

March 6, 2015

Heather R. Fletcher, Attorney
1200 Main Street Suite 105
Hays, KS 67601

Re: Clinical Alcohol Assessment for Derrick Snodgrass

Dear Ms. Fletcher:

I performed a Clinical Alcohol Assessment for Mr. Snodgrass in reference to his DUI charge in Hodgeman County. This assessment included the administration of: a Michigan Alcohol Screening Test (MAST), an Alcohol Use Disorder Identification Test (AUDIT), an anxiety/depression screening, and a clinical interview by telephone. The following items provide a summary of the screening results, my diagnostic opinion and professional recommendations:

MAST: some indication of misuse of alcohol over the past 5 years

AUDIT: score = 3 / *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 related concerns present

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: Mr. Snodgrass' written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported normal use of alcohol as 1-3 drinks on 1 occasion per month. He also acknowledged use of 2-3 drinks on special occasions (weddings, birthdays, etc.) or about 2-3 occasions per year. Mr. Snodgrass and I discussed the DUI incident and his general use of alcohol at length but I was unable to find the incident or his overall history and presentation indicative of someone experiencing DSM 5 alcohol use disorder symptoms. He was non-defensive in demeanor and the interview did not reveal inconsistencies or discrepancies in written or verbal form. We discussed ways that he will problem-solve in the future should he be presented with a similar situation to avoid anything that would interfere with his future goals. My opinion is that he has developed appropriate and sustainable insight that will help him to prevent future alcohol related incidents going forward. However, due to his charges I would like for him to participate in some online alcohol education. I have included for the court the two sites that I recommend that provide helpful information I believe Mr. Snodgrass will benefit from.

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

Treatment Recommendations:

- 1) Preventative Education, recommend 16 hrs. of online alcohol education from his choice of the following websites: logancourtclasses.com or onlinealcoholclass.com
Mr. Snodgrass will provide proof of successful completion to the court.
- 2) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Snodgrass seek further evaluation and follow all treatment recommendations.

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

Sincerely,



Anita McLeod, LCSW, SAP
cc: Derrick Snodgrass

Prohibition Against Re-Disclosure: This information has been disclosed to you from records protected by Federal Confidentiality rules. The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client. Drug abuse patient records are also protected under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.R.R parts 160 & 165. (These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.)

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.