

December 8, 2015

A CDM Assessment & Counseling of Guilford, Inc.
114 North Elm Street, Suite 402
Greensboro, NC 27401

Re: Clinical Alcohol Assessment for Shawn Mulligan

Dear Ms. Boyce:

I performed a Clinical Alcohol Assessment for Mr. Mulligan in reference to his 2011 OVI charge in Union County, North Carolina. This assessment included the administration of:

- A Substance Abuse Subtle Screening Inventory (SASSI-3)
- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- A general anxiety/depression screening
- 50 minute in-person clinical interview

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); client's DEF scale (defensiveness) was elevated beyond the norm which increases the likelihood of a missed moderate to severe substance use disorder diagnosis but may also reflect situational factors; screening had a lifetime frame of reference

MAST: score = 2; one point came from his 2011 DUI charge and the other from past experiences of alcohol-related memory impairment; screening appeared valid and had a lifetime frame of reference

AUDIT: score = 6; scores of 8 or more indicate hazardous use, scores of 15 or more indicates moderate to severe disorder present; screening referenced the prior 12 months

DSM/Other Substance Related Concerns: acknowledged some indicators of problem alcohol use: prior pattern of mild hangovers, previous instances of mild memory loss after alcohol use in 2011 prior to DUI charge, and past use of alcohol to relieve emotional distress; denied previous treatment, conflict with significant others during or shortly after use of alcohol, or guilt or regret associated with use

Anxiety/Depression Screening: no clinically significant concerns reported

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

Clinical Interview/Summary: Mr. Mulligan's written screenings provided some indications of an alcohol use disorder. He reported his typical use of alcohol before this charge as 6-10 drinks on 1-2 occasions per week. He also acknowledged that around the time of his 2011 DUI charge he was drinking liquor and was using alcohol to deal with emotional distress from the breakup of a recent relationship. Mr. Mulligan shared that since his charge he has reduced his drinking to 1-2 days per week in which he will consume 4-6 beers, typically Bud Light Platinum, which has an increased alcohol by volume percentage

at 6%. Mr. Mulligan stated that he does not drink throughout the week but reserves his alcohol use to weekend watching of football games.

Mr. Mulligan denied engaging in any instance of driving after consuming alcohol following his 2011 DUI charge. While Mr. Mulligan does appear to have reduced the overall intensity of his alcohol use and has refrained from consuming liquor, he does continue to consume alcohol in a binge pattern of use. Mr. Mulligan's clinical interview did not reveal indications of use beyond intention, withdrawal, and use despite negative consequences or cravings on drink. His interview did reveal significant time spent drinking and indications of tolerance to alcohol. At present Mr. Mulligan meets DSM-5 criteria for a mild alcohol use disorder and his self-report indicates that he likely would have met DSM-IV alcohol abuse criteria in 2011. I am providing recommendations to help Mr. Mulligan gain necessary skills and insight to reduce his overall alcohol use to responsible levels.

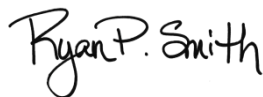
DSM 5 DIAGNOSIS in reference to substances: 305.00 alcohol use disorder, mild

Treatment Recommendations:

- 1) Complete a modified-Intensive Outpatient Program, recommend completion of a 4 week, 12 session modified Intensive Outpatient Program; total of 36 hours (contact Cornerstone of Recovery 614-889-0000);
- 2) If another negative consequence is incurred as a result of any alcohol use it is likely that an increased level of treatment will be recommended (e.g. IOP, Inpatient, residential treatment, etc.).

Thank you for the opportunity to assist the state of North Carolina, Mr. Mulligan, and yourself in this important matter.

Sincerely,



Ryan Smith, LISW-S, LICDC, SAP
SW Lic. # I.1000155-S, CD Lic. # 101182
cc: Shawn Mulligan

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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.