

October 6, 2015

Chris Wages, Attorney  
The Wages Group, LLC  
130 South Main Street  
Buffalo, WY 82834

**Re: Clinical Alcohol Assessment for Kevin Lea**

Dear Mr. Wages:

I performed a Clinical Alcohol Assessment for Mr. Lea in reference to his DWUI charge in Johnson County. This assessment included the administration of:

- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- A General anxiety/depression screening
- 50 minute clinical interview by telephone

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 (screening appeared valid)

**AUDIT:** score = 8 / *NEGATIVE SCREEN*; scores of 8 or more indicate hazardous use, of 13 or more (women), 15 or more (men) indicates moderate to severe disorder present (respondent appeared to provide forthright responses to questions); Mr. Lea's borderline score of "8" is somewhat artificially elevated due to two factors – a) some drinking behavior in college which has not been a pattern since he graduated and, b) the AUDIT score system frequently references "# of drinks" based on an assumption of a male under 200lbs while Mr. Lea weighs 230 lbs.

**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. Lea'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 before this charge as 2-3 drinks on 2-3 occasions per week, but reported he stopped using alcohol in order to be in compliance with his probationary requirements.

Mr. Lea and I discussed his DUI incident and general use of alcohol at length. While I was unable to find him meeting criteria for DSM-5 alcohol use disorders I did note some mild risk factors that I believe warrant some alcohol education. Those risk factors were his BAC at arrest (relatively high.18) and the nature of his work environment (professional sales that involves customer entertainment and hosting).

If the court possesses additional information about Mr. Lea's use of alcohol that might aid in the accuracy of this assessment I would be happy to review it and consider any appropriate modifications or amendments to the present report.


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

**Treatment Recommendations:**

- 1) Alcohol & Drug Education, recommend 8 hrs. of alcohol/drug education including a combination of any of the following – local class (hospital, treatment center or community facility), AA/NA, MADD VIP, online alcohol or drug education course;
- 2) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Lea seek further evaluation and follow all treatment recommendations.

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

Sincerely,



Brian T. Davis, LISW-S, SAP  
LIC# I-7948  
cc: Kevin Lea

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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.