

March 31, 2015

Leigh Galyon, Attorney  
Moore Schulman & Moore, APC  
12636 High Bluff Drive, Suite 200  
San Diego, CA 92130

**Re: Clinical Alcohol and Drug Assessment for Kristen Osegueda**

Dear Ms.Galyon:

I performed a Clinical Alcohol and Drug Assessment for Ms. Osegueda in reference to the divorce proceedings she is involved in San Diego County. This assessment included the administration of: a Michigan Alcohol Screening Test (MAST), a Drug Abuse Screening Test (DAST), an anxiety/depression screening, and a 45 minute clinical interview by telephone and a 15 minute interview by videoconference. 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 at a clinical level; valid screening by clinical impression

**DAST:** score = 0 / *NEGATIVE SCREEN*; no direct or indirect indication of a problem substance use, prescription or otherwise

**DSM/Other Substance Related Concerns:** 0 of 11 DSM 5 alcohol or drug use symptom discovered in the clinical interview / denies subtle indicators of problem alcohol and substance 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:** disclosed a variety of mild to moderate stressors related to occupational/ employment difficulties and challenges of divorce proceedings, denies mental health crisis symptoms, sees a therapist and has supportive family and friends at this time

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

**Clinical Interview/Summary:**

**ALCOHOL:** Ms. Osegueda's written screenings provided no indication of an alcohol use disorder. She reported her normal use of alcohol (prior to discontinued use in June of 2014) as 1-2 drinks on 1-2 occasions per week. She reported no difference in her use of alcohol at social celebrations or special occasions with the exception of her wedding day. The clinical interview yielded the impression that Ms. Osegueda was being

forthright in both written and verbal presentation of her use of alcohol and I did not detect contradictions, hesitations or discrepancies in his answers which gave rise to suspicion of minimized reporting of an alcohol use disorder. I believe she is abstaining at this time because of the scrutiny of the divorce proceedings but not because of problem symptoms or a genuine alcohol use disorder, not uncommon for individuals in similar circumstances.

**ILLICIT DRUG USE:** Ms. Osegueda's written screenings and clinical interview gave no indications of a history of illicit substance use. She denied any history of experimentation with cannabis, stimulants, hallucinogens, ecstasy, and all other illicit drugs. Her general demeanor and reporting was unremarkable and left the clinical impression that she was being forthright in denying experimentation or use of illicit substances.

**PRESCRIPTION DRUG USE:** Ms. Osegueda acknowledged a history of use of prescription painkillers as directed by her physician and denied abuse of her prescription medications. She reported the following with reference to injuries and surgeries which warranted prescription use of painkillers/narcotics.

- March 28, 2007 – auto accident involving back injuries/ prescription for back pain
- November 2007 – birth of daughter by C-section / prescription used for 6 weeks during | recovery
- Intermittent use of painkillers preceding corrective surgeries in 2009 / spinal C5,C6, C7 fusion in Jan. 2009 L5, S1fusion in Oct. 2009 followed by 1 year of painkiller Rx, last related use was October of 2010
- February 22, 2014 auto accident followed by one Rx for hydrocodone filled 7/14/14 for 30 pills of which she has 11 unused from same Rx

Chronic pain from significant physical injuries is commonly treated with opioid/painkillers over extended periods of time. These medications often create physiological dependence but many individuals do not manifest the traits of “drug addiction/drug abuse”. My general clinical impression is that Ms. Osegueda's history use of painkiller medication has been for medical treatment of chronic pain. I also am under the impression from the clinical interview that Ms. Osegueda has successfully discontinued her use of pain medications and is finding other means to manage periodic discomfort and pain related to her injuries, surgeries and permanent surgical hardware. If the court possesses data or information contradicting Ms. Osegueda's reporting to me, I will make myself available to review any and all information as part of an extended assessment service.

**DSM 5 DIAGNOSIS in reference to substances:** V 71.09 (none found)


**Treatment Recommendations:**

- 1) No drug or alcohol treatment is recommended at this time;

- 2) Regular physician consults, inform primary care doctor of changes in level of discomfort or pain;
- 3) Pursue continued information and careful practice of alternative pain management therapies (physical therapy, holistic approaches, etc.).

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

Sincerely,



Brian Davis, LISW-S, SAP  
cc: Kristen Osegueda

**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.