

September 27, 2016

April Van Alstine PO Box 654 50 N. Main St. Jasper, GA 30143

Re: Clinical Alcohol Assessment for William Tyler McKnight (DOB – 11/29/1989)

Dear Ms. Van Alstine:

I performed a Clinical Alcohol and Drug Assessment for Mr. McKnight in reference to his January 2015 DUI charge (reduced to Reckless Driving) in Pickens County. 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: POSITIVE SCREEN; direct and indirect indication of problem alcohol use indicative of a disorder (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 predominantly relative to current use of alcohol)

Clinical Interview/Summary: Mr. McKnight's written screenings provided clear indications of an alcohol use disorder at some level. He was open in the clinical interview and shared information indicating 10 past problem alcohol use symptoms (see below). Since his January 2015 DUI, he has had 20 months of sobriety and completed 65 total days of inpatient care through Blue Ridge Mountain Recovery Center, a treatment center affiliate both in Georgia and in Texas. Mr. McKnight reported he has also been involved in regular AA meetings 3-5x a week (no documented proof available at this time) and is working with a psychiatrist regularly who is providing ongoing medication management. Lastly, since taking the time to engage in a recovery and treatment program he has been living with 2 roommates who attended and completed the same treatment program. This has proved to be a stable living environment for Mr. McKnight over the past "year and half" as he has no issues maintaining his abstinence and has secured a new job that enjoys.

Previously Applicable DSM-5 Alcohol Use Disorder Symptoms:

$oxtimes$ Persistent desire or ${\sf u}$	nsuccessful efforts to reduce/quit use
Substantial time spen	t obtaining, using, or recovering from use
Strong craving/desire	
□ Failure to fulfill a major	or role (work, home, school)
□ Use despite recurrent	t social/interpersonal problems
\square Important social, occu	upational, recreational activities relinquished
□ Physically hazardous	use
□ Continued use despit	e knowledge of contraindicated physical or psychological
condition	
⊠ Tolerance	
Withdrawal symptoms	3

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

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

Treatment Recommendations:

- 1) AA, 12 Step, or Smart Recovery Meeting Attendance (continued) Minimum of 2 documented sessions per week for next 12 months;
- 2) <u>Continued Physician consult</u> for continuity of care, continue to meet with psychiatrist and request discharge letter if care is no longer deemed necessary;
- 3) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. McKnight seek further evaluation and follow all treatment recommendations.

Having found no basis for an active DSM-5 alcohol disorder, I have no further recommendations for Mr. McKnight at this time in addition to what he is already doing. He is at this point considered to be at low-risk for relapse considering the level of support he has situated around him. Mr. McKnight has also been asked to provide any proof of treatment in combination with this evaluation.

If you or the court possess additional information about Mr. McKnight'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. McKnight, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA

Cert.# 150427

Reviewed by Ryan Smith, MSW, LISW-S, LICDC, SAP

SW Lic. #I.1000155-S; #101182

cc: William T. McKnight

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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.

