

July 23, 2015

FOR: addressee

Re: Clinical Alcohol Assessment for Christopher Taylor

Dear Mr/Ms.:

I performed a Clinical Alcohol Assessment for Mr. Taylor in reference to his DUI and related charges in Greenlee County. This assessment included the administration of:

- Michigan Alcohol Screening Test (MAST)
- Alcohol Use Disorder Identification Test (AUDIT)
- General anxiety/depression screening
- 50 minute clinical interview

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

MAST: score = 3/ *NEGATIVE SCREEN*; screening appeared valid, score suggests some history of problematic alcohol use, clarify with additional screening instruments and interview

AUDIT: score = 10, indicates hazardous use / scores of 8 or more indicate hazardous use, scores of 13 or more (women), 15 or more (men) indicates moderate to severe disorder present (respondent appeared to provide forthright responses to questions)

DSM/Other Substance Related Concerns: clinical interview revealed history of at least 5 alcohol use disorder symptoms occurring in recent years

Anxiety/Depression Screening: moderate level of anxiety symptoms presently being treated medically, no immediate related mental health crisis

Substance Related Legal History Reported: denies any previous history of alcohol or substance related arrests/legal charges

Clinical Interview/Summary: Mr. Taylor's written screenings provided indications of some level of problem alcohol use. He shared that he had previously visited a physician for help to stop drinking. These were followed by periods of moderate drinking (2-3 beers @ 2-3 times per week) and occasionally use at higher levels (7-8 beers). I also expressed some concern that at least one family member needed to stop drinking because of a pattern of problem use.

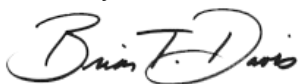
DSM 5 DIAGNOSIS in reference to substances: 303.90 (moderate alcohol use disorder)

Treatment Recommendations:

- 1) Preventative Education, recommend 12 hours of alcohol education, if a local resource is not available at a hospital, treatment center or community facility I recommend that Mr. Taylor utilize an online course that can document his successful completion of basic alcohol education (e.g. logancourtclass.com or onlinealcoholclass.com)
- 2) Counseling, recommend 4-5 sessions with a professional substance abuse counselor at a weekly or bi-weekly rate, followed by long term accountability and support with the same counselor (once per month minimum to monitor long term progress);
- 3) Physician consult, keep primary care doctor informed of anxiety symptoms and progress in counseling towards long term abstinence from alcohol;
- 4) 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.)

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

Sincerely,



Brian Davis, LISW-S, SAP
cc: Christopher Taylor

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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.