

November 9, 2016

William F. Neal, Attorney
Neal Ashmore Family Law Group
401 East Corporate Drive Suite 100
Lewisville, TX 75057

Re: Clinical Alcohol Assessment for Tonya A. Finley (DOB – 07/24/1968)

Dear Mr. Neal:

I performed a Clinical Alcohol Assessment for Ms. Finley in reference to her custody mediation. This assessment included a 50-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 = 0 / *NEGATIVE SCREEN*; no direct or indirect indication of a present alcohol use disorder (screen relative to lifetime use of alcohol)

AUDIT: score = 1 / *NEGATIVE SCREEN*; scores of 8 or more indicate potential *hazardous use*, whereas scores of 13 or more in women indicate a *moderate to severe* disorder may be present (screen predominantly relative to current use of alcohol)

Alcohol Use Risk Factors:

- ☐ negative peer influence/at-risk work environment – NA
- ☐ current stress (relational, work, financial, etc.) – NA
- ☐ physical health concerns – NA
- ☐ anxiety/depression/mental health – none of clinical concern, isolated depression in the Summer of 2015 related to surgically-onset hormonal changes
- ☐ exposure to trauma – NA
- ☐ prominent family history of substance abuse or alcoholism – one potential blood relative reported
- ☐ contraindicated prescription use – NA
- ☐ other substance use – NA
- ☐ regular use of liquor – NA
- ☐ voluntary treatment history – NA
- ☐ severity of incident – NA

- ☐ legal history – denies previous history

Summary - 0 of 12 concerns

Clinical Interview/Summary: Ms. Finley's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). She reported her normal use of alcohol as 1-2 glasses of wine on 2-4 occasions per month. She also acknowledged use of up to 3 glasses of wine on approximately 4 special occasions per year.

Ms. Finley and I discussed her legal charge and general use of alcohol at length. I did not find her meeting DSM-5 alcohol use disorder criteria for a diagnosis and her drinking habits seem to be within NIAAA recommendations for women's low-risk drinking. I found no part of Ms. Finley's report about her use of alcohol suspect of minimization or deception.

DSM-5 Alcohol Use Disorder Symptoms:

- ☐ 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 recurrent 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 - 0 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: Having found no basis for a DSM-5 alcohol use disorder I have no further recommendations for Ms. Finley at this time.

If you or an outside party possess additional information about Ms. Finley'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 provided I have Ms. Finley's written consent.

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

Sincerely,



Trevor C. Davis, CDCA

Certificate # 150427

Reviewed by Brian T. Davis, LISW-S, SAP LIC# I-7948

cc: Tonya A. Finley

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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.