

February 18, 2016

Harsha G. Gowda, Associate Attorney  
The Law Offices of Barton Morris  
520 North Main Street  
Royal Oak, MI 48067

**Re: Clinical Alcohol Assessment for Tevis Potts (DOB – 02/19/1983)**

Dear Mrs. Gowda,

I performed a Clinical Alcohol Assessment for Mrs. Potts in reference to her DUI charge in Macomb 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 = 1 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use

**AUDIT:** score = 1 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 13 or more in women indicate a high probability of a moderate to severe alcohol use disorder

**Alcohol Substance Use Risk Factors:**

*Concerns/Risks*

- legal history – no prior legal history
- BAC – 5/2015 (.14)
- anxiety – NA
- depression - NA
- family history – reports no known blood relatives with problem alcohol/substance use
- prior treatment history (NA)
- peer influences (NA)
- work environment (NA)
- contraindicated prescription use (NA)
- general health problems (NA)
- current family stress (NA)

**Present Use Status:** reports not using alcohol since this legal charge

**Anxiety/Depression Screening:** no clinically significant concerns reported

**Clinical Interview/Summary:** Ms. Potts' written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). She reported her normal use of alcohol before this charge as 1-2 drinks on 1-2 occasions per month. She also reported no change in the amount consumed if attending a special event (weddings, birthdays, etc.)

Ms. Potts and I discussed her DUI incident and general use of alcohol at length. She stated that she has stopped drinking any alcohol as a result of this charge and I got the impression that this was a personal choice for the sake of meaningful self-reflection. Ultimately, I was unable to find her meeting DSM-5 criteria for an alcohol use disorder, which requires 2 or more symptoms to warrant "mild alcohol use disorder". Furthermore, she appeared to be very cognizant that drinking and driving is at odds with her value system. Though I did not find her meeting the DSM-5 criteria I am recommending that she follow through with attendance at a MADD Victim Impact Panel.

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

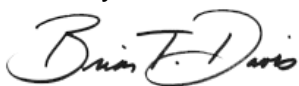
**Treatment Recommendations:**

- 1) Attend a MADD Victim Impact Panel;
- 2) If another negative consequence is incurred as a result of any alcohol use it is recommended Ms. Potts seek further evaluation and follow all treatment recommendations.

If the court possesses additional information about Ms. Potts' 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, Ms. Potts, and yourself in this important matter.

Sincerely,



Brian T. Davis, LISW-S, SAP  
LIC# I-7948  
cc: Tevis Potts

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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.