DIRECTIONS
COUNSELING GROUP

August 3, 2016

Andrew P. Abood, Atty.
Abood Law Firm
246 East Saginaw Street, Suite One
East Lansing, Michigan 48823

Re: Clinical Alcohol and Drug Assessment for Thomas Michael Brown (DOB – 08/03/1958)

Dear Mr. Abood:

I performed a Clinical Alcohol and Drug Assessment for Mr. Thomas Brown in reference to his July 2016 DUI charge in Ingham County. This assessment included a 45-minute clinical interview by telephone, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- A Drug Abuse Screening Test (DAST-10)
- A general anxiety/depression screening

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

MAST: score = 0/ *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screen relative to lifetime use of alcohol)

DAST-10: score = 1 / NEGATIVE SCREEN; no direct or indirect indications of problem drug use (screen is relative to lifetime use of substances)

Outstanding Alcohol & Substance Use Risk Factors:

☐ legal history – denies previous history
☒ severity of incident – (.00 BAC; blood test presumptively positive for MDMA; memory impairment)
☐ anxiety/depression/mental health – diagnosed and appropriately treated anxiety and depression (20-year history)
☒ general health problems – sleep disturbances/insomnia
☐ trauma – exposure as a child (has and continues to manage this through therapy)
☐ regular use of liquor – monthly to less than monthly
☐ other substance use – NA
☒ family history – 2 blood-relatives
☐ prior treatment history – NA
☐ negative peer influence – NA
☐ at-risk work environment – NA

☐ current stress (relational, work, etc.) – none of clinical concern; quantified stress level as a “4-5” in the average week (on a self-rated scale of 1-10)

Summary – 3 of 11 concerns, no concern to be mitigated through further intervention

Clinical Interview/Summary: ALCOHOL –Mr. Brown’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 before this charge as1-2 glasses of wine on 1-2 occasions per week. He reported no difference in the amount consumed if he was attending a special event or celebration. His drinking habits are within the NIAAA’s recommendations for men’s “low-risk” drinking and I found no cause for a DSM-5 alcohol use disorder (mild, moderate, or severe).

NON-PRESCRIPTION DRUG – Mr. Brown acknowledged minimal use of marijuana over 35 years ago and was articulate in his reasons for discontinuing his use of this substance. He denied experimentation and regular use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Mr. Brown’s testimony about non-prescription drug use suspect of minimization or deception.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Brown denied any recreational and/or misuse of prescription medications including: stimulant/ADD medications, narcotic painkiller medications, benzodiazepines and sleeping medications. The interview did not reveal hesitation with his written screenings or other verbal signs of minimization covering a prescription drug use problem.

SUMMARY – While Mr. Brown does have a history with several prescribed anti-depressant and anti-anxiety medications, in addition to a sleep medication, his use of these medicines have always been as directed under the care of a physician. Since the incident prompting this evaluation, he has since made a personal decision to discontinue the use of his sleep medication given the potentially unpredictable nature of the drug. In my best clinical judgment, I have no reason to believe that Mr. Brown has a DSM-5 substance use disorder (mild, moderate, or severe).

DSM-5 Alcohol & Substance 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 contra 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 or drug use disorder, I have no further recommendations for Mr. Brown at this time.

If you or the court possess additional information about Mr. Brown's use of alcohol or drugs 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. Brown, and yourself in this important matter.

Sincerely,

Trevor C. Davis, CDCA
Cert.# 150427
cc: Thomas Brown; Sparrow Hospital

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