

June 27, 2016

Erin Burress  
Pride Integrated Services, Probation  
836 East 65<sup>th</sup> St; Building 19  
Savannah, GA 31405

**Re: Clinical Alcohol Assessment for Alexander Zoeller (DOB – 11/07/1985)**

Ms. Burress:

I performed a Clinical Alcohol Assessment for Mr. Zoeller in reference to his November 2013 reckless driving charge in Chatam County, GA. This assessment included a 40-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 = 13 / *POSITIVE SCREEN*; direct and indirect indicators of problem alcohol use, scores of 5 or more suggest problem drinking or alcoholism (screen relative to lifetime use of alcohol)

**AUDIT:** score = 4 / *NEGATIVE SCREEN*; scores of 8 or more indicate potential *hazardous use*, whereas scores of 15 or more in men indicate a *moderate to severe* disorder may be present (screen primarily relative to current use of alcohol)

**Outstanding Alcohol Use Risk Factors:**

- ☐ legal history – denies previous history
- ☐ severity of incident – sustained head injury in November 2013 motor vehicle accident (.17 BAC)
- ☐ general health issues – NA
- ☐ exposure to trauma – 2 lifetime concussions; appropriately managed PTSD diagnosis after 4 years of military service (completed treatment/counseling through the VA)
- ☐ anxiety/depression/mental health – comorbid depression/PTSD addressed following active service (discharged after 4 years of service)
- ☐ use of liquor – stopped drinking liquor 3 years prior to quitting drinking altogether
- ☐ other substance use – none of clinical concern
- ☐ contraindicated prescription use – short-term (1 month) misuse of opiate medication
- ☐ family history – both paternal grandparents

- ☐ prior treatment history – NA
- ☐ negative peer influence – NA
- ☐ at-risk work environment – NA
- ☐ current stress (relational, work, etc.) – quantified average weekly stress level as a “2” on a scale of 1-10
- ☐ poor academics – 3.93 GPA

Summary – 0 of 13 concerns outstanding, no concern mitigatable through further clinical recommendations

**DSM-5 Alcohol Use Symptoms (In Remission):**

- ☒ 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 a physical or psychological condition
- ☒ Tolerance
- ☐ Withdrawal symptoms

Summary - 10 of 11 symptoms (Mild 2-3 | Moderate 4-5 | Severe 6+)

**Clinical Interview/Summary:** Mr. Zoeller’s written screenings provided clear indication of a past alcohol use disorder at some level. He was forthcoming in the clinical interview and shared information indicating 10 problem alcohol use symptoms (see above). While Mr. Zoeller did not have a history of daily alcohol use, he did have difficulty drinking within the NIAAA recommendations for men’s “low-risk” drinking for most of his adult life and most prominently around his time of service. We discussed his reckless driving charge and sobriety at length. Through counseling services at the Veteran’s Association and AA (completed 90 meetings in 90 days following his DUI and still attends 3 times a week) he has appropriately addressed his problem alcohol use. He reports no lapses in sobriety since his incident and was articulate of the mentally and physically healthy lifestyle he has established since.

**DSM-5 DIAGNOSIS in Reference to Substances:** F10.20 Severe Alcohol Use Disorder - Full Remission

**Treatment Recommendations:** Having found no basis for any current DSM-5 alcohol use disorder symptoms or outstanding risk factors, I have no further recommendations for Mr. Zoeller at this time. I am asking that he provide proof of the 12-step attendance

cited in this report and if unable to maintain his abstinence, it is recommended that he meet with a substance abuse professional about an elevated level of care (potential long-term counseling services, intensive outpatient program, residential treatment, etc.)

If you or the court possess additional information about Mr. Zoeller'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. Zoeller, 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: Alexander Zoeller

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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.