

November 16, 2016

Tod Dillingham  
7785 Fm 2300  
Groom, TX 79039

**Re: Clinical Alcohol Assessment for Tod E. Dillingham (DOB – 03/22/1984)**

To Whom It May Concern:

I performed a Clinical Alcohol Assessment for Mr. Dillingham in reference to his May 2016 DUI charge in Codrington 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 = 1 / *NEGATIVE SCREEN*; no direct or indirect indication of a present alcohol use disorder (screen relative to lifetime use of alcohol)

**AUDIT:** score = 4 / *NEGATIVE SCREEN*; scores of 8 or more indicate potential *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:**

- ☒ negative peer influence/at-risk population – ex-military
- ☐ current stress (relational, work, financial, etc.) – NA
- ☐ physical health concerns – NA
- ☐ anxiety/depression/mental health – NA
- ☐ exposure to trauma – NA
- ☐ family history of substance abuse or alcoholism – none reported
- ☐ contraindicated prescription use – NA
- ☐ other substance use – NA
- ☐ regular use of liquor – less than monthly
- ☐ voluntary treatment history – NA
- ☐ severity of incident – .12 BAC reported
- ☐ legal history – denies previous history

Summary - 1 of 12 concerns, mitigate concern with clinical recommendations

**Clinical Interview/Summary:** Mr. Dillingham's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported his normal use of alcohol before this charge as 1-2 beers on 1-2 occasions per week. He also acknowledged that he'll have about 4-5 drinks on a "couple" of special occasions in the average year.

Mr. Dillingham and I discussed his legal charge and general use of alcohol at length. I did not find him meeting DSM-5 alcohol use disorder criteria for diagnosis, and his drinking habits seem to be within NIAAA recommendations for men's low-risk drinking. I did note the risks and concerns associated with his specific situation (see above checklist). Accordingly, I am including a preventative recommendation in the remainder of this report in an effort to reduce the likelihood of any potential for future problem use of alcohol.

**DSM-5 Alcohol Use Disorder 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 contraindicated 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:**

- 1) Attend a local Victim Impact Panel – MADD or other comparable in-person panel, see <http://www.madd.org/local-offices/> for locations and available times;
- 2) If another negative consequence is incurred as a result of any alcohol use within the next 12 months, it is recommended Mr. Dillingham seek an increased level of treatment or extended outpatient substance abuse counseling upon further evaluation.

If the reader or court possess additional information about Mr. Dillingham'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. Dillingham, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA

Certificate # 150427

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

SW Lic. #1.1000155-S; #101182

cc: Tod Eric Dillingham

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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.