

October 12, 2016

Robert B. Carter  
228 Robert S. Kerr, Suite 910  
Oklahoma City, OK 73102

**Re: Clinical Alcohol Assessment for Alex Reed Frazier (DOB – 05/19/1994)**

Mr. Carter:

I performed a Clinical Alcohol and Drug Assessment for Mr. Frazier in reference to his July DUI charge in Oklahoma 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 = 3 / *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:**

- ☐ poor academics – 3.83 GPA
- ☒ negative peer influence/at-risk work environment – event occurred in an after-work environment
- ☐ 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 – special occasions (less than monthly)
- ☐ voluntary treatment history – NA
- ☐ severity of incident – .14 BAC reported
- ☐ legal history – denies previous history

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

**Clinical Interview/Summary:** Mr. Frazier'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 craft beers on 2-4 occasions per month. He also acknowledged use of up to 5-6 drinks on 2-3 special occasions per year.

Mr. Frazier and I discussed his DUI and general use of alcohol at length. I found him meeting 1 of the DSM-5's 11 alcohol use disorder diagnostic criteria but was unable to identify sufficient evidence for a diagnosis. Accordingly, I am including a preventative recommendation in the remainder of this report in an effort to proactively mitigate the concern for any future problem alcohol use.

**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 - 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:** ADSAC 10-hour Course – complete in-state program and provide documentation to the court

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

Sincerely,



Trevor C. Davis, CDCA

Certificate # 150427

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

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

cc: Alex Reed Frazier

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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.