

March 25, 2016

Lisa Owen, Law Clerk
Howson Law Office
415 Pine St.
Mount Vernon, WA 98273

Re: Clinical Alcohol Assessment for Peter Wynne (DOB – 02/11/1975)

Dear Ms. Owen:

I performed a Clinical Alcohol Assessment for Mr. Wynne in reference to reckless driving charge in Skagit County (2/2015). This assessment included a full clinical interview by telephone and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- A 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 = 2 / *NEGATIVE SCREEN*; no direct indication of problem alcohol use, clarify reasons for 2 points in interview and/or mitigate risk with clinical recommendations

AUDIT: score = 0 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 13 or more in women, scores of 15 or more in men indicate *moderate to severe disorder* present

Alcohol Use Risk Factors:

Concerns/Risks

- legal history – 2007 DUI
- anxiety – NA
- NIAAA/NIH low risk guidelines – NA/stopped all alcohol use 13 months ago
- 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 - 1 of 11 concerns = mitigate with clinical recommendations

Anxiety/Depression Screening: no clinically significant concerns reported

Present Use Status: presently not using alcohol (indefinitely)

Clinical Interview/Summary: Mr. Wynne'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 1-2 beers on 0-1 occasions per week. He also acknowledged use of 2-3 drinks about once every 4-5 months (celebrations or special occasions). Since the February 2015 incident, he reports choosing to abstain altogether and has done so with no alcohol withdrawal syndrome, relapse, or resumption of use.

Mr. Wynne and I discussed his *reckless driving* incident of 2015, his previous DUI (2007), and general use of alcohol at length. While his general use of alcohol was within low risk guidelines (NIH/NIAAA definitions), he did acknowledge incidences where he drank too much and has concluded that the best course of action to avoid future problems, is to abstain from alcohol use altogether. Furthermore, he understood the need to be compliant with California requirements for DUI education outlined below.

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

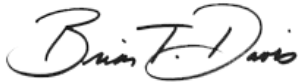
Treatment Recommendations:

- 1) Successful completion of Pyramid Alternatives' 3 month/15 week DUI program, call 650 355-8787 to enroll;
- 2) If unable to maintain abstinence – Mr. Wynne to consult with mental health and/or substance abuse professionals regarding additional treatment and support (temporary abstinence period, Intensive Outpatient Program, 12 step meeting attendance, etc.).

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

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: Peter Wynne

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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.