

September 19, 2016

Christopher Nasseh, Attorney
Dewitt Law Firm, P.A.
37 N. Orange Ave. Ste. 840
Orlando, FL 32801

Re: Clinical Alcohol Assessment Preliminary for John J. Delate (DOB – 09/24/1980)

Dear Mr. Nasseh:

I performed a Clinical Alcohol Assessment for Mr. Delate in reference to his child custody proceeding. This assessment included a 40-minute clinical interview by telephone, review of an initial EtG screen, 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 = 2 / *NEGATIVE SCREEN*; no direct indications of an alcohol use disorder (screen relative to lifetime use of alcohol)

AUDIT: score = 4 / *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 (screen predominantly relative to current use of alcohol)

Alcohol Use Risk Factors:

- ☒ legal history – March 2011 DUI (no BAC reported - breathalyzer refused)
- ☐ anxiety/depression/mental health – NA
- ☐ general health issues – NA
- ☐ exposure to trauma – NA
- ☐ regular use of liquor – NA
- ☐ other substance use – NA
- ☐ contraindicated prescription use – NA
- ☐ family history – none reported
- ☐ history of voluntary treatment– court-ordered treatment only (part of diversion program in 2011)
- ☐ negative peer influence – NA
- ☐ at-risk work environment – NA
- ☐ current stress (relational, work, financial, etc.) – minimal stress reported

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

Clinical Interview/Summary: Mr. Delate'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 before this charge as 1-2 drinks on 2-3 occasions per week. He reports that he can present written testimony from local restaurant employees with whom he and his wife have frequently been served by, and is prepared to present documentation attesting to these same moderate and controlled drinking habits. Mr. Delate did acknowledge use of alcohol on 1-2 instances of celebration in the average year (weddings, birthdays, etc.) which was greater than 1-2 drinks. In discussing the details of these instances with Mr. Delate, these drinking habits are of little clinical concern considering the frequency with which they occur and his approximate blood alcohol content reached, likely remains below what the legal limit to drive.

Mr. Delate and I discussed his custody preceding, allegations of alcohol abuse, and his general use of alcohol at length. I did not find him meeting DSM-5 alcohol use disorder criteria for an alcohol use disorder and his regular drinking habits are within the NIAAA recommendations for men's low-risk drinking. Due to the sensitive nature of the situation, I have provided a proactive recommendation for him to verify for the court that he does not have a pattern of problem alcohol use or any alcohol use that would negatively impact his parenting ability.

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 Recommendation: EtG Testing – Mr. Delate has agreed to abstain from all use of alcohol and subject himself to random weekly EtG screens through a local testing lab. He has agreed to submit to additional random testing until his preceding has

concluded. He has also submitted the first of these tests to me for review (result negative for alcohol). Future test results should be submitted to the court for confirmation of Mr. Delate's abstinence.

If the court possesses additional information about Mr. Delate'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. In the event that you or the court would like further assessment of Mr. Delate, I would be happy to interview his wife and/or other collateral contacts to help substantiate claims concerning misuse of alcohol. Mr. Delate gave me verbal consent for this without reservation.

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

Sincerely,



Trevor C. Davis, CDCA
Cert.# 150427

Reviewed by Brian T. Davis, LISW-S, SAP LIC# I-7948
cc: John J. Delate

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.