

July 25, 2016

Chris Powers, Attorney Powers McCartan PLLC 8 Church Street South Concord, NC 28025

Re: Clinical Alcohol Assessment for David Matthew Bryant (DOB – 12/08/1968)

Dear Mr. Powers:

I performed a Clinical Alcohol Assessment for Mr. Bryant in reference to his DWI charge in Cabarrus County. This assessment included a 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 = 2 / *NEGATIVE SCREEN*; no direct indication of problem alcohol use, (screen relative to lifetime use of alcohol); if concerns exist after the clinical interview clinician should make recommendations to mitigate any concerns

AUDIT: score 2 / NEGATIVE SCREEN; scores of 8 or more indicate hazardous use, scores of 15 or more in men indicate a moderate to severe disorder may be present

Alcohol Use Risk Factors:

□ severity of incident – .10 BAC (low severity)
☐ anxiety/depression/mental health – NA
☐ general health issues – NA
□ exposure to trauma – NA
☐ use of liquor – NA
□ other substance use – NA
□ contraindicated prescription use – NA
☐ family history – none reported
□ prior treatment history – NA
□ negative peer influence – NA
□ at-risk work environment – NA
□ current stress (relational, work, etc.) – NA
Risk Factor Summary -1 of 13 concerns, mitigate 1 item with clinical recommendation

Clinical Interview/Summary: Mr. Bryant'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 as 2-3 drinks on 0-1 occasions per week. He also acknowledged use of 2-4 drinks on about 1 special occasion per year.

Mr. Bryant and I discussed his DWI incident and general use of alcohol at length. He presented in a straightforward and open manner, without contradiction, discrepancy with his written screenings, hesitations, or signs of minimizing problem alcohol use. Further, he was articulate about his means to avoid any drinking and driving in the future. While I did not find him meeting DSM-5 alcohol use disorder criteria, I did note his prior history that I believe it is appropriate for him to attend a MADD Victim Impact Panel. Mr. Bryant was in agreement with my recommendation.

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

Treatment Recommendations:

- 1) Attend a local MADD Victim Impact Panel; see madd.org or for Thomasville NC Pre-Registration required: Register via email at pkearns3@triad.rr.com; 22 Randolph Street, Thomasville, NC 27360
- 2) <u>If another negative consequence</u> is incurred as a result of any alcohol use it is recommended Mr. Bryant seek further evaluation and follow all treatment recommendations.

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

Sincerely,

Brian T. Davis, LISW-S, SAP

LIC# I-7948

cc: David M. Bryant

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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.

