

September 17, 2015

Susan Driscoll, Attorney
Bergen & Parkinson, LLC
144 Main Street
Saco, ME 04072

Re: Clinical Alcohol Assessment for Laurie Tupper

Dear Ms. Driscoll:

I performed a Clinical Alcohol Assessment for Ms. Tupper in reference to her criminal mischief and domestic violence assault charges in York County. This assessment included the administration of:

- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- A General anxiety/depression screening
- 50 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)

AUDIT: score = 2 / *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: a 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, previous legal consequences from alcohol use, social embarrassment, or consequences at work

Anxiety/Depression Screening: mild insomnia and diminished sense of energy due to situational factors, no mental health crisis or need for immediate attention

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

Clinical Interview/Summary: Ms. Tupper'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 before this charge as 2-3 drinks on 2-3 occasions per week. She

also acknowledged use of up to 4 drinks on about 4 special occasions (weddings, birthdays, etc.) per year.

Ms. Tupper and I discussed the domestic incident which involved question about her alcohol use and also gave some cause for this alcohol assessment. While she acknowledged that she used a moderate amount of alcohol prior to the incident (2 standard glasses of wine) and that may have contributed to escalation of the conflict, she denied signs and symptoms of significant impairment during the incident. She stated that there is some documentation of her claim available to the court. More specifically, the police officer was willing to allow her to drive home from the police station and the hospital emergency room records are negative with regard to concerns about intoxication.

In discussing her general use of alcohol (unrelated to the domestic incident), Ms. Tupper denied signs and symptoms of problem alcohol use without being obtuse or displaying signs of defensiveness or minimizing her use of alcohol. Her reported normal use of alcohol also falls within NIAAA recommended safe drinking guidelines for women. My overall clinical impression is that the domestic conflict was due to long standing relationship difficulties and not due to problem alcohol use or a DSM-5 alcohol use disorder.

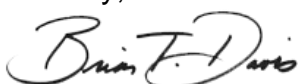
If the court possesses additional information about Ms. Tupper's use of alcohol that might aid in the accuracy of this assessment I would be happy to review it and consider any appropriate modifications or amendments to the present report.

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

Treatment Recommendations: Having found no signs or symptoms of a DSM-5 alcohol use disorder or substantial risk factors in her described use of alcohol I have no further professional recommendations for her at this time.

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

Sincerely,



Brian T. Davis, LISW-S, SAP
cc: Laurie Tupper

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.