DIRECTIONS
COUNSELING GROUP

July 23, 2015

Roy Justice Court
5051 South 1900 W
Roy, UT 84067

Re: Clinical Alcohol and Drug Assessment for Ryan Williams

Dear Roy Justice Representative:

I performed a Clinical Alcohol and Drug Assessment for Mr. Williams in reference to his DUI, possession and paraphernalia charges in Weber County. This assessment included the administration of:

- Michigan Alcohol Screening Test (MAST)
- Drug Abuse Screening Test (DAST)
- General anxiety/depression screening
- 50 minute in-person clinical interview

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

MAST: score = 8 / *POSITIVE SCREEN* for problem alcohol use, clarify extent/severity with clinical interview

DAST: score = 5 / *NEGATIVE SCREEN*; (responses appeared valid in clinical interview)

DSM-5 Symptoms: *ALCOHOL USE* - reported at least 5 symptoms including alcohol tolerance, hazardous use (dui history), impact on his vocation, craving, use despite negative consequences; *ILLICIT DRUG USE* – reported 0 of 11 symptoms related to cannabis use

Anxiety/Depression Screening: anxiety symptoms present in social settings, no clinical crisis but recommend exploring social anxiety with a professional counselor

Substance Related Legal History Reported: alcohol related – ’01 DUI (20 y.o.) , ‘05 DUI (24 y.o.), ‘06 DUI (25 y.o.)

Clinical Interview/Summary:
ALCOHOL - Mr. Williams‘s written screenings provided indication of an alcohol use disorder at a moderate to severe level. His DUI history reflects a lack of ability to moderate his use once he has begun consuming alcohol and particularly if he chooses to drink hard liquor. Mr. Williams reported that he has already stopped drinking (without alcohol withdrawal symptoms) and recognizes that he lacks an ability to consistently

drink in a self-controlled manner. He has attended some AA meetings with little success in effectively bonding with the groups. The recommendation portion of this report will provide some alternative supports to encourage long term sobriety and accountability.

ILLICIT DRUG – Mr. Williams acknowledged long term yet very controlled use of marijuana. He stated that an ounce of marijuana would last him for 6 months as he used it for a mild mood change and could clearly identify anxiety and paranoia if he used it excessively, which made it a very unpleasant experience. He denied his use being daily at any time during his history. He also stopped all use of marijuana after his arrest with no ill effects or significant withdrawal symptoms.

He denied experimentation or use of all other illicit substance categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found Mr. Williams reporting non-defensive and consistent and did not suspect him of minimization or falsification with regard to his history with marijuana or denial of other drug use.

PRESCRIPTION DRUG USE– Mr. Williams stated that due to good health he does not use prescription drugs and he denied any recreational use of prescription medications which are prone to abuse. The interview did not reveal hesitation, discrepancy with his written screenings or other non-verbal signs of minimization or covering a prescription drug use problem.

If the reader possesses additional information about Mr. Williams' use of any substance I would be happy to review it and consider any appropriate modifications or amendments to the present report

DSM 5 DIAGNOSIS in reference to substances: 303.90 moderate alcohol use disorder, early full remission (rule out severe alcohol use disorder)

Treatment Recommendations:

1) Preventative Education; complete a local or online alcohol education program (12 hours minimum)

2) Counseling, initiate outpatient counseling sessions with a professional substance abuse counselor, update recommendations after 5 sessions;

3) Engage in organized fitness program or physical activities Our discussion involved numerous references to problem drinking related to social acceptance, self-esteem and social anxiety. Clients with this profile that also have difficulty engaging in AA often achieve greater success with committed involvement in athletic or fitness training groups.

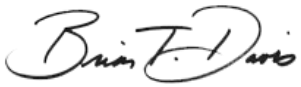
4) Abstinence, recommend abstaining from all alcohol use permanently;

5) Physician consult, inform primary care doctor of anxiety symptoms and obtain appropriate recommendations;

6) 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. Williams, and yourself in this important matter.

Sincerely,



Brian Davis, LISW-S, SAP
cc: Ryan Williams

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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.

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