

July 6, 2016

Janie Varnell, Attorney
Davis & Hoss, PC
850 Fortwood Street
Chattanooga, Tennessee 37403-2312

Re: Clinical Alcohol Assessment for Michael R. Parrish (DOB – 10/31/1972)

Dear Ms. Varnell:

I performed a Clinical Alcohol Assessment for Mr. Parrish in reference to his April DUI charge in Sequatchie County, Tennessee. This assessment included a 60-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 = 6 / *POSITIVE SCREEN*; direct and indirect indication of problem alcohol use, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

AUDIT: score = 11 / *SUGGESTIVE 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, mitigate concerns with clinical recommendations (screen relative to current use of alcohol)

Alcohol Use Risk Factors:

- ☒ legal history – 2 lifetime DUI charges (April and May 2016)
- ☐ severity of incident – reports that while a Breathalyzer test was issued only on May DUI, results were not shared with him nor are they reported on his citation
- ☐ anxiety/depression/mental health – managed symptoms of generalized anxiety through pharmacological intervention (has been taking daily 20mg Lexapro for “14 or 15” months under the supervision of primary care physician)
- ☐ general health issues – NA
- ☐ exposure to trauma – NA
- ☐ use of liquor – NA
- ☐ other substance use – use of marijuana and cocaine 20+ years ago
- ☐ contraindicated prescription use – NA
- ☐ family history – 1 blood relative

- ☐ prior treatment history – NA
- ☐ negative peer influence – NA
- ☐ at-risk work environment – NA
- ☒ current stress (relational, work, etc.) – minor to moderate current relational stress and very high work stress previous to career change (January 2016)

Summary - 2 of 13 outstanding concerns, mitigate with clinical recommendations

DSM-5 Alcohol Use 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 physical or psychological condition
- ☒ Tolerance
- ☐ Withdrawal symptoms

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

Clinical Interview/Summary: Mr. Parrish's written screenings provided clear indication of an alcohol use disorder at some level. He was open in the clinical interview and shared information indicating 5 problem alcohol use symptoms (see above). While Mr. Parrish does not have a history of daily alcohol use, he does appear to have difficulty consuming near the NIAAA "low-risk" recommendations for men. He also acknowledged a recent spike in his alcohol consumption potentially related to the death of a close relative and daily stress. Following his most recent DUI, he made a personal commitment to abstinence as he has begun to recognize the compounding consequences of his maladaptive behavior. In an effort to support his commitment to sobriety, I have provided clinical recommendations which will support this decision and will help him focus on keeping his sobriety intact.

DSM-5 DIAGNOSIS in Reference to Substances: F10.20 Moderate Alcohol Use Disorder (Early Remission)

Treatment Recommendations:

- 1) Outpatient Counseling – Outpatient sessions with a professional substance abuse counselor over the next 12 months (minimum frequency of once a month);

- 2) Monitoring – to be conducted by follow-up provider at the 6 and 12-month time periods following completion of initial counseling recommendation;
- 3) If abstinence is compromised or further consequence is incurred as a result of alcohol – an increased level of treatment and/or support should be considered at the discretion of follow-up provider (e.g. IOP, 12-step attendance, residential treatment, more frequent therapy, etc.).

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

Sincerely,



Trevor C. Davis, CDCA

Cert.# 150427

Reviewed by Brian T. Davis, LISW-S, SAP LIC# I-7948

cc: Michael R. Parrish

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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.