May 16, 2016

Dennis E. O'Neill, Attorney
The O'Neill Law Firm, LLC
1473 Stuart Engals Boulevard
Mt. Pleasant, SC 29464-3379

Re: Clinical Alcohol Assessment for James B. Burpee (DOB - 07/24/1995)

Mr. O'Neill:

I performed a Clinical Alcohol Assessment for Mr. Burpee in reference to his March 2016 Public Intoxication charge in Charleston County, South Carolina. In addition to our 65-minute clinical interview, this assessment included the administration of:

- A SASSI (Substance Abuse Subtle Screening Inventory)
- A MAST (Michigan Alcohol Screening Test)
- An (Alcohol Use Disorder Identification Test)
- A general anxiety/depression screening

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

SASSI-3: no scores indicative of an alcohol use disorder at any level (mild, moderate, or severe)

MAST: score = 5 / *SUGGESTIVE SCREENING*; no direct or indirect indication of problem alcohol use (screen is relative to lifelong drinking habits and experiences)

AUDIT: score = 18 / *POSITIVE SCREEN*; scores of 8 or more indicate hazardous use, whereas scores of 15 or more in men indicate a moderate to severe disorder may be present (screen is relative to current drinking habits)

Anxiety/Depression Screening: no clinically significant concerns reported

Alcohol Use Risk Factors:
☐ legal history – denies previous history
☐ severity of incident – NA
☒ drink of choice – at least monthly use of 80 proof liquor
☒ other substance use – MDMA 1x; Cocaine "less than 10x"; Marijuana 2-3x/month
☒ family history of abuse – grandparents
☐ prior treatment history – NA
☒ peer influence or at-risk living environment – cohabitates with 8 other single men

☐ contraindicated prescription use – NA
☐ general physical health problems – NA
☐ current relational/environmental stress – NA

Summary - 4 of 10 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary: Mr. Burpee's written screenings and interview provided indication of a moderate alcohol use disorder. He reported his normal use of alcohol before this charge as 6-8 light beers on 2-3 occasions per week. He also acknowledged further use of alcohol, typically 12-14 drinks, on special occasions (holidays, "gamedays," birthdays). These occasions come about on an average of 2-3 times per a month.

Mr. Burpee and I discussed his Public Intoxication incident and general use of alcohol at length. We discussed some of the implications of his alcohol use and though much of his use is a quite possibly the result of his age and peer environment, this should not diminish the serious nature of problem alcohol use. Furthermore, the level at which he drinks wouldn't be clinically recommended or within the NIAAA recommendations for men's low-risk drinking even if he were of age. His treatment recommendations should be focused on reducing binge alcohol habits and resisting peer pressure and/or norms.

DSM - 5 Alcohol Use Symptoms and Diagnosis:
☒ 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 contra physical or psychological condition
☒ Tolerance
☐ Withdrawal symptoms

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

DSM-5 DIAGNOSIS in reference to substances: F10.20 Moderate Alcohol Use Disorder

Treatment Recommendations:

1) Alcohol & Drug Education, recommend 6 hrs. of alcohol/drug education including a combination of any of the following – local class (hospital, treatment center, or

community facility), AA/NA, MADD VIP, online alcohol or drug education course;

2) <u>Counseling,</u> recommend 5-9 outpatient sessions with a professional substance abuse counselor; update recommendations at session five if necessary;

3) <u>Abstinence,</u> until of legal age;

4) <u>If another negative consequence</u> is incurred as a result of any alcohol use it is recommended Mr. Burpee seek further evaluation and follow all treatment recommendations.

If you possess any additional information about Mr. Burpee'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. Burpee, and yourself in this important matter.

Sincerely,

Trevor C. Davis, CDCA
Cert.# 150427
Supervision Received by Brian T. Davis, LISW-S, SAP LIC# I-7948
cc: James B. Burpee

DIRECTIONS
COUNSELING GROUP