

January 13, 2016

Craig Resch, PO
1250 W. Fifth Street
Marysville, Ohio 43040

Re: Clinical Alcohol Assessment for Kyle Alexander Moulton

Dear Mr. Resch:

I performed a Clinical Alcohol Assessment for Mr. Moulton in reference to his August 2015 OVI and minor in possession of alcohol charges. This assessment included 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 Drug Use Disorder Identification Test (DUDIT)
- A 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:

SASSI-3: no scores indicative of an alcohol use disorder at any level (mild, moderate, or severe); client's DEF subscale score (defensiveness) was elevated beyond the norm which increases the likelihood of a missed moderate to severe substance use disorder; subscale may also reflect situational factors

MAST: score = 0 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use; screening appeared valid and covered a lifetime frame of reference

AUDIT: score = 5 / *NEGATIVE SCREEN*; scores of 8 or more indicate hazardous use, scores of 15 or more indicates moderate to severe disorder present; respondent appeared to provide forthright responses to questions and covered a timeframe of the past 12 months

DUDIT: score = 0 / *NEGATIVE SCREEN*; scores of 6 or more indicate problematic use ("mild-moderate"), scores of 25 or more indicate likelihood of a severe disorder present; past 12 months frame of reference

DSM/Other Substance Related Concerns: denies subtle indicators of problem alcohol use including pattern of hangovers, memory loss after alcohol use, recurrent use to relieve emotional or school stress, previous treatment, conflict with significant others during or shortly after use of alcohol, guilt or regret associated with use; acknowledges occasional binge use pattern of alcohol consumption

Present Use Status / DSM-5 symptoms: presently using alcohol though at decreased frequency and quantity, has met 1 of 11 DSM-5 alcohol use disorder symptoms in the 12 months

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. Moulton's written screenings provided no indications of an alcohol use disorder at any severity. He reported his normal use of alcohol before this charge as 6-7 drinks on 1 occasion per week. He also acknowledged use of 7-9 drinks on special occasions (weddings, birthdays, etc.), on or about 3-4 occasions per year. Mr. Moulton shared that since his charge he has reduced the overall frequency of alcohol use to 2-4 occasions per month and the amount to 4-6 standard beers per occasion.

Mr. Moulton's clinical alcohol use did not reveal sufficient criteria to warrant an alcohol use disorder although he was positive for one DSM-5 criterion (e.g. recurrent use beyond intention). Mr. Moulton shared that he did attend a 72-hour Driver Intervention Program through Advanced Recovery Systems, and we discussed aspects of that program and what he learned during his interview. While Mr. Moulton does not appear to meet DSM-5 criteria for an alcohol use disorder, I am recommending some brief prevention planning to assist Mr. Moulton in identifying future high risk scenarios as well as possible internal triggers to excessive alcohol use.


DSM 5 DIAGNOSIS in reference to substances: z03.89 suspected alcohol use disorder not found; rule out mild alcohol use disorder

Treatment Recommendations:

- 1) Prevention Planning, recommend 3 sessions with a substance abuse professional to assist in identifying external and internal triggers to excessive alcohol use;
- 2) If another negative consequence is incurred as a result of any alcohol use within the next year, it is recommended Mr. Moulton seeks further evaluation and follows all treatment recommendations.

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

Sincerely,



Ryan Smith, LISW-S, LICDC, SAP
SW Lic. # I.1000155-S, CD Lic. # 101182
cc: Kyle Alexander Moulton

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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.