

July 26, 2016

David Darnes, Probation Officer
Tennessee Department of Correction, District 21
Maryville Probation and Parole Office
304 Home Avenue
Maryville, TN 37801-3971

**Re: Clinical Alcohol and Drug Assessment for Garrett M. Nunes
(DOB – 01/20/1986)**

Dear Mr. Darnes:

I performed a Clinical Alcohol and Drug Assessment for Mr. Nunes in reference to his recent release from 13 years of incarceration in the state of Florida. This assessment included a 60-minute clinical interview by telephone, and the administration of:

- A Michigan Alcohol Screening Test (MAST) using past 10 years' time reference
- A Drug Abuse Screening Test (DAST) using past 10 years' time reference
- A general anxiety/depression screening
- A collateral interview with Mitch Nunes (father of Garrett) whom he presently lives with

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

DAST: score = 0 / *NEGATIVE SCREEN* (scores of 1-2 = low level concern, 3-5 moderate, 6-8 substantial, 9-10 severe)

Alcohol or Substance Use Risk Factors:

Concerns/Risks

- ☐ previous legal history – denies history of drug or alcohol offenses
- ☐ severity of incident – most recent use of drugs over 13 years ago
- ☐ anxiety/depression/mental health – reporting good motivation and absent of overt mental health complaints or concerns, appears goal oriented and a strong support system
- ☐ other substance use – no evidence of substance use for over 13 years
- ☒ family history – reports some family history but reports he is avoiding all substance use including any attempts to moderately use alcohol
- ☐ prior treatment history – NA
- ☐ peer influences– lives with parents, works in father's company

- ☐ work environment – NA
- ☐ contraindicated prescription use – NA
- ☐ general health problems – NA
- ☐ current family stress – NA

Summary - 1 of 11 concerns (low risk in present circumstances)

DSM - 5 Alcohol or Other Substance Use Symptoms:

- ☐ Use beyond intention – not found
- ☐ Persistent desire or unsuccessful efforts to reduce/quit use – no drug/ alcohol use
- ☐ Substantial time spent obtaining, using, or recovering from use – none found
- ☐ Strong craving/desire – none found
- ☐ Failure to fulfill a major role (work, home, school) - NA
- ☐ Use despite recurrent social/interpersonal problems - NA
- ☐ Important social, occupational, recreational activities relinquished - NA
- ☐ Physically hazardous use - NA
- ☐ Continued use despite knowledge of contra physical or psychological condition - NA
- ☐ Tolerance - NA
- ☐ Withdrawal symptoms - NA

Summary - 0 of 11 symptoms found, no diagnosis

Clinical Interview/Summary:

ALCOHOL – Mr. Nunes' written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported his normal use of alcohol shortly before incarceration (2002) as 1-2 drinks on 1-2 occasions per week. Mr. Nunes stated that he liked the relaxation of 1-2 drinks but never wanted to feel out of control of his body. He preferred marijuana use to alcohol use.

Mr. Nunes was articulate in the interview that he “has no room for error” and therefore does not want to drink alcohol. When he was offered a drink to celebrate his release from prison he said he turned it down and is glad that he did so. Mr. Nunes said that he is “very fortunate to be released”, to be able to live with his supportive family, and immediately have a job at his father's company with a promising future. He shared that he did not want to jeopardize this and that he has already “put his family through a lot of stress and embarrassment”. Mr. Nunes statements came across as genuine, with reasonable self-awareness, and apparent ego-stability. His father's statements confirmed this impression.

NON-PRESCRIPTION DRUG – Mr. Nunes acknowledged frequent and regular use of marijuana prior to his incarceration 13 years ago. He denied experimentation or use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, and opioids. Although he stated there was access to various types of drugs in prison, he denied every using mood altering substances of any kind while he was incarcerated. His reason for not using drugs since his release, and as a permanent decision, were similar to his decision to abstain from alcohol. He is grateful for a second

chance to live in freedom and has experienced a very severe consequence from his association with drugs and drug users at the age of 17. Mr. Nunes father confirmed the his son's use of marijuana before his arrest but denied any awareness of other non-prescription drug use.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Nunes reported that while incarcerated and since his release 3 weeks ago, he has not been a user of prescription medications subject to abuse including: stimulant/ADD medications, narcotic painkiller medications, and anxiolytics and sleeping medications. The interview did not reveal hesitation, discrepancy with his written screenings, or other non-verbal signs of minimization or covering a prescription drug use problem. Mitch Nunes report was consistent with this conclusion.

SUMMARY – After administering written screenings, a clinical interview and interviewing Mr. Nunes' father I did not find signs, symptoms or suggestions that Mr. Nunes has a DSM-5 alcohol or drug use disorder.

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

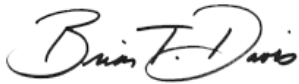
Treatment Recommendations: Having found no basis for a DSM-5 alcohol or drug use disorder I have no professional or substance treatment recommendations for Mr. Nunes. Given his recent release from prison I am some "best-practice" suggestions and recommendations toward healthy adjustment and reintegration into community life.

- 1) Community volunteer work – find local groups needing volunteers, align choices with personal interests and strengths;
- 2) Sober social and physical activities – join a gym, take lessons to advance a hobby, help others who have basic needs in the community;
- 3) Pursue faith-based development – visit churches or other faith-based organizations
- 4) Be aware of local mental health resources – in the event that transitioning to employment and/or community involvement become difficult (emotionally or in terms of remaining sober) it is advisable to know where local counselors, social workers and support groups are in the local area in advance of needing any such resources;
- 5) Avoid all mood altering substance use – while marijuana is rapidly gaining social and legal acceptance it is a mood altering drug which is subject to addictive patterns of use; advised to keep in mind past excessive use and the social influences and outcomes that occurred; also advised that the family history involving problem substance use and/or addiction may make Mr. Nunes more susceptible to addictive use of any mood altering substance.

If the court possesses additional information about Mr. Nunes' 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. Nunes, and yourself in this important matter.

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: Garrett M. Nunes

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.