

October 16, 2015

F. Richard Ricketts, Attorney
1130 Broadway Plaza, Suite 202
Tacoma, WA 98402

Re: Clinical Alcohol Assessment for Gwendolyn Cool

Dear Mr. Ricketts,

I performed a Clinical Alcohol Assessment for Ms. Cool in reference to custody proceedings in Pierce County. This assessment included a full 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 Inventory

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 (screening appeared valid)

AUDIT: score = 0 / *NEGATIVE SCREEN*; scores of 8 or more indicate hazardous use, of 13 or more (women), 15 or more (men) indicates moderate to severe disorder present (respondent appeared to provide forthright responses to questions)

DSM/Other Substance Related Concerns: denies subtle indicators of problem alcohol 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

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: Ms. Cool's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). She reported her normal use of alcohol as 1-2 drinks on 0-1 occasions per week. She also reported that her consumption at special events or celebrations was the same; 1-2 drinks. She stated that her highest use of alcohol in the past 5 years has been 3 drinks on 2 occasions, consumed over an extended period of time (4-5 hours).

Ms. Cool and I discussed her general use of alcohol at length. She denied any history of alcohol abuse including the following symptom areas, many of which I presume the court would be able to corroborate to a significant degree:

- no history of emergency room visits related to use of alcohol
- no recommendations from her physician to decrease or abstain from alcohol use
- no previous alcohol assessment, education or treatment (lifetime)
- no arrests or charges for impaired behaviors including DUI or suspicion of DUI
- denies drinking and driving behaviors
- no known blood relatives with a drug or alcohol related diagnosis or problem use
- does not drink alcohol in the presence of her son

Ms. Cool did share with me that at a recent custody hearing she had a positive random screen for alcohol at around 1pm. She shared that her most recent consumption of alcohol in relation to that hearing was the night before, but in her usual responsible and moderate manner. She said that she was sober in the courtroom that day and there was no BAC provided from her test to suggest otherwise.

Ms. Cool has some question about the manner which the urine specimen was handled but also stated that court personnel could testify to the fact that she was not impaired at the proceedings. She did not have a copy of the test to provide to me. It is plausible to me that she was given an EtG or similar alcohol test which tests for the consumption of alcohol in the last 72 hours and does not necessarily indicate recent use (less than 12 hours) or even that the use was to a level of significant impairment.

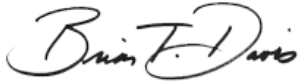
Unless collateral information to the contrary is provided to me (such as a significant BAC at the time of her random screen or testimony from the court that she was suspected of being under the influence) I am concluding there is no basis for a DSM-5 alcohol use disorder and therefore have no further professional recommendations for her at this time.

DSM 5 DIAGNOSIS in reference to substances: Z03.89 (suspected mental condition not found)

Treatment Recommendations: Having found no basis for a DSM-5 alcohol use disorder I have no further treatment recommendations for Ms. Cool at this time. If the court possesses additional information about Ms. Cool's use of alcohol that might aid in the accuracy of this assessment I would be happy to review it and consider any appropriate modifications or amendments to the present diagnosis and recommendation.

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

Sincerely,



Brian T. Davis, LISW-S, SAP

LIC# I-7948

cc: Gwendolyn Cool

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.