DIRECTIONS
COUNSELING GROUP

February 22, 2016

Greg Francisco, Attorney
Francisco and Harr
162 Cherokee Street
Kingsport, TN 37660

Re: Bradley Davenport (DOB – 12/15/1969)
Clinical Alcohol and Drug Assessment & Clinical Anger Management Assessment

Dear Mr. Francisco,

I provided a Clinical Alcohol, Drug and Anger Management assessment for Mr. Davenport in reference to his domestic violence charge of August 10, 2015 in Sullivan County. This assessment included a 77-minute clinical interview by videoconference and the administration of the following clinical instruments:

SUBSTANCE USE DISORDER ASSESSMENT ITEMS

- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- A Drug Use Disorder Identification Test (DUDIT)
- A general anxiety/depression screening

DISRUPTIVE, IMPULSE CONTROL, OR SOCIAL CONDUCT DISORDER ASSESSMENT ITEMS

- A Beck Depression Inventory (verbally administered for greater detail/accuracy)
- A Self-Rated Anxiety Screening (written administration)
- An Anger Control Inventory (verbally administered for greater detail/accuracy)
- A Proprietary Anger Management Screening Questionnaire (written administration)
- Mental Status Exam

The following items provide a summary of the screening results, my diagnostic opinion and professional recommendations:

MAST (alcohol): score = 0 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screening appeared valid/ consistent with interview)

DUDIT (drug): score = 0 / *NEGATIVE SCREEN*; scores of 6 or more indicate problematic use (“mild-moderate”), scores of 6 or more (male), 25 or more indicate high likelihood of a severe disorder present (screening appeared valid/ consistent with interview)

Alcohol & Substance Use Risk Factors:

- Prior legal history (denies any)
- anxiety /depression screenings (NA)
- family history (1 sibling)
- prior treatment history (NA)
- peer influences (NA)
- work environment (NA)
- contraindicated prescription use (NA)
- general health problems (NA)
- current family stress (NA)

SUMMARY – 1 of 9 risk factors (family history) = low risk profile

Beck Depression Inventory verbally administered):
Negative Screening for chronic or acute signs/ symptoms of depression including suicidality, chronic low self-esteem, low energy, sleep or appetite problems

Anxiety Symptom Inventory (written administration):
Negative screening for chronic or acute signs/ symptoms of anxiety including panic attacks, heart symptoms, insomnia, racing thoughts

Anger Control Inventory (written administration):
Score = 21 out of 100 possible: normal responses to situations which might provoke feelings of irritation or anger

Proprietary Anger Management Screening (written and verbal administration):
Negative screening - normal responses to situations which might provoke feelings of irritation or anger in the average person

Mental Status Exam
General Appearance – normal confidence, good eye contact, appropriate attire
Speech Emotional State – appropriate volume and rate of speech
Thought Processes – logic and reasoning intact, no evidence of delusions, hallucinations, obsessions/compulsions
Sensorium & Mental Capacity – oriented x 3, normal
Insight & Judgment – appropriate in the individual as well as joint interview

Clinical Interview/Summary:
ALCOHOL - Mr. Davenport's 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 2-3 drinks on 0-1 occasions per week. He also acknowledged use of 3-5 drinks on 3-4 special occasions (weddings, birthdays, etc.) per year.

Mr. Davenport and I discussed how he uses alcohol at length and I found no cause for clinical concern or suggestions of the existence of a past, recent or present DSM-5 alcohol use disorder. He denies that alcohol use had anything to do with the incident where he pushed through a door and broke the door jam. He also reported that the officers did not ask him to submit to any chemical tests to check for possible alcohol intoxication. His general demeanor in answering my questions about the use of alcohol was direct, without hesitation or contradiction that would arouse suspicion that he was covering for an alcohol use problem.

ILLICIT DRUG – Mr. Davenport acknowledged experimentation with cannabis on one occasion while he was in college and attending a concert. He denies any subsequent use of cannabis and denied experimentation or use of all other illicit substance categories in his lifetime including: stimulants, hallucinogens, inhalants, opiates, etc. His self-report about illicit drug use came across as credible and plausible.

PRESCRIPTION DRUG – Mr. Davenport reported two uses of prescription medications in the last 10 years. Three years ago, he used a low dose (10 mg.) slow release stimulant to treat attention deficit disorder symptoms under the direction of his physician. He denied any abuse of that medication.

Four to five years ago Mr. Davenport used a pain medication after tearing several ligaments in his foot and ankle. He used them briefly and discontinued use before finishing the prescription and did not refill it.

Ten years ago Mr. Davenport used a pain medication under a physician's direction and prescription after having his wisdom teeth removed. He did not refill the prescription.

Mr. Davenport denied any recreational use or abuse of prescription medications which are prone to abuse including: stimulant/ADD medications, narcotic painkiller medications, anxiolytics, or sleeping medications. The interview did not reveal hesitation, discrepancy with his written screenings, or other non-verbal signs of minimization or covering a prescription drug use problem.

ANGER MANAGEMENT - IMPULSE CONTROL DISORDER SCREENING – Mr. Davenport's written screenings did not provide any clinical insight into his have a DSM-5 disorder in this category. We discussed the incident where he broke the door jam on a bedroom door where his girlfriend and daughter were with the door locked. To be sure this was an emotionally charged moment for Mr. Davenport but he denies assaulting, striking or throwing objects at anyone in the home. He said that law enforcement officer did not gather any evidence to the contrary. We discussed the nature of the conflict that lead to him breaking the door. It would appear that the stresses and strains of blending a family under those circumstances were becoming increasingly difficult. He admits that it was inappropriate to break the door.

Mr. Davenport reported that his previous relationship history involved a marriage of 18 years (5-year relationship before marriage). He has two children from that marriage and

has a relationship with both children from that marriage. He reported that there was never an incident where law enforcement was called to his home due to an altercation or assault charges of any kind.

Mr. Davenport is currently no longer in that intimate relationship with Nancy as a partner but he believes they can respectfully and mutually parent a 10-month old son. My only recommendation with reference to his family would be to seek mediation or counseling if joint parenting becomes conflicted in some way.

SUMMARY - The interview with Mr. Davenport was meaningful clinically. He presented in a straightforward and open manner. Ultimately I did not find cause to diagnose him with a DSM-5 clinical substance use or impulse control disorder.

DSM-5 DIAGNOSIS in Reference to Substance Use Disorders or Impulse Control Disorders: Z03.89 (suspected substance use condition not found / suspected disruptive, impulse control, or social conduct disorder not found)

Treatment Recommendations: Having found no DSM-5 substance use or disruptive, impulse control, or social conduct disorders I have no additional professional recommendations for Mr. Davenport at this time. If in the future, he finds significant conflict present in his intimate or family relationships he is advised to seek further professional evaluation and follow all treatment recommendations.

If the court possesses additional information about Mr. Davenport's use of alcohol or drugs 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. Likewise, if the court is aware of a legal history of altercations, assault or domestic violence on the part of Mr. Davenport I would be willing to consider such evidence and amend this report.

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

Sincerely,

Brian Davis, LISW-S, SAP
cc: Bradley Davenport

Diagnostic Conclusions / Limitations: Clinical Alcohol, Drug and Anger Management assessments are based on objective and standardized screenings and interviewing methods. Conclusions made are to the best of the professional's ability with data on hand at the time of the assessment. Expanded assessments which involve extensive background research, collateral information and third party verification can be provided as an additional service upon request.

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