

February 19, 2016

Sally C. Dey, Attorney
The Law Office of Sally C. Dey
3 Gamecock Avenue, Suite 306
Charleston, SC 29407

Re: Clinical Alcohol Assessment for Sharon Bachman Mikola (DOB – 02/11/1967)

Dear Ms. Dey,

I performed a Clinical Alcohol Assessment for Ms. Mikola in reference to her domestic proceedings in Charleston County. This assessment included a 60-minute 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 = 0 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use

AUDIT: score = 2 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 13 or more in women, scores of 15 or more in men indicates *moderate to severe* disorder present

Alcohol Use Risk Factors:

- legal history related to alcohol use (reports she has no such history)
- family history (grandparent)
- anxiety/depression (mild to moderate symptoms situational / related to proceedings)
- prior treatment history (NA)
- peer influences (NA)
- work environment (NA)
- contraindicated prescription use (NA)
- general health problems (NA)
- current family stress (NA)

Summary: one of nine items positive (family history) overall profile = low risk

Present Use Status: not using alcohol for the past several months (since alcohol consumption came in to question during domestic proceedings)

Anxiety/Depression Screening: moderate anxiety and depressive symptoms which

are being medically treated, denies any recent or current clinical mental health crisis

Clinical Interview/Summary: Ms. Mikola'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 prior to it being raised as a question in court, as 1-2 drinks (Corona Light only) on 0-1 occasions per week. She also acknowledged use of 2-3 drinks on less than 5 special occasions (weddings, birthdays, etc.) per year.

Ms. Mikola shared the results of 10 lab tests (from professional testing labs) of various types that were administered between 11/12/2015 and 2/1/2016 specifically in reference to her consumption of alcohol. She had a positive CDT that presents a concern but appears to conflict with negative EtG tests conducted with reference to the same testing time period. Ms. Mikola provided me with a letter of explanation for the positive CDT test, written by Dr. Ruth De Haven and dated 2/16/16. Dr. De Haven is a Medical Review Officer, a role familiar to me as a SAP (Substance Abuse Professional) who regularly works with Medical Review Officers when an employee has been found to violate a DOT substance rule of Federal Code Part 40. Though I am not a toxicologist or MRO, I found Dr. De Haven's explanation for the positive CDT intelligible and plausible. Dr. De Haven concluded that Ms. Mikola, "is not by objective medical or scientific standards a heavy or daily user of alcohol." This statement is consistent with the clinical impression I gained from a one-hour interview of Ms. Mikola. Furthermore, I did not gain any clinical impression that Ms. Mikola was making an effort to deceive me or minimize a pattern of problem alcohol use.

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 use disorder I have no further recommendations at this time for Ms. Mikola.

If the court possesses additional information about Ms. Mikola's use of alcohol that might impact the outcome of this assessment, I would be happy to review it and consider any appropriate modifications or amendments to the present report.

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

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: Sharon Bachman Mikola

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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.