

May 12, 2016

Kevin Estep, Probation Officer
Chelan County District Court
410 Washington Street
Wenatchee, WA 98801-2855

Re: Clinical Alcohol Assessment for Brian J. Reynolds (DOB – 10/28/1990)

Dear Mr. Estep:

I performed a Clinical Alcohol Assessment for Mr. Reynolds in reference to his DUI charge in Chelan County. This assessment included a complete 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 = 1 / *NEGATIVE SCREEN*; no direct indication of problem alcohol use

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

Alcohol Use Risk Factors:

Concerns/Risks

- ☐ previous legal history – denies prior history
- ☐ severity of incident – NA/ low tier BAC .13
- ☐ anxiety/depression/mental health – NA
- ☐ 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 - 0 of 11 concerns

Clinical Interview/Summary: Mr. Reynolds' written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported his normal use of alcohol before this charge as 1-2 drinks on 0-1 occasions per week. He reported no difference in the amount consumed if he was attending a special event or celebration. He stated that since this legal incident he has not consumed alcohol and had no trouble doing so. Ultimately I was unable to find Mr. Reynolds meeting DSM-5 alcohol use disorder criteria. I would typically recommend that he complete a Victim Impact Panel as an opportunity for insight development, but Mr. Reynolds reported that he has already completed a VIP and can present proof of his completion to you.

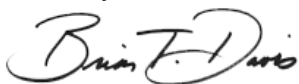
DSM-5 DIAGNOSIS in Reference to Substances: Z03.89 (suspected substance use condition not found)

Treatment Recommendations: Having found no basis for a DSM-5 alcohol use disorder and presuming Mr. Reynolds provides proof of his Victim Impact Panel attendance to you, I have no further recommendations for him at this time. If Mr. Reynolds incurs another negative legal or personal consequence as a result of any alcohol use it is recommended, he seek further evaluation and follow all treatment recommendations.

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

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: Brian J. Reynolds

Prohibition Against Re-Disclosure: This information has been disclosed to you from records protected by Federal Confidentiality rules. The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client. Drug abuse patient records are also protected under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.R.R parts 160 & 165. (These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.)

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.