

January 19, 2016

Chuck Rathburn, Attorney  
Rathburn Law Office  
8850 Pin Oak Drive  
Zionsville, IN 46077

**Re: Clinical Alcohol Assessment for Brennan Michael Murphy (DOB - 09/23/1994)**

Dear Mr. Rathburn,

I performed a Clinical Alcohol Assessment for Mr. Murphy in reference to his OVWI other charge in Vanderburgh 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:** score = 5 / *POSITIVE SCREEN*; indicates a high likelihood of a moderate to severe alcohol use disorder

**AUDIT:** score = 20 / *POSITIVE SCREEN*, scores of 15 or more in men indicate *moderate to severe* alcohol use disorder present

**Alcohol Use Risks/ Symptoms:** interview found at least 4 of 11 DSM-5 alcohol use disorder symptoms – use beyond intention, physically hazardous use, tolerance, inability to stop consuming or regulate after a certain amount consumed

**Anxiety/Depression Screening:** mild anxiety/depression symptoms reported but no indications of a mental health crisis or emergency

**Substance Related Legal History Reported:** denies any previous history of alcohol or substance related arrests/legal charges

**Clinical Interview/Summary:** Mr. Murphy's written screenings provided strong indications of an alcohol use disorder at least at the moderate level. He reported his normal use of alcohol (before this charge) as 5-7 drinks on 2-3 occasions per week. He also acknowledged use of 8-10 drinks on about 1 occasion per week usually with some limited impact to his memory.

Mr. Murphy was very forthright about a number of negative consequences beginning to happen as a result of excessive use of alcohol. He is well aware of that his alcohol tolerance exceeds his peers and that he also has developed a social reputation for drinking to excess. This social/peer dynamic has made it difficult to self-manage his drinking and he readily admitted that he is having a problem. He also noted two other family members have manifested some signs of problem alcohol use and one of them who clearly needed to stop drinking altogether.

Mr. Murphy does not report drinking alcohol daily nor present with alcohol withdrawal syndrome and does not need immediate medical intervention. However, I am recommending that he enroll in an Intensive Outpatient Program as soon as possible. If this is not possible due to his evening work schedule I am recommending regular and long term counseling with a substance abuse professional and simultaneous support-meeting attendance.

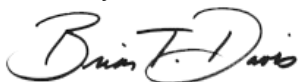
**DSM-5 DIAGNOSIS in reference to substances:** 303.90 (moderate alcohol use disorder)

**Treatment Recommendations:**

- 1) Complete a local Intensive Outpatient Program – attend an aftercare program and design a personalized relapse prevention plan to help assure sobriety for one year;
- 2) Alternative to #1 Above – if unable to readily find an Intensive Outpatient Program begin weekly outpatient counseling with a professional substance abuse counselor;
- 3) 12 Step or Smart Recovery Meeting Attendance – recommend 3 meetings per week minimum, obtain sponsor;
- 4) Probation Updates – recommend probation officer be provided brief quarterly updates regarding stability and progress;
- 5) If unable to maintain abstinence – Mr. Murphy to consult with mental health and/or substance abuse professionals regarding more intensive treatment and support (e.g. Inpatient Program or residential services).

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

Sincerely,



Brian T. Davis, LISW-S, SAP  
LIC# I-7948  
cc: Brennan Michael Murphy

**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.