

October 20, 2016

Peter Hansen, Atty.
Hansen Law Offices
319 N Main PO Box 953
Burlington, IA 52601

Re: Clinical Alcohol and Drug Assessment for Cory S. Williams (DOB – 03/30/1989)

Dear Mr. Hansen:

I performed a Clinical Alcohol and Drug Assessment for Mr. Williams in reference to his July OWI charge in Lee county. This assessment included a 55-minute clinical interview by telephone, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- A Drug Abuse Screening Test (DAST-10)
- A general anxiety/depression screening

The following items provide a summary of the screening results, my diagnostic opinion, and professional recommendations:

MAST: score = 3 / *NEGATIVE SCREEN*; no direct or indirect indication of a present alcohol use disorder, scores of 4 or more are indicative of an alcohol use disorder (screen relative to lifetime use of alcohol)

DAST-10: score = 1 / *LOW LEVEL SCREEN*; point incurred for drug use outside of a medical context and/or supervision, no direct or indirect evidence of a present substance use disorder

Alcohol & Substance Use Risk Factors:

- ☐ negative peer influence/at-risk work environment – NA
- ☐ 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

- ☒ tobacco use – daily
- ☒ use of liquor – monthly-basis
- ☐ voluntary treatment history – NA
- ☒ severity of incident – auto accident
- ☒ legal history – 2 lifetime alcohol-related offenses (2014 DWI)

Summary - 4 of 11 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary: ALCOHOL – Mr. Williams’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 2-3 beers/mixed drinks on 2-3 occasions per month. He also acknowledged use of up to 7 drinks on approximately 1 occasion every 1-2 months.

Mr. Williams and I discussed his legal charge and general use of alcohol at length. I did not find him meeting enough DSM-5 alcohol use disorder criteria for diagnosis and while his normal drinking habits seem to be within NIAAA recommendations for men’s “low-risk” drinking, his legal history suggests otherwise. Having noted the risks and concerns associated with his specific situation, I am including some preventative recommendations in the remainder of this report in an effort prevent future problem alcohol use and rule-out any potential for an unidentified disorder.

NON-PRESCRIPTION DRUG – Mr. Williams acknowledged minimal experimentation with marijuana 4 or 5 years ago. He denied experimentation and use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. Mr. Williams reported that he is subject to random drug screens through his employer and has never had a positive screen or been suspected of drug use. He is prepared to provide written documentation of this from his employer if necessary. I found no part of Mr. Williams’s report about non-prescription drug use suspect of minimization or deception.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Williams denied recreational use of all prescription medications which are prone to abuse including: stimulant/ADD medications, narcotic painkiller medications, benzodiazepines, and sleeping medications. The interview did not reveal discrepancy with his written screenings, nor did he show signs of hesitation or verbal signs of minimization suggesting problem use of prescription medications.

DSM-5 Alcohol & Substance 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 - 1 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) Outpatient Counseling – 3-5 outpatient sessions with a professional substance abuse counselor; follow-up provider to update recommendations, consult collateral contacts, and discharge as appropriate;
- 2) 12-Hour Alcohol & Drug Education Course – Mr. Williams informed me that he has been required to complete an alcohol and drug education course, this intervention is appropriate and fulfills what I would have required of him in terms of education;
- 3) If another negative consequence is incurred as a result of any alcohol use it is likely that an increased level of treatment will be recommended (e.g. IOP, Inpatient, residential treatment, etc.)

If you or the court possess additional information about Mr. Williams's use of alcohol or drugs 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. Williams, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA
Certificate # 150427
cc: Cory S. Williams

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 and Drug 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.