

May 23, 2016

Nathan Webb, Attorney
The Webb Law Firm
1700 7th Avenue, Suite 2100
Seattle, WA 98101

Re: Clinical Alcohol Assessment for Christian A. Malysheff (DOB – 02/06/1993)

Dear Mr. Gallagher:

I performed a Clinical Alcohol Assessment for Mr. Malysheff in reference to his DUI charge in King County, Washington. 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 = 4 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use; scores of 5 or more are suggestive of alcoholism and abuse (score relative to lifetime use)

AUDIT: score = 9 / *SUGGESTIVE 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, mitigate concerns with clinical recommendations (score is relative to use in the last 24 months)

Alcohol Use Risk Factors:

Concerns/Risks

- ☐ previous legal history – denies prior history
- ☒ severity of incident – reported out of character consumption that could have influenced car accident
- ☒ anxiety/depression/mental health – none of clinical concern
- ☐ other substance use – NA
- ☒ contraindicated prescription use – takes benzodiazepine as directed by primary health care physician before flights
- ☒ use of liquor – infrequent
- ☒ family history – father, brother, aunt
- ☐ prior treatment history – NA
- ☐ negative peer influences or social circle – NA

- ☐ at-risk work environment – NA
- ☒ general health problems – 2 has sustained lifetime concussions
- ☒ current relational/environmental stress – mild to moderate stress reported at work due to the newness of job; reported this stress level is on average a “5 or 6” out of 10

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

Clinical Interview/Summary: Mr. Malysheff’s written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported his normal use of alcohol before this charge as 2-4 beers 2-3 occasions per week. Generally speaking, he reported no difference in the amount consumed if he was attending a special event or celebration (birthdays, holidays).

Mr. Malysheff and I discussed his OVI incident and general use of alcohol at length. Since his incident and for the time being, he has made a personal decision to discontinue his use of alcohol. This is without understanding for when and if he will he will drink again - due to the severity and disruption caused by his car accident. While I did not find him meeting DSM-5 alcohol use disorder criteria, I did note the risks and concerns associated with his specific situation. Accordingly, I am including some preventative recommendations in the remainder of this report in order to be proactive against further alcohol misuse.

DSM - 5 Alcohol Use 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 contra physical or psychological condition
- ☐ Tolerance
- ☐ Withdrawal symptoms

Summary - 0 of 11 symptoms

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

Treatment Recommendations:

- 1) Attend a local MADD – Victim Impact Panel,

- 2) Outpatient Counseling – 3-5 outpatient sessions with a professional substance abuse counselor; update recommendations at 3rd session or discharge as appropriate;

If you or the court possess additional information about Mr. Malysheff'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. Malysheff, 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: Christian A. Malysheff

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.