

July 14, 2015

DRAFT – TO BE COMPLETED WHEN ADDRESSEE IS KNOWN and AFTER JOSEPH REVIEWS

ADDRESSEE HERE

Re: Clinical Alcohol Assessment for Joseph Freshour

Dear **Mr/Ms.:**

I performed a Clinical Alcohol Assessment for Mr. Freshour in reference to divorce proceedings in Volusia County. This assessment included the administration of:

- Michigan Alcohol Screening Test (MAST)
- Alcohol Use Disorder Identification Test (AUDIT)
- General anxiety/depression screening
- 50 minute in-person 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 = 5 / *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: Mr. Freshour's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported his normal use of alcohol as 1-2 drinks on 2-3 occasions per week. He also reported no difference in the amount consumed if attending a special event. He did however acknowledge that he might consume more than 1-2 drinks on 2-4 occasions per year; specifically at a family reunion or while on a day long charter fishing trip.

Mr. Freshour and I discussed the context of this evaluation and I came to understand that one of his 9 year old daughter made a statement to the effect that while she was in her father's custody, "daddy was mean to me.... and he was drinking all day". Mr. Freshour acknowledged he did drink on the day in question but also noted that he disagrees with the conclusion that he was "drinking all day" or has a pattern of abusing alcohol. He stated that he can furnish eyewitness testimony in support of his view if needed in court.

Mr. Freshour also denies ever experiencing any of the following signs or symptoms which might indicate a potential alcohol use disorder:

- DUI/ DWI / impaired driving charges or convictions in his lifetime
- Hospitalizations involving or caused by overuse of alcohol
- Warnings or prohibitions from medical professionals regarding use of alcohol
- Counseling or treatment history where alcohol was a substantial or causal part of the reason for treatment
- Work related incidents or discipline involving use of alcohol

His presentation of these events and his description of his general drinking habits did not leave me with the clinical impression that he was minimizing or covering DSM 5 alcohol use disorder symptoms. I found no discrepancies in his written or verbal reporting, no non-verbal clues of denial such as hesitation, nor rationalizing present in the clinical interview.

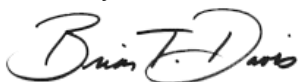
DSM 5 DIAGNOSIS in reference to substances: V71.09 (none found)

Treatment Recommendations: Since I found no substantial written, verbal, non-verbal or legal history of signs, symptoms or indications of an alcohol use disorder I have no further professional recommendations for Mr. Freshour at this time.

If involved parties possess significant additional information about Mr. Palmer's alcohol use 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, Mr. Freshour, and yourself in this important matter.

Sincerely,



Brian Davis, LISW-S, SAP
cc: Joseph Freshour

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 Basic Clinical Alcohol Assessments based on objective and standardized screenings and interviewing methods as well as self-reported information. The client accepts that self-reported evaluations may not be accepted in court contexts such as domestic courts where detailed third party and collateral information may be required, and the client therefore accepts the financial risk of obtaining a Basic Clinical Alcohol Assessment. Such risk includes the possibility that the assessment may need to be expanded by inclusion of additional collateral information or interviews. It may also include the risk that the party requesting the evaluation demands the assessment be conducted by another professional evaluator. A Basic Clinical Alcohol Assessment is not guaranteed to be accepted and as such carries no guarantee of refund if not accepted. Expanded services are available in such cases for an additional service fee.