

November 1, 2016

Johnathan Blue, PO  
Lake County Probation  
518 W Alfred St.  
Tavares, FL 32778

**Re: Clinical Alcohol Assessment for Joshua Chad Collier (DOB – 10/20/1983)**

Dear Mr. Blue:

I performed a Clinical Alcohol Assessment for Mr. Collier in reference to his Disorderly Intoxication charge in Lake County (Fall 2015). This assessment included a 55-minute clinical interview by telephone, and 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: POSITIVE SCREEN;** indirect indication of a present alcohol use disorder, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

**AUDIT:** score = 2 / *NEGATIVE SCREEN*; scores of 8 or more indicate potential *hazardous use*, whereas scores of 15 or more in men indicate a *moderate to severe* disorder may be present (screen predominantly relative to current use of alcohol)

**Clinical Interview/Summary:** Mr. Collier and I discussed his general history of alcohol use at length and his written screenings provided clear indication of an alcohol use disorder at some level. He was open in the clinical interview and shared information indicating 8 problem alcohol use symptoms (see below) he experienced over an approximate 12-month time period leading up to his Disorderly Intoxication charge. After consideration, in my clinical impression is that these symptoms were not chronic but primarily isolated to a relatively brief period following separation from a longtime girlfriend.

Since this charge (which he maintained was not at all alcohol-related) Mr. Collier reported that he has started a new job, is in a new and stable intimate relationship, and has been abstaining from alcohol without any apparent cravings or relapse. He reported that he intends to abstain from all use of alcohol indefinitely as he would like to maintain the benefits and improvements in his self-esteem. While he seems secure and confident in his newfound sobriety, I am making treatment recommendations to ensure that he

has access to any professional support he may need in order to maintain this healthy life choice and improve his chances of a long-term and permanent recovery.

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

**DSM-5 DIAGNOSIS in Reference to Substances:** F10.20 Severe Alcohol Use Disorder – *Sustained Full Remission*

**Treatment Recommendations:**

- 1) Outpatient Counseling Sessions w/ Focus On Prevention Planning – 2-5 outpatient sessions with a professional substance abuse counselor; counselor to update recommendations, consult collateral contacts, and discharge as appropriate;
- 2) Monitoring – monitoring with same counselor after initial counseling completed, meetings at 6 and 12-month time periods, frequency of monitoring sessions are subject to counselor discretion;
- 3) If unable to maintain abstinence – Mr. Collier 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. Collier'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. Collier, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA

Certificate # 150427

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

cc: Joshua C. Collier

**Prohibition Against Re-Disclosure:** This information has been disclosed to you from records protected by Federal Confidentiality rules. The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client. Drug abuse patient records are also protected under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.R.R parts 160 & 165. (These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.)

**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.