

July 27, 2015

Henry C. Smith, Attorney 117 S. Ormond Ave. Goldsboro, NC 27530

Re: Clinical Alcohol Assessment for William Stafford

Dear Mr. Smith:

I performed a Clinical Alcohol Assessment for Mr. Stafford in reference to his DUI charge in Wayne County. This assessment included the administration of:

- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- A General Anxiety/Depression screening
- 60 minute clinical interview

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

**MAST:** score = 13/ *POSITIVE SCREEN*; scores above 8 indicate high likelihood of a severe alcohol use disorder

**AUDIT:** score = 8 / *POSITIVE SCREEN*; scores of 8 or more indicate hazardous use, of 13 or more (women), 15 or more (men) indicates moderate to severe disorder present (respondent appeared to provide forthright responses to questions)

**Present Use Status / DSM-5 symptoms:** presently not using alcohol, has met 11 of 11 DSM-5 alcohol use disorder symptoms in the 24 months prior to the April 2015 DUI charge

Anxiety/Depression Screening: no clinically significant concerns reported

Substance Related Legal History Reported: 2008 DUI accident with no victims

Clinical Interview/Summary: Mr. Stafford 's written screenings provided clear indications of a history of problem alcohol use. He reported his normal use of alcohol to include a large quantity of alcohol, and during some periods consuming it throughout the entire day. While his alcohol tolerance allowed him to function at a relatively high level he noted that he had many negative consequences from alcohol use which he knew would continue to cause problems on multiple personal levels..

He decided to abstain from alcohol and has done so completely since his legal charge in April. To date, he reports little trouble abstaining from alcohol. We discussed that

though he is doing very well right now it is quite possible he could find sobriety challenging during certain periods of his life, especially if stressed. Therefore I am recommending that he attend 12 step meetings for support and attend a basic alcohol education course for increased awareness about the effects and risks of continued alcohol use. Mr. Stafford was very receptive and ready to engage in these recommendations.

**DSM 5 DIAGNOSIS in reference to substances**: 303.90 (severe alcohol use disorder early full remission)

## **Treatment Recommendations:**

- 1) Attend AA, or other alcohol recovery support group, recommend twice per week minimum for 3 months, increase frequency if needed
- 2) Alcohol & Drug Education, recommend 12 hrs. of alcohol/drug education including a combination of any of the following resources AA/NA, MADD VIP, a local education class (hospital, treatment center or community facility), online alcohol or drug education course if a local course is not available
- 3) 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.)
- 4) If unable to maintain abstinence Mr. Stafford is advised 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.)

Thank you for the opportunity to assist the court, Mr. Stafford, and yourself in this important matter.

Sincerely,

Brian Davis, LISW-S, SAP

cc: William Stafford

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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.

