

June 29, 2016

Doug Zimmerman
9457 Medford Falls Ave.
Las Vegas, NV 89149

Re: Clinical Alcohol and Drug Assessment

To Whom It May Concern:

I performed a Clinical Alcohol and Drug Assessment for Mr. Zimmerman (DOB – 05/13/1982) in reference to his upcoming child custody case and FAA accreditation. This assessment included a 55-minute clinical interview by telephone, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- A Drug Use Disorder Identification Test (DUDIT)
- 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 or indirect indication of problem alcohol use (screen relative to lifetime use of alcohol)

DUDIT: score = 0 / *NEGATIVE SCREEN*; scores of 6 or more indicate problematic use (“mild-moderate”), scores of 25 or more indicate high likelihood of a severe disorder being present

Alcohol & Substance Use Risk Factors:

- ☐ legal history – DUI conviction at the age of 17 where he was under (.06) the legal limit but underage
- ☐ anxiety/depression/mental health – appropriately managed symptoms of anxiety and depression
- ☐ general health issues – none outstanding
- ☐ exposure to trauma – death of a close relative in adolescence
- ☐ use of liquor – NA
- ☐ family history – none reported

- ☐ prior treatment history – NA
- ☐ negative peer influence – NA
- ☐ at-risk work environment – NA
- ☐ current stress (relational, work, etc.) – quantified average stress as a “4 or 5” on a scale of 1-10
- ☐ poor academic performance– NA

Summary - 0 of 11 concerns outstanding; no concerns to be mitigated through further intervention

Clinical Interview/Summary:

ALCOHOL – Mr. Zimmerman’s written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He has had no alcohol in the past 10 months and described his drinking habits prior to this as 1-2 beers on a less than monthly basis (3-4 occasions a year). He reported no difference in the amount consumed if he was attending a special event or celebration. There are no recommendations that are clinically appropriate at this time given his previous drinking habits within the NIAAA’s “low risk” standards for men and he did not meet any criteria for a DSM-5 Alcohol Use Disorder.

NON-PRESCRIPTION DRUG –He denied experimentation or use of all non-prescription substance use categories including: cannabis, stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Mr. Zimmerman’s report about non-prescription drug use suspect of minimization or deception.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Zimmerman denied any recreational use of prescription medications which are prone to abuse including stimulant/ADD medications, narcotic painkiller medications, benzodiazepines, and sleeping medications. The interview did not reveal hesitation or other verbal signs of minimization covering a prescription drug use problem. He has been taking medication as directed under the care of a psychiatrist for the past four months (approx.) and is seeing great improvement with the moderate symptoms of anxiety and depression he had been experiencing.

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 further recommendations for Mr. Zimmerman at this time.

If the reader possesses any additional information about Mr. Zimmerman's 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 yourself and Mr. Zimmerman in this important matter.

Sincerely,



Trevor C. Davis, CDCA
Cert.# 150427

Reviewed by Brian T. Davis, LISW-S, SAP LIC# I-7948
cc: Doug Zimmerman

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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.