

July 7, 2016

Lawrence J. Kissling, Attorney at Law  
Kissling Law  
4080 Barrett Drive  
Raleigh, NC 27609

**Re: Clinical Alcohol Assessment for David Kuper (DOB – 06/20/1955)**

Dear Mr. Kissling:

I performed a Clinical Alcohol Assessment for Mr. Kuper in reference to his November 1999 failure to appear charge in Wade County. This assessment included a 50-minute clinical interview, and the administration of:

- A Substance Abuse Subtle Screening Inventory (SASSI-3)
- 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:

**SASSI-3:** scores indicated an overall *high probability* of a moderate to severe alcohol use disorder; scores were positive for rules #1, 3, and 7; screening had a lifetime frame of reference;

**MAST:** score = 16 / *POSITIVE SCREEN*; screening provided clear indications of problematic alcohol use; mitigate concerns with clinical recommendations (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 relative to use of alcohol within the past 24 months)

**Alcohol Use Risk Factors:**

- ☒ legal history – history of 4 alcohol-related legal convictions
- ☐ severity of incident – NA
- ☐ anxiety/depression/mental health – NA
- ☒ general health issues – high cholesterol and heart condition
- ☐ exposure to trauma – NA
- ☐ use of liquor – NA
- ☒ other substance use
- ☐ contraindicated prescription use – NA

- ☒ family history – clear family history of problem alcohol use
- ☒ prior treatment history – inpatient treatment, 3x IOP, history of AA attendance
- ☐ negative peer influence – NA
- ☐ at-risk work environment – NA
- ☐ current stress (relational, work, etc.) – NA

Summary - 5 of 13 concerns, mitigate concern with clinical recommendations

### **Clinical Interview/Summary:**

**ALCOHOL** – Mr. Kuper’s written screenings provided clear indications of a severe alcohol use disorder. He was open in the clinical interview and shared information indicating 11 problem alcohol use symptoms (see below). Mr. Kuper reported attempting to gain sobriety on several occasions before becoming hospitalized for 14 days in 2005 after wrecking his car en route to inpatient treatment for problem alcohol use. Following his discharge from the hospital on February 14, 2005, Mr. Kuper enrolled in Intensive Outpatient Treatment through Ohio State University’s Talbot Hall. Subsequent to his successful completion of that program, Mr. Kuper attended weekly aftercare and attended 120 AA meetings in 90 days. He reported having maintained his sobriety from alcohol since February 14, 2005 and continues to attend 1-2 AA meetings every other month for ongoing social support.

**SUMMARY** – Mr. Kuper has a history of a severe alcohol use disorder but appears to have successfully maintained sobriety since 2005. I am recommending that he continue his abstinence from alcohol along with quarterly AA meeting attendance for ongoing social support conducive to alcohol abstinence.

### **DSM-5 Alcohol Use Symptoms:**

- ☒ Recurrent use beyond intention
- ☒ Persistent desire or unsuccessful efforts to reduce/quit use
- ☒ Substantial time spent obtaining, using, or recovering from use
- ☒ Strong craving/desire
- ☒ Recurrent failure to fulfill a major role (work, home, school)
- ☒ Continued use despite recurrent social/interpersonal problems
- ☒ Important social, occupational, recreational activities relinquished
- ☒ Recurrent physically hazardous use
- ☒ Continued use despite knowledge of contraindicated physical or psychological condition
- ☒ Tolerance
- ☒ Withdrawal symptoms

Summary - 11 of 11 symptoms (Mild 2-3 | Moderate 4-5. Severe 6+)

**DSM-5 DIAGNOSIS in Reference to Substances:** F10.20 alcohol use disorder, severe, sustained full remission

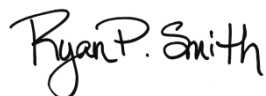
## Treatment Recommendations:

- 1) Abstinence – recommend ongoing abstinence from all alcohol use permanently; any resumption of alcohol use will necessitate an updated evaluation;
- 2) AA, 12 Step or Smart Recovery Meeting Attendance – recommend attending minimum of 1-2 AA meetings per quarter
- 3) If unable to maintain abstinence – Mr. Kuper is recommended to consult with mental health and/or substance abuse professionals regarding additional treatment and support (temporary abstinence period, Intensive Outpatient Program, increasing 12 step meeting attendance, etc.).

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

Sincerely,



Ryan P. Smith MSW, LISW-S, LICDC, SAP  
SW Lic. #I.1000155-S, CD Lic. #101182  
cc: David Kuper

**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 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.