

October 30, 2015

Mira Levitt , Guardian Ad Litem
Middlesex Probate and Family Court
131 Third Street
Cambridge, MA 02141

Re: Clinical Alcohol Assessment for Brittan Bremis

Dear Ms. Levitt,

I performed a Clinical Alcohol Assessment for Ms. Bremis in reference to custody proceedings in Cambridge 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 Inventory

The following items provide a summary of the screening results, my diagnostic opinion and professional recommendations:

MAST (using 2014 and prior timeframe): score = 4 / indication of a history of problem alcohol use, raw score mitigated by some factors which will be noted in the clinical interview/summary below (respondent appeared to provide forthright responses to questions)

AUDIT (using 2014 and prior timeframe) : score = 9 / scores of 8 or more indicate hazardous or problem use at some level, scores of 13 or more (women), indicates moderate to severe disorder present (respondent appeared to provide forthright responses to questions)

DSM/Other Substance Related Concerns: since January 2015 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

Present Use: reports largely successful reduction in her use of alcohol for the past 8-10 months to 1-2 drinks on 2-3 occasions per week

Anxiety/Depression Screening: mild to moderate anxiety symptoms reported, denies symptoms or indications of any mental health crisis

Substance Related Legal or Work History Reported: denies any history of alcohol or

substance related arrests/legal charges or disciplinary incidents related to her workplace history

Clinical Interview/Summary: Ms. Bemis' written screenings provided indications of an alcohol use disorder at a mild (possibly moderate) level. She reported that she began to increase her use of alcohol during an increased period of marital and family stress, beginning in 2010. In 2012 she sought counseling to cope better with her marriage, family and parenting stressors and openly acknowledged that she also sought the help of the therapist to reduce her use of alcohol which became as much as 2-4 drinks on 3-4 occasions per week. Less frequently she would consume up to 5 drinks. She reported that she had an intact self-awareness that this was "too much" and she had concern that it might eventually have a negative affect on her health, relationships, career or parenting ability.

She denied overt symptoms of alcohol use in the following areas, many of which I presume the court would be able to corroborate to a significant degree:

- denies history of emergency room visits related to use of alcohol
- denies every receiving recommendations from her physician to decrease or abstain from alcohol use
- denies previous alcohol assessment, education or treatment (lifetime)
- denies arrests or charges for impaired behaviors including DUI or suspicion of DUI
- denies drinking and driving behaviors
- denies any workplace discipline related to alcohol related behavior or missed work
- denies drinking alcohol in the presence of her son

She stated that she maintained a professional relationship with therapist Jean Heilman between 2012 and 2014 with good results in terms of stress management and reduction of her use of alcohol. She stated that she was able to reduce her use of alcohol as she improved her alternate coping methods, to 1-2 drinks on 2-3 occasions per week.

My clinical impression is the Ms. Bemis met criteria for a DSM-5 mild alcohol use disorder somewhere around the 2010-2013 time period but was eventually able to reduce her use to a non-problematic or clinical level. She did note that she was aware that she needed to remain self-aware and open to support and/or monitoring as long as she was using any alcohol at all.

Further, Ms. Bemis stated that she was open to any suggestions I had going forward in order to proactively maintain her overall mental health and avoid future relapse to problematic use of alcohol.

In my best clinical judgement, I believe continued engagement with a mental health professional who also has a credential or specialization in substance use would be prudent and beneficial.

DSM-5 DIAGNOSIS in reference to substances: 305.20 (F10.10) mild alcohol use disorder early full remission

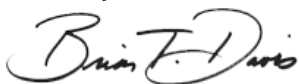
Treatment Recommendations:

- 1) Engage with a new therapist in new place of residence, once to twice per month visits recommended until rapport is established, include discussion of alcohol use as part of each session.

If the court possesses additional information about Ms. Bemis' 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.

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

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: Brittany Bremis

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.