

August 15, 2016

Re: Clinical Alcohol and Drug Assessment Requested for Non-Legal Personal Reasons

Mr. Covington:

The following items provide a summary of your evaluation results, my diagnostic opinion, and professional recommendations regarding your use of substance per your request:

MAST (Michigan Alcohol Screening Test): score = 2 / NEGATIVE SCREEN; some direct indication of problem alcohol use (screen relative to lifetime use of alcohol)

DUDIT-10 (Drug Use Disorder Identification Test): score = 1 / NEGATIVE SCREEN; point incurred was for drug use outside of a medical context (screen relative to lifetime use of substances

Alcohol and Substance Use Risk Factors:
☐ legal history – no history of substance-related legal offenses
☐ anxiety/depression/mental health – NA
☐ general health issues – NA
□ exposure to trauma – none of outstanding concern
□ regular use of liquor – use of 80 proof liquor on average of 1 occasion every 1-2 weeks (3-4 shots)
□ contraindicated prescription use – NA
☐ family history – half-sibling
□ prior treatment history – NA
□ negative peer influence – NA
□ at-risk work environment – NA
 ⊠ current stress (relational, work, financial, etc.) – minimal to moderate stress reported due to work and discretionary home buying; could be as high as a "7" on a scale of 1 - 10

Summary – 3 of 12 concerns, low risk profile

Clinical Interview/Summary: ALCOHOL – Your written screenings provided no indication of a current alcohol use disorder at any level (mild, moderate or severe). The drinking habits you described in your clinical interview are within the NIAAA recommendations for men's low-risk drinking (no more than 4 in a day and no more than 14 in a week). While you did acknowledge reoccurring problem alcohol use in your early 20's, I would consider your chances of returning to these habits to be low after hearing your more recent account of successful moderation; this, in combination with

the lifestyle and personal developments you described for me (changes to peer group, birth of son, etc.) provides for a stable prognosis.

NON-PRESCRIPTION DRUG – You reported that your last use of marijuana was at the age of 22. I have no clinical concerns or recommendations for you concerning your discontinued use of cannabis. You currently do not meet any criteria for a DSM-5 cannabis use disorder. The number of symptoms (listed below) that you previously exemplified would indicate the severity of your past disorder however this disorder is considered to be in sustained remission.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – You denied any recreational use of prescription medications which are prone to abuse including stimulant/ADD medications, narcotic painkiller medications, benzodiazepines and sleeping medications. I did not find any reason to believe that you are having issues surrounding prescription drug use.

Current DSM-5 Alcohol & Substance Use Symptoms:

Repetitious
☐ 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 - 0 of 11 symptoms (Mild 2-3 Moderate 4-5 Severe 6+)

Current 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 or drug use disorder, there are no treatment recommendations I feel would be appropriate for you at this time.

Thank you for the opportunity to assist and feel free to contact me if there is anything further we can do.



Sincerely,

Trevor C. Davis, CDCA Cert.# 150427

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.

