

October 22, 2015

The Honorable Drew Takachi  
170 Park Avenue  
San Jose, CA 95113

**Re: Clinical Alcohol Assessment for Dan Olsen**

Dear Judge Takachi,

I performed a Clinical Alcohol Assessment for Mr. Olsen per his request in reference to current divorce and custody proceedings. This assessment included the administration of:

- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- A General anxiety/depression screening
- A full clinical interview by telephone

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 (screening appeared valid)

**AUDIT:** score = 3 / *NEGATIVE SCREEN*; scores of 8 or more indicate hazardous use, of 15 or more (men) indicates moderate to severe disorder present (respondent appeared to provide forthright responses to questions)

**DSM/Other Substance Related Concerns:** clinical interview revealed 0 of 11 DSM 5 substance related symptoms found. 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 mental health crisis reported. Mr. Olsen states that he has been meeting with an outpatient mental health therapist (Roxana Alizadeh, EDD, LMFT, MA) for routine care since May of 2015. Additionally, he began treatment with psychiatrist (Manuj Nangia, M.D.) approximately one year ago for medication management purposes and regular continuity of care.

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

**Clinical Interview/Summary:** Mr. Olsen'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 *prior* to October of 2013 as 2-3 drinks on 2-3 occasions per week. He reported his *current* use of alcohol as decreasing to 1-3 drinks on 1-2 occasions per week. He also acknowledged use of 3-5 drinks on 2-3 special occasions (weddings, birthdays, etc.) per year.

Mr. Olsen and I discussed his current and historical use of alcohol at length. I found him to be forthcoming regarding any significant factors that would indicate an alcohol problem, and was unable to find him meeting DSM-5 problem alcohol use in both his written and clinical interview. Both of his scores and interview revealed moderate and low risk drinking behaviors with no report of any legal consequences regarding alcohol. Accordingly, I have no treatment recommendations. However, if the court possesses additional information about Mr. Olsen's use of alcohol or any prior legal charges 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.

**DSM 5 DIAGNOSIS in reference to substances:** Z03.89 (suspected mental condition not found)

**Treatment Recommendations:** Since I was unable to find any signs or symptoms of a DSM-5 alcohol use disorder I have no further professional recommendations for him at this time.

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

Sincerely,



Anita McLeod, LCSW, SAP  
cc: Dan Olsen

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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.