

October 21, 2016

Douglas Daugherty
611 Signal Mountain Blvd.
Signal Mountain, TN, 37377

Re: Clinical Alcohol Assessment for Douglas E. Daugherty (DOB – 03/15/1981)

Mr. Daugherty:

The following provides a summary of findings for the alcohol assessment I conducted for you. It is my understanding that you have sought out this evaluation solely to satisfy the wishes of your son's mother and it has been made clear to you that this evaluation is insufficient for any other context, legal or otherwise without further consultation. In addition to our 65-minute clinical interview conducted via telephone, you also completed the following written screening instruments:

- 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: POSITIVE SCREEN; no direct and indirect indication of a present alcohol use disorder, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

AUDIT: score = 4 / 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, mitigate concerns with clinical recommendations (screen predominantly relative to current use of alcohol)

Anxiety/ Depression Screening: history of depressive symptoms but no chronic, recent, or acute conditions were noted in written screenings or your clinical interview

Alcohol-Use Risk Factors:

- ☐ negative peer influence/at-risk work environment – NA
- ☐ current stress (relational, work, financial, etc.) – you reported minimal to moderate (but sufficiently managed) stress as it relates to work and interpersonal relationships
- ☐ physical health concerns – NA
- ☐ anxiety/depression/mental health – no symptoms of depression reported at this time
- ☐ exposure to trauma – NA
- ☐ family history of substance abuse or alcoholism – none reported

- ☐ contraindicated prescription use – NA
- ☐ other substance use – tobacco use on a less than weekly basis
- ☐ regular use of liquor – less than monthly use
- ☐ voluntary treatment history – NA
- ☒ legal history – DUI in July 2015 (.13 BAC reported)

Summary - 2 of 12 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary: Your written screenings provided no indication of a current alcohol use disorder at any level (mild, moderate or severe). You reported your normal use of alcohol as 1-2 beers on 0-5 occasions per month. You also denied any amendment to these habits in times of celebration.

The alcohol use habits you reported do not meet criteria for DSM-5 alcohol use disorder symptoms and are within what the NIAAA considers to be “low-risk” drinking for men (no more than 4 in a day and no more than 14 standard drinks in a week). While the drinking habits reported are of no current concern, you did acknowledge a distinguished elevation in your consumption of alcohol for “approximately 6 months” which lead up to your DUI in July of last year. With this context in mind I am providing some proactive recommendations at the conclusion of this report.

The 6 alcohol use disorder symptoms (see below) you recall experiencing at this time warrant a diagnosis for a severe alcohol use disorder that is in *remission* (no symptoms present within the last 12 months). While it would seem that this problem alcohol use was very much environment and stress influenced, the treatment recommendations I have provided are appropriate given that you have never completed any formal treatment for alcohol abuse. Considering the brevity of the symptoms experienced, it is possible that you may be able to drink in moderation responsibly; however, it is important that your “strong support system” is further assessed and your relapse-prevention knowledge is strengthened to ensure a strong prognosis.

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

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

Treatment Recommendations:

- 1) Outpatient Counseling – 3-5 outpatient sessions with a professional substance abuse counselor; follow-up provider advised to consult collateral contacts, update recommendations, or discharge as appropriate after 3-5 sessions.

If an outside party has further information about your use of alcohol OR would like to consult me further about the details of your evaluation, I would be happy to do so provided I have your written consent. You may contact myself or our general office to make arrangements for this if necessary.

Let me know if you have questions about the details of this report; thank you for the opportunity to assist.

Sincerely,



Trevor C. Davis, CDCA

Certificate # 150427

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

cc: Douglas E. Daugherty

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 and Drug 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.