

July 26, 2016

Washington State Department of Licensing 402 Main St. S. #11 North Bend, WA 98045

Re: OUT OF STATE ALCOHOL FACILITY REQUIREMENT

Dear Washington Department of Licensing Representative:

Attached, please find a complete assessment provided for Mr. Kirk Thach. I am providing this cover letter in order to comply with the out of state facility documentation requirements that I received from the DOL customer service department.

Driver Applicant Information: Kirk A. Thach (DOB – 05/21/1963)

Driver License # - THACHKA373K1

Assessment Information: Completion date - 07/18/16

Clinical Findings: see attached assessment

Compliance Information: Client provided collateral character references validating his abstinence; client does not drink alcohol and therefore has no prior history for treatment of alcoholism (driver in full compliance)

Sincerely,

Trevor C. Davis, CDCA

Cert.# 150427

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

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

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July 18, 2016

Washington State
Department of Licensing
Attn: Medical/Alcohol
PO Box 9030
Olympia, WA 98507–9030

Re: Clinical Alcohol Assessment for Kirk A. Thach (DOB - 05/21/1963)

To whom it may concern:

I performed a Clinical Alcohol Assessment for Mr. Thach in reference to his criminal driving without a driver's license charge in Clark County. This assessment included a 40-minute clinical interview by telephone, a collateral contact, 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 or indirect indication of problem alcohol use (screen relative to lifetime use of alcohol)

AUDIT: score = 0 / 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 timeframe relative to current use of alcohol)

Alcohol Use Risk Factors:

☐ legal history – denies previous history prior to May 2004 DUI (breathalyzer refused)
□ severity of incident – NA
□ anxiety/depression/mental health – NA
☐ general health issues – NA
□ exposure to trauma – NA
☐ use of liquor – NA
□ other substance use – NA
□ contraindicated prescription use – NA
□ prominent family history – 1 blood relative
□ prior treatment history – NA
□ negative peer influence – NA
□ at-risk work environment – NA



□ current stress (relational, work, etc.) – quantified average weekly stress as being "2" on a scale of 1-10

Summary - 0 of 13 possible risk factors (low risk)

Clinical Interview/Summary: Mr. Thach's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported abstinence following his 2004 arrest which he presented to be in exception of his normal habits surrounding alcohol. Mr. Thach was articulate regarding a number of reasons for discontinuing his use of alcohol. In my best clinical judgement, I gained no impression that he has a past or recent history of a DSM-5 alcohol use disorder.

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 professional recommendations for Mr. Thach at this time.

If the DOL possess additional information about Mr. Thach'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. Thach, 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: Kirk A. Thach

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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.

