DIRECTIONS
COUNSELING GROUP

August 12, 2016

Benjamin N. Griffitts, Attorney,
Livesay & Myers, P.C.
9408 Grant Avenue, Suite 402
Manassas, Virginia 20110-1816

Re: Clinical Alcohol Assessment for Zane J. Archer (DOB – 04/13/1980)

Dear Mr. Griffitts:

I performed a Clinical Alcohol Assessment for Mr. Archer in reference to his assault charge in Woodbridge 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 = 2 / *NEGATIVE SCREEN*; no direct indication of problem alcohol use (screen relative to lifetime use of alcohol)

AUDIT: score = 3 / *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 – alcohol-related reckless operations charge over 10 years ago (no BAC collected)
☐ severity of incident – reports no suspicion of alcohol use (no breathalyzer or sobriety test administered)
☐ anxiety/depression/mental health history – NA
☐ general health issues – NA
☐ exposure to trauma – NA
☐ use of liquor – NA

☐ other substance use – previous tobacco
☐ contraindicated prescription use – NA
☐ family history – none reported
☐ prior treatment history – NA
☐ negative peer influence – NA
☐ at-risk work environment – NA
☐ current stress (relational, work, etc.) – NA

Summary - 1 of 13 concerns, low risk profile

Clinical Interview/Summary: Mr. Archer's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). His drinking habits are within the NIAAA low-risk standards for men and he reported his normal use of alcohol as 2-4 beers on a less than monthly basis. He also reported no difference in the amount consumed if he was attending a special event or celebration.

Mr. Archer and I discussed his assault incident and general use of alcohol at length. He is nearing the completion of a 3 month anger management program with which he has decided to complete on his own accord. He is prepared to provide the court with proof of attendance and a character reference letter from the program supervisor.

DSM-5 Alcohol Use Symptoms:
☐ 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 contra physical or psychological condition
☐ Tolerance
☐ Withdrawal symptoms

Summary - 0 of 11 symptoms (Mild 2-3 | Moderate 4-5 | Severe 6+)

DSM-5 DIAGNOSIS in Reference to Substances: Z03.89 (suspected substance use condition not found)

Treatment Recommendations: Having found no basis for a DSM-5 alcohol use disorder I have no further recommendations as they relate to alcohol for Mr. Archer at this time.

If you or the court possess additional information about Mr. Archer'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. Archer, 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: Zane J. Archer

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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.