

April 6, 2016

Brenda M. Ellis, Probation Officer
Ottawa County 13th District Court
102 East Central Avenue, Suite 201
Miami, OK 74354-7008

Re: Clinical Alcohol Assessment for Alan T. Shatswell (DOB – 03/04/1968)

Dear Ms. Ellis:

I performed a Clinical Alcohol Assessment for Mr. Shatswell in reference to his DUI charge in Ottawa County (11/14/2015). This assessment included a 50-minute clinical interview by telephone, and the administration of:

- 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:

MAST: score = 3 / *INCONCLUSIVE SCREEN*; clarify in clinical interview and mitigate any concerns with clinical recommendations

AUDIT: score = 4 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 15 or more in men indicate *moderate to severe* disorder present, mitigate concerns with clinical recommendations

Alcohol Use Risk Factors:

Concerns/Risks

- legal history – denies previous history
- severity of incident – .22 BAC
- anxiety – NA
- NIAAA/NIH low risk guidelines – occasionally exceeds low risk guideline
- other substance use – NA
- family history – none reported
- prior treatment history – NA
- peer influences – NA
- work environment – NA
- contraindicated prescription use – NA
- general health problems – NA
- current family stress – NA

Summary - 2 of 12 concerns = mitigate risks with clinical recommendations

Anxiety/Depression Screening: no clinically significant concerns reported

Clinical Interview/Summary: Mr. Shatswell's written screenings provided some indications of overusing alcohol in times past (over 3 years ago). He reported his current normal use of alcohol as 2-4 drinks on 3-6 days per week. He also reported that his consumption was generally lower in situations where he was attending a special event or celebration.

Mr. Shatswell and I discussed his DUI incident and general use of alcohol at length. He appeared to be transparent and forthcoming about past occasional overuse of alcohol. He stated that his former work in the construction trade normalized regular use of alcohol after work. Since he has been teaching he has changed his group of peers, spends more time with his wife and generally drinks less out of interest to his students and to preserve his reputation in a small community. His DUI incident last November seemed to have a context of explanation that provides a plausible explanation other than concluding he is alcohol dependent. Ultimately I found Mr. Shatswell marginally qualifying for a mild alcohol use disorder. He is scheduled to complete a MADD Victim Impact Panel and I am adding one additional preventative recommendation below.

DSM-5 DIAGNOSIS in Reference to Substances: F10.10 mild alcohol use disorder

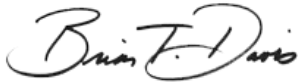
Treatment Recommendations:

- 1) Attend a local MADD – Victim Impact Panel (already scheduled at the time of this assessment - provide proof of completion to probation department);
- 2) Alcohol Education – 6 hrs. (minimum) of alcohol education including a combination of any of the following – local class (hospital, treatment center, or community facility), AA/NA, MADD VIP, or online alcohol education course (e.g. see onlinealcoholcourse.com or logancourtclasses.com);
- 3) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Shatswell seek further evaluation and follow all treatment recommendations.

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

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: Alan T. Shatswell

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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.