

August 24, 2016

Renee Wetstein, Attorney 222 Elm St. Northampton, MA 01060

Re: Clinical Child Custody Alcohol Assessment for Oliver G. Rich (DOB – 03/16/1974)

Ms. Wetstein:

I performed a preliminary Clinical Alcohol Assessment for Mr. Rich in reference to his 2016 custody battle (Case # FR16D0173DR) being moderated through the Franklin County Probate and Family Court. This assessment included a 70-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 screening

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

MAST: score = 3 / *NEGATIVE SCREEN*; no direct indications of problem alcohol use, scores of 4-5 indicate low to moderate level problem alcohol use, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

AUDIT: score = 7 / NEGATIVE SCREEN; scores of 8 or more indicate potential hazardous use whereas scores of 15 or more in men indicate a moderate to severe disorder may be present, mitigate concern with clinical recommendations (screen predominantly relative to use of current use of alcohol)

Alcohol Use Risk Factors and/or Concerns:

Substance-related legal history – 2000 CWOF (continuance without a finding) for a substance-related legal history – 2000 CWOF (continuance without a finding) for a substance-related legal history – 2000 CWOF (continuance without a finding) for a substance-related legal history – 2000 CWOF (continuance without a finding) for a substance-related legal history – 2000 CWOF (continuance without a finding) for a substance-related legal history – 2000 CWOF (continuance without a finding) for a substance-related legal history – 2000 CWOF (continuance without a finding) for a substance-related legal history – 2000 CWOF (continuance without a finding) for a substance-related legal history – 2000 CWOF (continuance without a finding) substance-related legal history – 2000 CWOF (continuance without a finding) substance-related legal history – 2000 CWOF (continuance without a finding) substance-related legal history – 2000 CWOF (continuance without a finding) substance-related legal history – 2000 CWOF (continuance without a finding) substance-related legal history – 2000 CWOF (continuance without a finding) substance-related legal history – 2000 CWOF (continuance without a finding) substance-related legal history – 2000 CWOF (continuance without a finding) substance-related legal history – 2000 CWOF (continuance without a finding) substance-related legal history – 2000 CWOF (continuance without a finding) substance-related legal history – 2000 CWOF (continuance without a finding) substance-related legal history – 2000 CWOF (continuance without a finding) substance-related legal history – 2000 CWOF (continuance without a finding) substance-related legal history – 2000 CWOF (continuance without a finding) substance-related legal history – 2000 CWOF (continuance without a finding) substance-related legal history – 2000 CWOF (continuance without a finding) substance-related legal history – 2000 CWOF (continuance without a finding) substance-related legal history – 2000 CWOF (continuance without a
DWI in which Mr. Rich had a .1 BAC;
☐ anxiety/depression/mental health – reports some symptoms of anxiety during
adolescence
☐ general health issues – NA
□ exposure to trauma – NA
□ regular use of liquor – NA
☐ other substance use – previous tobacco (quit smoking cigars in October 2014)
☐ contraindicated prescription use – NA
☐ family history – none reported
self-initiated treatment history – NA

□ negative peer influence – NA
□ at-risk work environment – NA
\square current stress (relational, work, financial, etc.) – reports well-managed; minimal to
moderate stress

Summary - 1 of 12 concerns, mitigate concerns with clinical recommendations

Clinical Interview/Summary: Mr. Rich's written screenings provided insufficient indication for diagnosis of an alcohol use disorder at any level (mild, moderate, or severe). He reported his typical use of alcohol before this charge as 1-2 glasses of wine on 1-2 occasions per week. He also reported no difference in the amount consumed if he was attending a special event or celebration.

Mr. Rich and I discussed potential allegations relating to problem alcohol use, custody circumstances, and his general use of alcohol at length. He seemed forthcoming in this process and helped identify 1 DSM-5 alcohol use disorder symptom (see below); however, did not supply me with sufficient information for a diagnosis as it relates to alcohol. His regular drinking habits are within the NIAAA recommendations for men's low-risk drinking but he did acknowledge 2 instances within the past year in which these recommendations were exceeded. Given the importance of the situation at hand, I have provided Mr. Rich with some proactive recommendations in effort to supply him with opportunity to support the findings of this report but also ensure the safety of his children. Mr. Rich was open and accepting of these recommendations and in addition to this, is willing to allow me to talk further with collateral contacts regarding his use of alcohol. Assuming she is willing, this process would likely include an interview with his wife and the review of any substantiated evidence she may have if you and/or the court desire.

DSM-5 Alcohol Use Disorder Symptoms:

Repetitious
☐ Use beyond intention
☐ Persistent desire or unsuccessful efforts to reduce/quit use
☐ Substantial time spent obtaining, using, or recovering from use
☐ Strong craving/desire
☐ Failure to fulfill a major role (work, home, school)
□ Use despite social/interpersonal problems
☐ Important social, occupational, recreational activities relinquished
☐ Physically hazardous use
☐ Continued use despite knowledge of contraindicated physical or psychological condition
☐ Tolerance
☐ Withdrawal symptoms

Summary – 1 of 11 symptoms (Mild 2-3 | Moderate 4-5 | Severe 6+)



DSM-5 DIAGNOSIS in Reference to Substances: Z03.89 (suspected substance use condition not found)

Treatment Recommendations:

- **1)** <u>Temporary Abstinence Period</u> abstaining from all alcohol use until provisions for custody are stable and established;
- EtG Urinalysis Screening for Current or Ongoing Use weekly random EtG screens to determine if Mr. Rich is currently using alcohol, recommend 6 months testing period, any positive test results should be interpreted by a professional lab (employs a medical review officer) in order to distinguish between inadvertent environmental positives and positives due to more standard consumption of alcohol; any bona fide determination by a lab that Mr. Rich has had trouble abstaining during this period would suggest that at the very least a mild alcohol use disorder probably exists and possibly even one of greater severity, this however could only be accurately determined through an extended period of treatment and monitoring;

If you or the court possess additional information about Mr. Rich's use of alcohol that might impact the outcome of this assessment, I would be happy to review it and consider appropriate modifications or amendments to the present report.

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

Sincerely,

Trevor C. Davis, CDCA

Cert.# 150427

Reviewed by Ryan Smith, MSW, LISW-S, LICDC, SAP

SW Lic. #I.1000155-S; #101182

cc: Oliver G. Rich

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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.

