

February 27, 2016

J. Scott Smith, PLLC  
250 Executive Park Blvd #100,  
Winston-Salem, NC 27103

**Re: Clinical Alcohol Assessment for Jacob Harris (DOB - 07/14/1988)**

Mr. Smith,

I performed a Clinical Alcohol Assessment for Mr. Harris in reference to his April 2014 DUI charge in Guilford County, North Carolina. In addition to our 80-minute clinical interview conducted via telephone, this assessment included 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 = 6 / *POSITIVE SCREEN*; score is relative to entire life and provided several indicators of problem alcohol use, scores of 5 or more are suggestive of problem drinking (points incurred were due to mild to moderate memory loss, interference with work performance)

**AUDIT:** score = 2 / *NEGATIVE SCREEN*; scores of 8 or more are indicative of hazardous use, whereas scores of 15 or more in men indicate a moderate to severe disorder may be present (scores are relative to alcohol consumption in the past year)

**Common Alcohol Concerns & Risk Factors:**

- legal history - none reported
- anxiety/depression - reports managed symptoms of social anxiety (taking anti-anxiety medication under the supervision of his primary care physician)
- prior treatment history - none reported with regard to alcohol; reports 6 months of anxiety-focused therapy
- other substance use - legal "weekend" use of marijuana, approximate 2 times a week when living in the state of Washington; quit smoking approximately 4 months ago
- family history - none reported
- negative peer influence - no at risk influences reported
- work environment - during the time of Mr. Harris' offense, he described his stress level at work to be a "10 out of 10". He now considers his current work stress level to be a "3 out of 10" due to a new position with his current employer.
- contraindicated prescription use - past misuse (use of Klonopin in conjunction with alcohol enhances sedative effects and is discouraged by healthcare professionals)

- general health problems - none reported; sees a regular healthcare provider
- current family stress - recently married, “things are going real well”
- preferred drink type - beer in college, liquor as postgraduate (when actively drinking)

**Summary of Risk Factors:** Low-Risk Profile (currently demonstrating 1 of 11 concerns)

**Present Use Status:** presently not using alcohol; reports ongoing sobriety since legal offense

**Anxiety/Depression Screening:** no clinically significant concerns reported

**Substance-Related Legal History Reported:** denies any previous history of alcohol or other substance related arrests and/or legal charges

**Clinical Interview/Summary:** Mr. Harris’ written screenings provided some indication of an alcohol use disorder. He described his normal consumptions of alcohol before this charge as “half a fifth” (a 750 mL bottle) of liquor (typically vodka or whiskey) on a daily basis. He also acknowledged use of up to  $\frac{3}{4}$  a fifth on a couple of occasions a week. This level of consumption is equivalent to approximately 8 - 13 standard drinks. It should be noted that according to Mr. Harris, these habits were not reflective of life-long use. He described them as lasting 2-3 months and being onset as a result of a position change at work in which he was experiencing a high level of stress while under a strained relationship with his company’s CEO. Prior to this period in his life, Mr. Harris described much more reasonable drinking habits in and out of college, having 2-3 beers/cocktails 2-3 times a week and never having more than 5 in times of celebration (birthdays, holidays, weddings). These instances occurred about once a month.

Mr. Harris and I discussed his DUI incident and general use of alcohol at length. He reports no trouble abstaining since his incident and articulated his high level of doubt about resuming drinking at any time in the near future. Because of the medication he is presently prescribed, his symptoms of anxiety, and the level of drinking he previously adopted when under copious stress, I am recommending he not take any risks in resuming alcohol consumption at any level of drinking. For these reasons and out of an effort to be clinically prudent, I have provided some appropriate treatment recommendations.

**DSM-5 DIAGNOSIS in reference to substances:** F10.20 (Severe Alcohol Use Disorder – Sustained Remission)

#### **Treatment Recommendations:**

- 1) Attend a local MADD Victim Impact Panel;
- 2) Counseling, a minimum of 2 – 5 outpatient sessions with a professional substance abuse counselor focusing on prevention planning and anxiety/stress management, update recommendations at session two only if necessary;

- 3) Abstinence, recommend abstaining from all alcohol use for 1 year minimum, any consideration of resuming alcohol use should be done only in consultation with a physician and substance abuse professional;
- 4) If another negative consequence is incurred as a result of any alcohol use it is likely that an increased level of treatment will be recommended (e.g. IOP, Inpatient, residential treatment, etc.)

If you or the court possess any additional information about Mr. Harris's use of alcohol that may 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. Harris, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA  
Cert.# 150427  
cc: Jacob Harris

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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.