

February 27, 2015

Jeri Epperson, Probation Counselor
Carroll County Supervision Services
P.O. Box 404
Carrollton, MO 64633

Re: Clinical Alcohol Assessment for Joel Johnson

Dear Ms. Epperson:

I performed a Clinical Alcohol Assessment for Mr. Johnson in reference to his OVI charge in Carrollton County. This assessment included the administration of: a Michigan Alcohol Screening Test (MAST), an Alcohol Use Disorder Identification Test (AUDIT), an anxiety/depression screening, and a 50 minute clinical interview by telephone. The following items provide a summary of the screening results, my diagnostic opinion and professional recommendations:

MAST: score = 1 / *NEGATIVE SCREEN*; no direct indication of problem alcohol use

AUDIT: score = 1 / *NEGATIVE SCREEN*; scores above 8 indicate hazardous use, above 13 indicates moderate to severe disorder present

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. Johnson written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported his normal use of alcohol (prior to the 1/14 DUI arrest) as 2-3 drinks on about 2 occasions per month. He reported similar consumption at social events and celebrations. We discussed his DUI incident and general use of alcohol at length. He shared with me that he had an early probation violation for consuming alcohol but was unaware that his probation terms involved complete abstinence. He reports that he has been abstinent since he was made aware of those specific probation terms. He had no physiological trouble ceasing to use alcohol.

Further, he acknowledged that the setting and social influences present on the night of his arrest lead to atypical and excessive use of alcohol. He was able to articulate meaningful remorse about the incident and also was clear about both motives and plans to avoid any and all future impaired driving.

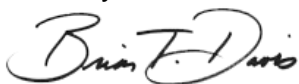
Overall, Mr. Johnson did not appear in the clinical interview to present the type of discrepancies and contradictions that would cause me to suspect he meets DSM 5 alcohol use disorder criteria. If you possess additional information that suggests I was not fully apprised of his relevant legal history, additional probation violations or other indications of an alcohol use disorder I would be happy to give those consideration and update this assessment accordingly.

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

Treatment Recommendations: Since Mr. Johnson does not appear to meet criteria for an alcohol use disorder, he has no prior legal charges involving alcohol and he has a well-considered plan to avoid future excess use of alcohol and impaired driving I have no further professional recommendations for him. If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Johnson seek further evaluation and follow all treatment recommendations.

Thank you for the opportunity to assist the court and Mr. Johnson in this important matter.

Sincerely,



Brian Davis, LISW-S, SAP
cc: Joel Johnson

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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.