

November 7, 2016

Steven M. Laird, Attorney  
Sullivan Law  
202 Old Bridge Street  
Jacksonville, NC 28540-8119

**Re: Clinical Alcohol Assessment for Kevin Charles Miller (DOB – 06/28/1994)**

Dear Mr. Laird:

I performed a Clinical Alcohol Assessment for Mr. Miller in reference to his November 2015 DWI charge in Onslow County. This assessment included a 60-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:** score = 8 / *POSITIVE SCREEN*; indicative of an alcohol use disorder, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

**AUDIT:** score = 4 / *INCONCLUSIVE 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 however score does not reflect information given in clinical interview, mitigate concerns with clinical recommendations (screen predominantly relative to current use of alcohol)

**Alcohol Use Risk Factors:**

- ☒ negative peer influence
- ☒ inconsistency between written and verbal screenings
- ☐ current stress (relational, work, financial, etc.) – NA
- ☐ physical health concerns – NA
- ☐ anxiety/depression/mental health – NA
- ☐ exposure to trauma – NA
- ☐ family history of substance abuse or alcoholism – one indirect blood relative
- ☐ contraindicated prescription use – NA
- ☒ other substance use – daily tobacco use
- ☒ regular use of liquor – weekly to monthly use
- ☒ severity of incident – 2x legal limit

- ☒ legal history – 3 total lifetime substance-related legal offenses

Summary - 6 of 12 concerns, mitigate concern with clinical recommendations

**Clinical Interview/Summary:** Mr. Miller's written screenings were suggestive of an alcohol use disorder at some level. I identified him meeting 3 diagnostic criteria for a DSM-5 alcohol use disorder diagnosis and while he does not seem to have a history of daily alcohol use, he does appear to have a history of consumption that exceeds what is "low-risk" for men according to the NIAAA. I am providing treatment recommendations in an effort to discourage future problem alcohol use and give Mr. Miller opportunity to further reflect on and make changes to his drinking habits. His counseling should focus on prevention planning and promote moderate drinking and/or abstinence if ongoing evaluation reveals further instances of excessive alcohol use.

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

**DSM-5 DIAGNOSIS in Reference to Substances:** F10.10 Mild Alcohol Use Disorder

**Treatment Recommendations:**

- 1) Outpatient Counseling – 6-10 outpatient sessions with a professional substance abuse counselor; follow-up counselor to: update recommendations, consult character references, and discharge as appropriate;
- 2) Attend a local Victim Impact Panel – Mothers Against Drunk Driving or other comparable panel;
- 3) If another negative consequence is incurred as a result of any alcohol use over the course of his 12-month probation period, it is likely that an increased level of treatment will be recommended (e.g. IOP, Inpatient, residential treatment, etc.);

- 4) If unable to reduce and maintain a lower level of alcohol use, advise Mr. Miller 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. Miller'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. Miller, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA  
Certificate # 150427

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

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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.