

June 24, 2016

Greg Bonner, Attorney 2897 Mountain Industrial Blvd C, Tucker, GA 30084

Re: Clinical Alcohol and Drug Assessment for Travis Leach (DOB – 11/29/1985)

Dear Mr. Bonner:

I performed a Clinical Alcohol and Drug Assessment for Mr. Leach in reference to his December DUI charge in Fulton County, Georgia. 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 Drug Use Disorder Identification Test (DUDIT)
- A general anxiety/depression screening

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

MAST: score = 2 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use, (screen relative to lifetime use of alcohol)

DUDIT: score = 0 / NEGATIVE SCREEN; scores of 6 or more indicate problematic use ("mild-moderate"), scores of 25 or more indicate high likelihood that a severe disorder may be present

Alcohol and Substance Use Risk Factors:
☐ legal history – denies previous history
□ severity of incident – NA
oximes anxiety/depression/mental health – attention deficit disorder (appropriately managed
through stimulant medication as prescribed under the care of primary care physician)
☐ general health issues – NA
□ exposure to trauma – NA
use of liquor – NA

☐ family history – none reported
☐ prior treatment history – NA
☐ negative peer influence – NA
☐ at-risk work environment – NA
☐ current stress (relational, work, etc.) – NA

Summary - 1 of 13 concerns, no concern to be mitigated through clinical recommendations

Clinical Interview/Summary:

ALCOHOL – Mr. Leach's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported his normal use of alcohol as 1 glass of wine approximately once-a-month. He also acknowledged use of up to 2 glasses of wine on special occasions which occur "once or twice a year." These drinking habits are well within the standards set forth for by the NIAAA for men's "low-risk alcohol use."

Mr. Leach and I discussed his DUI incident and general use of alcohol at length. He was clear about reasons for not drinking in excess (lack of time, career-focused) and presented his incident at hand to be of exceptional circumstance and poor judgement. I did not find him meeting any of the DSM-5's criteria for an alcohol use disorder and he has completed a driver intervention program satisfying what I would have recommended to be clinically prudent.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Leach denied any recreational use of prescription medications which are prone to abuse including: narcotic painkiller medications, benzodiapines, and sleeping medications. The interview did not reveal hesitation, discrepancy with his written screenings or other signs suggesting he was not forthcoming during the interview.

NON-PRESCRIPTION DRUG – Mr. Leach denied experimentation or use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Mr. Leach's report about non-prescription drug use suspect of minimization or deception.

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 or drug use disorder I have no further recommendations for Mr. Leach at this time.

If you or the court possess additional information about Mr. Leach's use of alcohol or drugs 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. Leach, and yourself in this important matter.

Sincerely,

Trevor C. Davis, CDCA

Cert.# 150427

Reviewed by Brian T. Davis, LISW-S, SAP LIC# I-7948

cc: Travis Leach

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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.

