

August 28, 2014

The Honorable Robbin Stuckert
DeKalb County Courthouse
133 West State Street
Sycamore, IL 60178

Re: Clinical Alcohol and Drug Assessment for Sean Williams

Dear Judge Stuckert:

I performed a Clinical Alcohol and Drug Assessment for Mr. Williams in reference to his adjudicated *possession of a precursor to methamphetamine* conviction in DeKalb County. This assessment included the administration of: a Michigan Alcohol Screening Test (MAST), a Drug Abuse Screening Test (DAST), an anxiety/depression screening, and a 60 minute telephonic clinical interview. The following items provide a summary of his screening results, my diagnostic opinion and professional recommendations:

Substance(s) of Concern: evaluated for alcohol and all illicit substances

Alcohol/MAST Screening: score = 0; no direct or indirect indication of problem alcohol use

DAST: score = 0; no direct or indirect indication of problem alcohol use

DSM/Other Substance Related Concerns: denies subtle indicators of problem alcohol or illicit substance use including mild hangovers, mild memory loss after use, repeat use to relieve emotional or work stress, previous legal consequences, previous treatment, conflict with significant others during or shortly after use of alcohol or drugs, guilt or regret associated with use of alcohol or drugs

Anxiety/Depression Screening: no clinically significant concerns reported

Substance Related Legal History Reported: denies any previous history of alcohol or substance related arrests/legal charges

Clinical Interview/Summary

ALCOHOL: Mr. Williams's written screenings provided no indication of an alcohol use disorder. He reported his normal use of alcohol as 2-3 drinks on 2-3 occasions per year. Mr. Williams's presentation of this point was clinically credible as he was articulate about the damage done by alcohol in his family and the strong negative emotional association he has with alcohol. I was unable to find him meeting even 1 of 11 DSM 5 alcohol use disorder diagnostic criteria.

DRUG USE: We discussed Mr. William's *possession of a precursor to methamphetamine* conviction and the surrounding incidents at length. While his involvement with an individual who apparently has been convicted of manufacturing methamphetamine is of great concern I concluded that his involvement was more likely related to a naiveté combined with an inability to draw appropriate boundaries in the context of an atypical work relationship. The relationship with this individual might not

have existed were it not for the type of work they both do, which involves extensive time spent traveling together on the job. I did get the clinical impression that Mr. Williams is prepared to identify and avoid any such future involvement with individuals involved with criminal drug related activity.

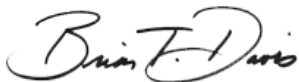
This overall clinical impression appears to be reinforced by the removal of his *conspiracy to manufacture methamphetamine* charge and further by his lack of any other legal history with drugs or alcohol, including DUI charges. If the court possesses knowledge of such history, I strongly suggest that Mr. Williams be directed to present that information to me and I will update my opinion accordingly.

DSM 5 DIAGNOSIS in reference to substances: V71.09 (no alcohol or drug use disorder found)

Treatment Recommendations: After examination of Mr. Williams's written screenings and a thorough clinical interview I am of the opinion to a reasonable degree of clinical certainty that he is not someone manifesting signs and symptoms of a DSM 5 alcohol or drug use disorder. Accordingly, I have no additional professional recommendations for him at this time.

Thank you for the opportunity to assist the court in this important matter. If you have any additional questions about my clinical opinion don't hesitate to contact me by phone or email.

Sincerely,



Brian Davis, LISW-S, SAP
cc: Sean Williams

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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.