

June 9, 2016

A CDM Assessment & Counseling of Guilford Inc.
114 North Elm Street, Suite 402
Greensboro, NC 27401-2821

Re: Clinical Alcohol Assessment for David S. Barlow (DOB – 04/06/1974)

To whom it may concern:

I performed a Clinical Alcohol Assessment for Mr. Barlow in reference to his August 21, 1995 OVI charge in Cumberland County. This assessment included a 60-minute in-person 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: no scores indicative of an alcohol use disorder at any level (mild, moderate, or severe); screening had a lifetime frame of reference;

MAST: score = 1 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use; lifetime frame of reference

AUDIT: score = 0 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 15 or more in men indicates *moderate to severe* disorder present

Alcohol Use Risk Factors:

- ☐ family history - NA
- ☐ prior DUI charges - NA
- ☐ early onset of alcohol use - NA
- ☐ prior alcohol/substance use treatment - NA
- ☐ peer influences - NA
- ☐ work environment - NA
- ☐ contraindicated prescription use – No Rx use
- ☐ anxiety or depression symptoms - None
- ☐ general health problems - NKDA
- ☐ current family stress - low

Alcohol Use Risk profile = low risk

Present Use Status: last use of alcohol in July 2015

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. Barlow'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 over the past 24 months as 1-2 drinks on 2-4 occasions per year. He reported his last use of alcohol was 1 standard drink with a family member in July 2015. He denied engaging in any increased alcohol use during special occasions or celebratory events.

Mr. Barlow and I discussed his August 21, 1995 alcohol-related OVI charge and his general use of alcohol at the time. At the time of the incident, Mr. Barlow was enlisted in the U.S. Army and off base with peers after returning from a recent tour of duty. He stated consuming alcohol though he was 20 years old at the time and stated his roadside breathalyzer results were .07. Mr. Barlow's clinical interview revealed several instances of excessive alcohol use shortly before his 1995 charge. I did not find evidence of a current or previous tolerance condition, indications of a withdrawal syndrome, or evidence of preoccupation with alcohol use or continued use despite negative consequences. Mr. Barlow's alcohol use within the past 5 years does not exceed World Health Organization's criteria for low risk problem alcohol use.

In my clinical judgment, I was unable to find Mr. Barlow's August 21, 1995 incident, his overall alcohol use history or his recent alcohol use patterns as indicative of someone experiencing DSM-5 alcohol use disorder symptoms.

DSM-5 DIAGNOSIS in Reference to Substances: Z03.89 (suspected substance use condition not found)

Treatment Recommendations:

- 1) There are no clinical recommendations at this time;
- 2) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Barlow seeks an updated evaluation and follows any and all treatment recommendations.

Thank you for the opportunity to assist the state of North Carolina DMV, Mr. Barlow, and yourself in this important matter.

Sincerely,

Ryan P. Smith

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

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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.