

October 25, 2016

W.H. Paramore III  
Law Offices of W. H. Paramore, III, P.C.  
P.O. Box 215  
Jacksonville, NC 28541

**Re: Clinical Alcohol Assessment for Shane T. Phillips (DOB – 08/24/1994)**

Dear Mr. Paramore:

I performed a Clinical Alcohol Assessment for Mr. Phillips in reference to his November 2015 DWI charge in Jacksonville 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 a present alcohol use disorder (screen relative to lifetime use of alcohol)

**AUDIT:** score = 0 / *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:**

- ☐ poor academics – NA
- ☐ negative peer influence/at-risk work environment – NA
- ☐ current stress (relational, work, financial, etc.) – NA
- ☐ physical health concerns – NA
- ☐ anxiety/depression/mental health – NA
- ☐ family history of substance abuse or alcoholism – none reported
- ☐ contraindicated prescription use – NA
- ☐ other substance use – tobacco products; is subject to regular random screens through his employer (no apparent history or suspicion of drug use)
- ☐ regular use of liquor – NA
- ☐ voluntary treatment history – NA

- ☐ severity of incident – involved in a motorcycle accident in which his police report reflects that he was positioned on a non-moving vehicle, properly situated at a stop light (.11 BAC)
- ☐ legal history – denies previous history

Summary - 0 of 13 concerns, no concern to be mitigated with clinical recommendations

**Clinical Interview/Summary:** Mr. Phillips' written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported his normal use of alcohol before this charge as 4-5 beers on less than 10 lifetime occasions. He attributed his limited use of alcohol to several things: his age, not caring for "the taste", and a generally active lifestyle.

Mr. Phillips and I discussed his DWI charge and his use of alcohol at length. I did not find him meeting DSM-5 alcohol use disorder criteria and the drinking habits he described leading up to his incident seem to be within NIAAA recommendations for men's low-risk drinking. Having said this, Mr. Phillips reported that he has abstained from all alcohol use since November of last year and intends to do so indefinitely. I found his reasons for doing so to be compelling and commendable, though it would seem he has no apparent history of problem alcohol use. Mr. Phillips reported no difficulty in abstaining from alcohol, and I found no part of his interview process to be suspect of minimization or deception. His written screenings were consistent with his interview and he did not show verbal signs of hesitation or provide me with conflicting testimony.

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

- ☐ Use beyond intention
- ☐ 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 - 0 of 11 symptoms (Mild 2-3 | Moderate 4-5 | Severe 6+)

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

**Treatment Recommendations:** Having found no basis for a DSM-5 alcohol use disorder I have no further treatment recommendations for Mr. Phillips at this time. This is with the understanding that he has been required to complete 24 hours of community service per the court and may be subject to the completion of a drug and alcohol education course as a state-required treatment minimum.

If you or the court possess additional information about Mr. Phillips' 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. Phillips, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA

Certificate # 150427

Reviewed by Ryan Smith, MSW, LISW-S, LICDC, SAP

SW Lic. #1.1000155-S; #101182

cc: Shane T. Philips

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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.