

July 27, 2016

Washington State Department of Licensing Attn: Medical/Alcohol PO Box 9030 Olympia, WA 98507–9030

Re: Clinical Alcohol Assessment for Douglas Allen Smith (DOB – 12/04/1983)

To whom it may concern:

I performed a Clinical Alcohol Assessment for Mr. Smith in reference to his license reinstatement and 2005 DUI in King County. This assessment included a 50-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 = 14 / *POSITIVE SCREEN*; no direct or indirect indication of problem alcohol use (screen relative to lifetime use of alcohol)

AUDIT: score = 0 / NEGATIVE SCREEN; scores of 8 or more indicate 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: | |
|---------------------------|---|
| | legal history – denies previous history |
| | severity of incident – .14 BAC |
| | current anxiety/depression/mental health – NA |
| | general health issues – NA |
| | exposure to trauma – NA |
| | use of liquor – daily (previous) |
| \boxtimes | other substance use – daily tobacco use |
| | contraindicated prescription use – NA |

| □ negative peer influence – NA |
|---|
| □ at-risk work environment – NA |
| □ current stress (relational, work, etc.) – NA |
| Summary - 2 of 13 concerns, not enough outstanding concern to be mitigated through further intervention |
| Past DSM-5 Alcohol Use Disorder Symptoms: |
| ☐ Use beyond intention |
| ☐ Persistent desire or unsuccessful efforts to reduce/quit use |
| ⊠ Substantial time spent obtaining, using, or recovering from use |
| |
| □ 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 |
| |
| ☐ Withdrawal symptoms |
| |

Clinical Interview/Summary: Mr. Smith's written screenings provided clear indication of an alcohol use disorder at some level. He was open in the clinical interview and shared information indicating 5 problem alcohol use symptoms (see above). He admitted to previous daily use of alcohol and was able to identify many of the influences that contributed to his abuse of alcohol citing unemployment, depression, and various social factors.

Summary – 5 of 11 symptoms (Mild 2-3 | Moderate 4-5 | Severe 6+)

Since this period in Mr. Smith's life, he has been able to hold a steady job and develop the skills necessary to maintain his sobriety for approximately 6 years. Considering his history and ongoing support through AA (with which is prepared to provide proof of) he is clinically considered to be at low risk for relapse at this time.

DSM-5 DIAGNOSIS in Reference to Substances: F10.20 Moderate Alcohol Use Disorder (Sustained Remission)



Treatment Recommendations: Having found no basis for an active DSM-5 alcohol use disorder at this time. I have no treatment recommendations Mr. Smith at this time.

If the reader or department of licensing possess additional information about Mr. Smith'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. Smith, and yourself in this important matter.

Sincerely,

Trevor C. Davis, CDCA

Cert.# 150427

Reviewed by Brian T. Davis, LISW-S, SAP LIC# I-7948

cc: Douglas Allen Smith

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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.

