

September 27, 2016

Zachary Smith  
460 Partridge Ln.  
Greer, SC 29650

**Re: Clinical Alcohol and Drug Assessment for Zachary T. Smith (DOB – 12/27/1985)**

Mr. Smith:

The following provides a summary of findings for the alcohol and drug assessment I conducted for you. It is my understanding that you have sought out this evaluation solely for personal reasons enhancing your ability to better manage your employees as a business owner and coping with the loss of a loved one. In addition to our 40-minute clinical interview conducted via telephone, your clinical interview included the administration of:

- A Michigan Alcohol Screening Test (MAST)
- Drug Abuse Screening Questionnaire (DAST-10)
- A general anxiety/depression screening

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

**MAST:** score = 0 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screen relative to lifetime use of alcohol)

**DAST-10:** score = 1 / *LOW-LEVEL POSITIVE*; point incurred for drug use outside of a medical context

**Alcohol and Substance Use Disorder Risk Factors:**

- ☐ negative peer influence/at-risk work environment – NA
- ☐ current stress (relational, work, financial, etc.) – NA
- ☐ physical health concerns – NA
- ☐ anxiety/depression/mental health/learning disability – appropriately managed ADHD, past anxiety
- ☐ exposure to trauma – NA
- ☐ family history – no prominent history in immediate or extended family reported
- ☒ regular use of liquor – weekly to monthly use of 80-proof liquor (crown royal)
- ☐ voluntary treatment history – NA
- ☐ legal history – no previous legal history reported

Summary - 1 of 9 concerns

**Clinical Interview/Summary:** ALCOHOL - Your written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). You reported your normal use of alcohol as 1-2 mixed drinks on 1-2 occasions per week. You also denied any amendment to these habits in times of celebration

The alcohol use habits you reported do not meet criteria for DSM-5 alcohol use disorder symptoms and are within what the NIAAA considers to be “low-risk” drinking for men (no more than 4 in a day and no more than 14 standard drinks in a week). Accordingly, there are no treatment recommendation that would be clinically appropriate for you to complete with regard to your current use of alcohol.

**NON-PRESCRIPTION DRUG** – You acknowledged experimentation and minimal use of marijuana “in high school” but reported abstinence since this time period. You denied experimentation and use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. I have no current concerns about your brief history with illicit substance use.

**PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED** – You denied recreational use of all prescription medications which are prone to abuse including: stimulant/ADD medications, narcotic painkiller medications, benzodiazepines, and sleeping medications.

**DSM-5 Alcohol Use Disorder Symptoms:**

- ☐ Use beyond intention
- ☐ Persistent desire or unsuccessful efforts to reduce/quit use
- ☐ Substantial time spent obtaining, using, or recovering from use
- ☐ Strong craving/desire
- ☐ Failure to fulfill a major role (work, home, school)
- ☐ Use despite recurrent social/interpersonal problems
- ☐ Important social, occupational, recreational activities relinquished
- ☐ Physically hazardous use
- ☐ Continued use despite knowledge of contraindicated physical or psychological condition
- ☐ Tolerance
- ☐ Withdrawal symptoms

Summary - 0 of 11 symptoms (Mild 2-3 | Moderate 4-5 | Severe 6+)

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

**Treatment Recommendations:** Due to an absence of positive criteria, there are no further recommendations at this time.

If an outside party has further information about your use of alcohol OR would like to consult me further about the details of your evaluation, I would be happy to do so provided I have your written consent. You may contact myself or our general office to make arrangements for this if necessary.

Let me know if you have questions about the details of this report; thank you for the opportunity to assist.

Sincerely,



Trevor C. Davis, CDCA  
Cert.# 150427

Reviewed by Ryan Smith, MSW, LISW-S, LICDC, SAP  
SW Lic. #I.1000155-S; #101182  
cc: Zachary T. Smith

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**Diagnostic Conclusions / Limitations:** Directions Counseling Group provides Clinical Alcohol and Drug 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.