

March 3, 2016

Michelle Tyree, Executive Administrator The Brad Hendricks Law Firm 500 Pleasant Valley Drive, Building C Little Rock, AR 72227

Re: Clinical Alcohol Assessment for Durwood Murrah (DOB – 01/20/1950)

Dear Ms. Tyree:

I performed a Clinical Alcohol Assessment for Mr. Murrah in reference to his DUI charge in July of 2015 in Santa Fe County. This assessment included a 50-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: NEGATIVE SCREEN; no direct or indirect indication of problem alcohol use

AUDIT: score = 3 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 15 or more in men indicate *moderate to severe* disorder present

Alcohol Use Risk Factors:

Concerns/Risks

- legal history denies previous history
- anxiety NA
- other substance use NA
- family history none reported
- prior treatment history NA
- peer influences- NA
- work environment NA
- contraindicated prescription use NA
- general health problems NA
- current family stress NA

Summary - 0 of 9 concerns = low risk profile

Anxiety/Depression Screening: no clinically significant concerns reported

Clinical Interview/Summary: Mr. Murrah'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 as 2-4 drinks on 1 or less occasions per month. He also acknowledged use of 4-6 drinks on 3-4 special occasions (weddings, birthdays, etc.) per year.

Mr. Murrah and I discussed his DUI incident, the pertinent details of the evening he was charged and his general use of alcohol at length. Mr. Murrah stated that he was engaged in an evening of playing pool at a bar with friends while in New Mexico. He admitted that he began to lose track of the amount of beers he consumed before leaving the bar, and acknowledged that he was intoxicated. I found no discrepancies or inconsistencies in Mr. Murrah's description of the events, which occurred the evening he was charged and the police report I reviewed. My clinical judgment is that he does not meet criteria for someone experiencing a DSM 5 alcohol use disorder, and it is quite possible that his DUI incident represents an aberration in his normally moderate and low risk use of alcohol. Mr. Murrah stated his regret over the decision to drive the evening he was charged and seemed to have good insight into the danger he put himself and others in as a result.

It is my understanding that the court has ordered Mr. Murrah to attend an alcohol education class, victim impact panel, engage in 24 hours of community service, remain abstinent from all alcohol use for 1 year duration and have an interlock device installed in his vehicle. I find this to be sufficient in light of his charges and have no further treatment recommendations at this time.

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

Treatment Recommendations:

Having found no basis for a DSM-5 alcohol use disorder I have no further recommendations for Mr. Murrah at this time. However, <u>if another negative</u> <u>consequence</u> is incurred as a result of any alcohol use, it is recommended Mr. Murrah seek further evaluation and follow all treatment recommendations.

If the court possesses additional information about Mr. Murrah's use of alcohol that might impact the outcome of this assessment, I would be happy to review it and consider any appropriate modifications or amendments to the present report.

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

Sincerely,

Anita McLeod, LCSW, SAP

LIC # 079668-1

cc: Durwood Murrah

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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.

