

August 3, 2015

Lovett Bennett Jr.
Bennett Law Firm
21 Courtland St.
Statesboro, GA 30458

Re: Clinical Alcohol and Drug Assessment for Robert Morrison

Dear Mr. Bennett:

I performed a Clinical Alcohol and Drug Assessment for Mr. Morrison in reference to his DUI charge in Bulloch County. This assessment included the administration of:

- A Michigan Alcohol Screening Test (MAST)
- A Drug Abuse Screening Test (DAST)
- A General anxiety/depression screening
- 45 minute clinical interview by telephone

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

MAST: score = 1 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screening appeared valid)

DAST: score = 0/ *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screening appeared valid)

DSM/Other Substance Related Concerns: denies subtle indicators of problem alcohol or drug use including pattern of mild hangovers, mild memory loss after use, repeat use to relieve emotional or work stress, previous treatment, conflict with significant others during or shortly after use of alcohol, guilt or regret associated with use

Present Use Status / DSM-5 symptoms: reduced use since June 21, 2015 DUI charge (reports no use of alcohol since charge); no signs/symptoms indicative of alcohol withdrawal syndrome; clinical interview found 0 of 11 DSM-5 alcohol use disorder symptoms in the clinical interview

Anxiety/Depression Screening: no clinically significant concerns reported

Substance Related Legal History Reported: denies any previous history of alcohol or substance related arrests/legal charges

Clinical Interview/Summary:

ALCOHOL - Mr. Morrison'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 prior to the DUI arrest as 2-3 drinks on 0-1 occasion per week. He also acknowledged use of 3-5 drinks on special occasions (weddings, birthdays, etc.) or on less than 5 occasions per year. Mr. Morrison's and I discussed his DUI incident and general use of alcohol at length. His report was without contradiction, hesitation or suspicion of a hidden problem and I was unable to find the incident or his overall history and presentation indicative of someone experiencing DSM 5 alcohol use disorder symptoms.

ILLICIT DRUG – Mr. Morrison acknowledged one experimental use of marijuana in his late teens but found it made him feel very “scattered” and he never tried it again. He denied experimentation or use of any and all other illicit substance categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Mr. Morrison's report suspect that he was covering for illicit drug use.

PRESCRIPTION DRUG – Mr. Morrison denied any recreational use of prescription medications which are prone to abuse including stimulant/ADD medications, narcotic painkiller medications, anxiolytics or sleeping medications. He acknowledged short term use of a prescribed painkiller after a high school football injury and subsequent surgery. He discontinued the use of the medicine within 30 days saying that he didn't like it and did not want to become dependent on it. The interview did not reveal hesitation or discrepancy with his written screenings or any other non-verbal signs of minimization or covering a prescription drug use problem.

TREATMENT TO DATE - Mr. Morrison has recently completed a 14 hour Alcohol Risk Reduction program and can furnish proof of satisfactory completion to the court.

If the court possesses additional information about Mr. Morrison's use of any substance I would be happy to review it and consider any appropriate modifications or amendments to the present report.

DSM 5 DIAGNOSIS in reference to substances: V71.09 (none found)

Treatment Recommendations: I am of the opinion, to a reasonable degree of clinical certainty, that Mr. Morrison does not have a current (nor recent) DSM 5 alcohol or drug use disorder of any kind. Further, I believe the 14 hour alcohol risk reduction program he completed is sufficient for his situation. I have no additional professional recommendations for him at this time. If he incurs another negative consequence as a result of any alcohol use it is recommended Mr. Morrison seek further evaluation and follow all treatment recommendations.

Thank you for the opportunity to assist the court, Mr. Morrison, and yourself in this important matter.

Sincerely,



Brian Davis, LISW-S, SAP

cc: Robert Morrison

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.