

March 20, 2015

City Square Driver Licensing Services
P.O. Box 30340
Honolulu, HI 96820-0340

Re: Clinical Alcohol and Drug Assessment for Robert Springer III

Dear DMV Representative,

I performed a Clinical Alcohol and Drug Assessment for Robert Springer III in reference to his DUI charge in December of 2005 in Kauai, HI. This assessment included the administration of: a Drug Abuse Screening Test, (DAST) a Short Michigan Alcohol Screening Test (SMAST), a CAGE questionnaire, an Alcohol Use Disorder Identification Test (AUDIT), an anxiety/depression screening, and a 50 minute clinical interview by telephone. The following items provide a summary of the screening results, my diagnostic opinion and professional recommendations:

Screenings and Symptoms: (screened for all substances)

DAST: *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol or substance use

SMAST: score = 2 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use

CAGE: *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use

AUDIT: score = 2 / *NEGATIVE SCREEN*; scores above 8 indicate hazardous use, above 13 indicates moderate to severe disorder present

DSM/Other Substance Related Concerns: clinical interview revealed 0 of 11 DSM 5 substance related concerns present. Denies subtle indicators of problem alcohol use including mild hangovers, mild memory loss after use, repeat use to relieve emotional or work stress, previous treatment, conflict with significant others during or shortly after use of alcohol, guilt or regret associated with use

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

Alcohol and Other Drug use history:

Withdrawal history and evidence of tolerance: *unable to find indications of any lifetime alcohol withdrawal such as irritability, rapid heartbeat, insomnia, hand tremors, etc. (negative for 20 symptoms); unable to find indications of alcohol tolerance*

Drugs of choice and progression of use from first use to present: *Mr. Springer acknowledged marijuana use during his high school years with no use after or any currently. Until his 2005 DUI charge he used alcohol approximately 3-4 times per week and consumed 2-4 drinks per occasion. Mr. Cline reports that his alcohol use has decreased even further since his 2005 incident to 2-3 times per week and consumption*

of 1-2 drinks per occasion. This is an indication of moderate use with no indication of problem use.

Episodes of uncontrolled AOD use, binges, overdoses: *moderate use only found in history review*

Use of AOD's for 'self-medication' of painful and unpleasant emotions: *not applicable*

Attempts to hide use: *not applicable*

Physical signs of drug use: *not applicable*

History of attempts to quit AOD use: *not applicable*

Family dysfunction relative to AOD use: *not applicable*

Drug use behavior: *not applicable*

Method of administration, including injection, snorting, smoking, drinking: *not applicable*

Relationship of current charge to AOD use: *moderate use, with decrease as a result of legal consequences*

Problems related to AOD use: *no current problem presentation*

Past treatment history: *not applicable*

Family history of AOD use: *not applicable*

Health problems: *no medically significant concerns*

Criminal justice system history: *no previous charges*

History of mental illness: *not applicable*

Results of urine, breath or blood testing: *see attached test provided by Mr. Springer*

Problems with family, social integration, employment, housing or financial instability, homelessness related to AOD use: *not applicable*

Suicide appraisal: *no current lethality concerns, past attempts, current thoughts or plans present*

Motivation and readiness for treatment: *not applicable; treatment not indicated*

Clinical Interview/Summary: Mr. Springer's written screenings provided no indication of an alcohol or substance use disorder. He reported his normal use of alcohol *prior* to his charges as being 2-4 drinks on 3-4 occasions per week. He indicated however, that since his charges, this amount has decreased even further to 1-2 drinks on 2-3 occasions per week.

We discussed Mr. Springer's DUI incident at length as well as his general habits involving alcohol and illicit substance use. He was non-defensive in his demeanor and the interview did not reveal any inconsistencies in written or verbal form. My clinical impression is that he does not meet criteria for someone experiencing a DSM 5 alcohol or substance use disorder. It is possible that his DUI charge was the result of social factors that are no longer present in Mr. Springer's life. My opinion is that Mr. Springer has gained significant insight into the risks associated with alcohol and he presents a low risk of impaired driving in the future.

DSM 5 DIAGNOSIS in reference to substances: V71.09 (none found)

ASAM Placement Criteria:

Dimension 1: Acute Intoxication and/or Withdrawal Potential | Risk Rating: 0
No signs or symptoms of intoxication or withdrawal present

Dimension 2: Biomedical Conditions & Complications | Risk Rating: 0
Fully functioning and able to cope with any physical comfort or pain

Dimension 3: Emotional, Behavioral or Cognitive Conditions/Complications | Risk Rating: 0
Good impulse control and coping skills present

Dimension 4: Readiness to Change | Risk Rating: 0
Treatment not indicated

Dimension 5: Relapse, Continued Use, or Continued Problem Potential | Risk Rating: 0
Low or no potential for relapse

Dimension 6: Recovery/Living Environment | Risk Rating: 0
Has a supportive environment

Treatment Recommendations: Since I was unable to find Mr. Springer meeting DSM 5 alcohol or drug use disorder criteria, he presently has a “0” risk rating on all 6 ASAM dimensions and he has incurred no new legal charges in the past 36 months I have no further professional recommendations for him at this time.

Thank you for the opportunity to assist the court, Mr. Springer and yourself in this important matter.

Sincerely,



Anita McLeod, LCSW, SAP
cc: Robert Springer III

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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.