

January 11, 2016

Cathy Storm, RN Compliance Officer
Louisiana State Board of Medical Examiners
630 Camp Street
New Orleans, LA 70130

Re: Clinical Alcohol Assessment for Marc Deshaies (DOB – 11/30/1962)

Dear Ms. Storm,

I performed a Clinical Alcohol Assessment for Mr. Deshaies in reference to his dismissed DUI charge in Rapides Parish on May 19, 2015. 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
- A collateral contact with spouse, Cassandra Deshaies
- A collateral contact with brother-in-law, Ron Allen (50)

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 (screening appeared valid)

AUDIT: score = 2 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 15 or more in men indicates *moderate to severe* disorder present (respondent appeared to provide forthright responses to questions)

Alcohol Use Risks/ Symptoms: Mr. Deshaies denied any history of subtle indicators of problem alcohol use including a pattern of any of the following - mild hangovers, mild memory loss after use, repeat use to relieve emotional or work stress, previous treatment, conflict with significant others during or shortly after use of alcohol, guilt or regret associated with use. Mr. Deshaies also denies the existence of any family history of problem alcohol use. 0 of 11 DSM-5 alcohol use disorders were discovered in the clinical interview.

Anxiety/Depression Screening: no clinically significant concerns reported

Substance Related Legal History Reported: reports no alcohol or substance related arrests/legal charges with the exception of the 5/19/15 Rapides Parish DUI charge

Clinical Interview/Summary: Mr. Deshaies' 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 consumption of 2-3 drinks per occasion (from 0-1 occasions per week). He also acknowledged consumption of 3-5 drinks on infrequent special occasions (less than 10 per year). Overall his self-described use of alcohol fit within NIAAA low risk and was not diagnosable as a disorder under DSM-5 criteria.

Dr. Deshaies and I discussed his DUI incident and general use of alcohol at length. The evidence for Dr. Deshaies charge/arrest incident apparently was questionable in court as it was dismissed as "no case", rendering it a nearly moot point in this evaluation. Dr. Deshaies general description of his alcohol use appeared to be reasonably credible even if by self-report.

I made a contact with Dr. Deshaies' wife, Cassandra, for further clarification and clinical impression. She reported her husband's use of alcohol in a manner that did not seem contrived and was consistent with his report of moderate and controlled use. Further, her report was without hesitation, discrepancy or other non-verbal signs that she was covering for problem drinking by her husband.

Additionally, I made contact with Ron Allen, Dr. Deshaies' brother-in-law. Mr. Allen was articulate and able to speak with firsthand knowledge about Dr. Deshaies use of alcohol over the past 12 years. He reported that he has only seen Dr. Deshaies significantly impaired once during that time and that was over 7 years ago at his daughters graduation. Though Dr. Deshaies was impaired Mr. Allen reported that it was without incident and furthermore Dr. Deshaies has always been careful not to drive if he has had 2-3 drinks. He reported that Dr. Deshaies is capable of having a single drink and stopping and that on any occasions when they are together Dr. Deshaies drinks no alcohol. Mr. Allen's overall report seemed clinically credible, without hesitation or fabrication.

DSM-5 alcohol use disorder criteria require at least 2 objectively measured signs or symptoms related to alcohol use but these were not evident in the clinical interview, nor were there signs/symptoms revealed in the two collateral interviews of Dr. Deshaies wife and brother-in-law. In summary I was unable to find Dr. Deshaies objectively meeting any of the 11 DSM-5 alcohol use disorder criteria.

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

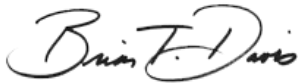
Treatment Recommendations/ Occupational Impact:

Since I was unable to find evidence or suspicion of a DSM-5 alcohol use disorder on the part of Dr. Deshaies I have no further professional recommendations for him at this time. Furthermore, in my best clinical judgment I did not find any suggestions that Dr. Deshaies' current use of alcohol would render him unable to practice medicine with reasonable skill and safety.

If the board possesses additional information about Mr. Deshaies' use of alcohol that might aid in the accuracy 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 Board of Medical Examiners and yourself in this important matter.

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: Marc Deshaies

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, additional collateral discovery and third party verification can be provided as an additional service upon request.