

July 28, 2015

Spokane District Court
Shannon Koutecky, Probation Manager
1100 West Mallon
Spokane, WA 99260

Re: Clinical Alcohol Assessment for Graham Blankenbaker

Dear Ms. Koutecky:

I performed a Clinical Alcohol Assessment for Mr. Blankenbaker in reference to his DUI charge in Spokane County. This assessment included the administration of:

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

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

MAST: score = 2/ *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screening appeared valid)

AUDIT: score = 5 / *NEGATIVE SCREEN*; scores of 8 or more indicate hazardous use, 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: denies subtle indicators of problem alcohol use including pattern of mild hangovers, mild memory loss after use, repeat use to relieve emotional or work stress, previous treatment, conflict with significant others during or shortly after use of alcohol, guilt or regret associated with use

Anxiety/Depression Screening: no clinically significant concerns reported

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

Clinical Interview/Summary: Mr. Blankenbaker'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 as 2 drinks on most nights of the week over dinner. He also acknowledged use of 4-6 drinks on special occasions (weddings, birthdays, etc.) but no more than 6 times per year and with a plan to avoid any driving in such circumstances.

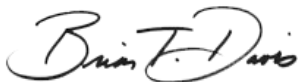
Mr. Blankenbaker and I discussed his DUI incident and general use of alcohol at length but I was unable to find the incident or his overall history and presentation indicative of someone experiencing DSM 5 alcohol use disorder symptoms. I did note with him that he drinks within NIAAA guidelines but to be careful in the future if he noticed his use began to regularly exceed 2 drinks since he drinks frequently. He understood the caution. We also discussed what he learned at the Victim Impact Panel. Given the smaller community he lives in, I gained the impression that it made the intended impact on him with regard to putting the public's wellbeing first when it comes to decision making about driving a vehicle after consuming alcohol. I believe the VIP was an appropriate level of intervention for Mr. Blankenbaker and I have no further professional recommendations for him at this time.

DSM 5 DIAGNOSIS in reference to substances: V71.09 (none found)

Treatment Recommendations: Since I did not find Mr. Blankenbaker meeting DSM-5 criteria for an alcohol use disorder and he has completed a Victim Impact Panel, I have no additional recommendations. If he incurs another negative consequence of any type (legal or otherwise) related to his use of alcohol, it is recommended he seek further evaluation and follow all treatment recommendations.

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

Sincerely,



Brian Davis, LISW-S, SAP
cc: Graham Blankenbaker

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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.