

November 8, 2016

Mark Funkhouse, PO  
Posey County Probation  
126 East 3rd St  
Mount Vernon, IN 47620

**Re: Clinical Alcohol Assessment for Michael S. Mills (DOB – 09/28/1995)**

Dear Mr. Funkhouser:

I performed a Clinical Alcohol Assessment for Michael Mills in reference to his April OWI charge in Posey County. This assessment included a 55-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 = 3 / *NEGATIVE SCREEN*; no direct or indirect indication of a present alcohol use disorder (screen relative to lifetime use of alcohol)

**AUDIT:** score = 5 / *NEGATIVE SCREEN*; scores of 8 or more indicate potential *hazardous use*, whereas scores of 15 or more in men indicate a *moderate to severe* disorder may be present (screen predominantly relative to current use of alcohol)

**Alcohol Use Risk Factors:**

- ☒ negative peer influence/population at risk
- ☐ current stress (relational, work, financial, etc.) – NA
- ☐ physical health concerns – NA
- ☒ anxiety/depression/mental health – ADHD, mild symptoms of anxiety and depression reported
- ☐ exposure to trauma – NA
- ☒ family history of substance abuse or alcoholism – one parent's "side of the family"
- ☐ contraindicated prescription use – NA
- ☐ other substance use – none of current clinical concern, 3 negative drug screens in the last year at work
- ☐ regular use of liquor – NA
- ☐ legal history – denies previous history

Summary - 3 of 10 concerns, mitigate concern with clinical recommendations

**Clinical Interview/Summary:** Mr. Mills' written screenings provided some indication of an alcohol use disorder; however, they did provide some discrepancy with his verbal testimony. He reported his normal use of alcohol before this charge as 1-4 beers on approximately 5 occasions per week. He also reported his use of alcohol has greatly diminished since this time and has only consumed alcohol on "a couple" of occasions since April. In past times of celebration, Mr. Mills indicated that he'd normally consume 6-8 beers (2-4 occasions per year).

Mr. Mills and I discussed his legal charge and general use of alcohol at length. I identified him meeting 2 DSM-5 alcohol use disorder criteria indicative of a *mild* alcohol use disorder (see below). Accordingly, I am including some recommendations in the remainder of this report in an effort to discourage potential future problem alcohol use and ensure that he has made the changes necessary to live out a life sustained recovery as this relates to drinking.

**DSM-5 Alcohol Use Disorder Symptoms:**

- ☒ Use beyond intention (a "couple" of times within the last 1-2 years)
- ☐ Persistent desire or unsuccessful efforts to reduce/quit use
- ☒ Substantial time spent obtaining, using, or recovering from use
- ☐ Strong craving/desire
- ☐ Failure to fulfill a major role (work, home, school)
- ☐ Use despite recurrent social/interpersonal problems
- ☐ Important social, occupational, recreational activities relinquished
- ☐ Physically hazardous use
- ☐ Continued use despite knowledge of contraindicated physical or psychological condition
- ☐ Tolerance
- ☐ Withdrawal symptoms

Summary - 2 of 11 symptoms (Mild 2-3 | Moderate 4-5 | Severe 6+)

**DSM-5 DIAGNOSIS in Reference to Substances:** F10.10 Mild Alcohol Use Disorder (Early Remission – symptoms observed have not been present for 3-12 months)

**Treatment Recommendations:**

- 1) Outpatient Counseling – 3-5 outpatient sessions with a professional substance abuse and mental health counselor; follow-up counselor to update recommendations and discharge as appropriate;
- 2) Attend a local Victim Impact Panel – MADD or other comparable in-person panel, see <http://www.madd.org/local-offices/> for locations and available times;

- 3) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Mills seek an increased level of treatment or extended outpatient substance abuse counseling as appropriate.

If you or the court possess additional information about Mr. Mills' use of alcohol that might impact the outcome of this assessment, I would be happy to review it and consider appropriate modifications or amendments to the present report.

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

Sincerely,



Trevor C. Davis, CDCA

Certificate # 150427

Supervision received by Ryan Smith, MSW, LISW-S, LICDC, SAP

cc: Michael S. Mills

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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.