

August 25, 2014

Mr. Charles Willits, Esquire  
1407 East Robinson Street  
Orlando, FL 32801

**Re: Clinical Alcohol Assessment for Susan Jacquot**

Dear Mr. Willits:

I performed a Clinical Alcohol Assessment for Ms. Jacquot per her request in the custody matters you are assisting her with. This assessment included the administration of: a Michigan Alcohol Screening Test (MAST), an Alcohol Use Disorder Identification Test (AUDIT), an anxiety/depression screening, and a 23 minute face-to-face videoconferenced clinical interview and a 66 minute telephonic interview. The following items provide a summary of her screening results, my clinical impressions and professional recommendations:

**MAST:** score =7; *inconclusive* score as all 7 points were related to questionable complaints by a partner and individuals complaining about her having one drink 12 years ago

**AUDIT:** score = 6 *negative*; scores above 8 indicate hazardous use, above 13 indicates moderate to severe disorder present;

**DSM/Other Substance Related Concerns:**

DSM 5 symptoms denied: tolerance, withdrawal, use beyond intention, unsuccessful efforts to cut back, excessive time using/recovering from use, cravings, failure to fulfill major role obligations, use despite recurring social /interpersonal problems, loss of important social, occupational, or recreational activities due to use, physically hazardous use (denies DUI history), continued use despite knowledge of physical or psychological problem

DSM 5 symptoms acknowledged: no symptoms acknowledged or detected during the interview

**Anxiety/Depression Screening:** no clinically significant concerns reported for the past 3 months

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

**Clinical Interview/Summary:** Ms. Jacquot'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 2-4 occasions per month. She also acknowledged use of up to 4 drinks on rare occasions (an occasional football game). More specifically she stated that she has used up to 4 (standard) drinks on 6-7 occasions in the past three years.

I was particularly interested in two items; why Ms. Jacquot recently completed an Intensive Outpatient program (2012) and what the nature of the complaints about her drinking were as evidenced in her written screenings. Ms. Jacquot informed me that she has been in a contentious relationship with a spouse and child custody disputes have been involved. She also stated she has been the victim of physical abuse in this relationship. While she disagrees that she has had problem alcohol use symptoms, she did agree to complete treatment under duress and out of fear for her wellbeing, even for her life. I suggested that Ms. Jacquot obtain her treatment records from the providing facility and present them to the court as they would provide some verification of the nature of her program completion and whether or not a DSM 5 diagnosis was used in her treatment.

In a similar vein, she reported that complaints about her drinking in the written screenings (above) originated from her spouse and were being used as part of the legal dispute rather than coming from the presence of actual alcohol use symptoms occurring in her life.

If the court possesses substantial evidence that Ms. Jacquot has misrepresented her use of alcohol by under-reporting use of the same to me, then it may be that she does have a bona fide DSM 5 alcohol use disorder. I would be willing to review any additional evidence or concerns to provide further clinical opinion. Presently, however, I did not find clinically compelling evidence of Ms. Jacquot having a bona fide DSM 5 alcohol use disorder. While complaints against an individual in regards to their alcohol use represent one DSM 5 symptom, one symptom by itself is insufficient to render a diagnosis. Further, this evaluator is especially careful not to draw conclusions about one's alcohol use when there are contentious court proceedings that include accusations of misuse of alcohol if there is an absence of other significant symptom patterns to corroborate that a true problem exists. The court may have contradictory information to her report but as of the date of this assessment I was not made aware of it.

**DSM 5 DIAGNOSIS in reference to substances:** V70.91 (no alcohol or other substance disorders found)

**Treatment Recommendations:** Since I was unable to find Ms. Jacquot meeting DSM 5 alcohol use disorder criteria I have no further professional recommendations for her at this time.

Thank you for the opportunity to assist Ms. Jacquot and the court in this important matter.

Sincerely,



Brian Davis, LISW-S, SAP  
cc: Susan Jacquot

**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.