

April 27, 2015

John D. Aspland Jr., Attorney
16 Pearl Street
Glens Falls, NY 12801

Re: Clinical Alcohol Assessment for David Alan Racicot

Dear Mr. Aspland:

I performed a Clinical Alcohol Assessment for Mr. Racicot in reference to his OUI charge in Warren County on March 1 of 2015. 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 = 4 / *NEGATIVE SCREEN*; scores above 8 indicate hazardous use, above 13 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: mild insomnia, no concerns reported at the level of a clinical condition, denies recent or current mental health crisis

Substance Related Legal or Occupational History Reported: denies any previous history of alcohol or substance related arrests/legal charges or alcohol related disciplinary measures during his 27 years as a police officer

Clinical Interview/Summary: Mr. Racicot'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 ranging between 1 and 5 drinks on 1-3 occasions per week. He reported no difference in the quantity he consumed if he was attending a special event

(weddings, birthdays, etc.). Mr. Racicot seemed to have an intact and appropriate sense of the risks associated with alcohol use. I also got clarification from Mr. Racicot that the range of drinks he reported consuming depended upon the setting and did not involve regular consumption at the level of 5 drinks.

Mr. Racicot and I discussed his March 1 OUI incident, and general use of alcohol, at length. His presentation and written screenings provided a clinical impression that he was providing a reasonably accurate picture of his use of alcohol. He presented openly and without hesitation, contradiction or discrepancy. He stated that he provided a blood sample to the investigating officer but to date there has been no BAC presented in his case.


Ultimately I was unable to find the incident or his overall history and presentation indicative of someone experiencing DSM 5 alcohol use disorder symptoms. If the court has concerns that I have not been made aware of other relevant information in assessing Mr. Racicot's alcohol use I would be happy to review and incorporate the information into my professional opinion.

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

Treatment Recommendations: Since I was unable to find Mr. Racicot manifesting signs or symptoms of a DSM 5 alcohol use disorder and there is apparently no other legal or occupational history of problem alcohol use I have no further professional recommendations at this time.

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

Sincerely,



Brian Davis, LISW-S, SAP
cc: David Racicot

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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.