhood trauma.

**UA Results:** As part of the assessment process, the client was administered a urinalysis (UA) w/ETG test. UA tested **NEGATIVE** for all other psycho-active drugs. This was consistent with self-report of client.

**Current Medications:** Client Denied.

**ASAM PPC:**

**Dimension One (Acute Withdrawal):** No Reported History/ client denied any history of seizures / DT's: **L 0.0**

**Dimension Two (Bio-medical Conditions):** None Reported / None Observed: **L-0.0**

**Dimension Three (Cognitive, Emotional, and Behavioral Conditions):**

**Cognitive** – client denied however, given client history client seems to lack insight into risks involved with continuing with alcoholic drinking. Client denied any diagnosis of cognitive deficit.

**Emotional** –Client reported struggling with anxiety/depression (diagnose by PCP). Client denied any history of SI/SA, HI/HA.

**Behavioral:** Client may benefit from developing coping skills / gaining insight that supports ongoing recovery lifestyle. Nothing that would preclude client from. **L-1.0**

**Dimension Four (Readiness to Change):** Client is currently in the preparation stage of change. At this point appears externally motivated to change (wife/family) w/internal emergent. Client demonstrates a degree of ambivalence toward treatment / 12-step recovery. Client most likely lacks insight, cognitive dissonance / cognitive distortion preventing client from recognizing severity of AUD. Nothing that would preclude client from engaging in treatment: **L-2.1**

**Dimension Five: (Relapse Risk):** Likelihood of relapse w/o clinical intervention: **High**. Client acknowledged high risk of drinking again w/o clinical intervention. Client will benefit from developing an understanding of personal relapse pattern and the coping mechanisms necessary to achieve / sustain sobriety. **L 2.1**

**Dimension Six (Recovery Environment):** Client living environment is stable, however, client would benefit from development of an ongoing / sustainable recovery plan, fellowship community. Nothing that will preclude client from entering treatment. **L 2.1**

**Diagnostic Criteria Applied (DSM V, 2013; Pg. 490-491)**

- A. A problematic pattern of alcohol / drug use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12- month period:
1. Substance is often taken in larger amounts over a longer period than intended.
  2. There is a persistent desire or unsuccessful efforts to cut down or control substance use.
  3. A great deal of time is spent to obtain, use or recover from a substance.
  4. Craving or a strong desire/urge to use a substance.

This notice accompanies a disclosure of information concerning a client in chemical dependency treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). 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 CFR Part2.

## New Life Recovery Solutions

### Substance Use Disorder Assessment Summary Short Form

5. Recurrent substance use resulting in a failure to fulfill obligations at work, home or school.
6. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the substance use.
7. Important social, occupational, or recreational activities are given up or reduced because of substance use.
8. Recurrent substance use in situations in which it is physically hazardous.
9. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by substance.
10. **Tolerance:** as defined by either of the following.
  - a. A need for markedly increased amounts of the drug/alcohol intoxication / desired effect.
  - b. A markedly diminished effect with continued use of the same amount of drug/alcohol.
11. **Withdrawal:** as manifested by either of the following:
  - a. The characteristic withdrawal syndrome for opioids/meth (refer to Criteria A and B of the criteria set for alcohol withdrawal, pp. 499-500).

**Diagnostic Criteria Met:** Client meets 07 of the 11 above stated criteria indicating a diagnosis of severe Alcohol Use Disorder 303.90 / F10.20 (uncomplicated).

**Treatment Recommendation:** Client meets criteria for ASAM PPC Level 2.1 IOP. Duration and intensity of treatment is contingent upon client progress toward individual treatment goals at said level of care. As a general guideline, based on ASAM and our experience, most clients will benefit from the plan stated above to achieve their goals / objectives.

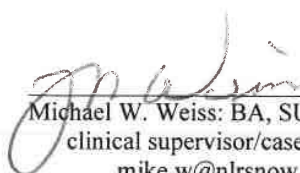
**Treatment Protocol to include the following:**

**Phase I: ASAM Level-2.1 Intensive Outpatient.** 72 hours of group therapy, one on one counseling randomized urinalysis w/ETG, 12-step meetings (sponsor, home group, step work) are required.

**Phase II: ASAM Level-1.0 Outpatient.** 36 sessions of group therapy (two-hours each session), two one on one sessions. UA w/ETG randomly administered throughout the duration of said treatment. Moreover, Mr. Moyer will be encouraged to attend one self-help support groups a week.

The data derived from the before mentioned resources / screening methods was applied to this assessment and does support a diagnosis of SUD (in early/partial remission).

Falsification of information or failing to report all relevant and pertinent information could nullify this evaluation-report resulting in an additional assessment and ensuing financial obligation.



Michael W. Weiss: BA, SUDP, NCAC-I  
clinical supervisor/case manager  
mike.w@nlrsnow.com  
(425) 454-2238

This notice accompanies a disclosure of information concerning a client in chemical dependency treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). 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 CFR Part 2.