

February 12, 2016

Bert Clement, PO
18th Judicial District Court Dept. of Probation
Post Office Drawer 299
Plaquemine, Louisiana 70764

Re: Clinical Alcohol Assessment for Marc Scott (DOB – 7/30/1957)

Dear Mr. Clement,

I performed a Clinical Alcohol Assessment for Mr. Scott in reference to his 2/7/15 DUI (.18 BAC) charge in Plaquemine Parish. 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
- A collateral interview of Vicky Scott (Mr. Scott's wife)
- A collateral interview of Mariah Scott (Mr. Scott's 21 year old daughter)

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

MAST: score = 1 / *NEGATIVE SCREEN*; Mr. Scott's MAST result used a timeframe of that most recent 15 years, further explanation provided in clinical interview section of this report

AUDIT: score = 0 / *NEGATIVE SCREEN*; Mr. Scott's AUDIT result used a timeframe of that most recent 15 years, further explanation provided in clinical interview section of this report

Alcohol Use Risk Factors:

Concerns

- 4 DUI charges prior to 1994
- previous treatment Koala Center, Indianapolis IN

Present Use Status: reports that he is presently and permanently not using alcohol

Anxiety/Depression Screening: no clinically significant concerns reported

Clinical Interview/Summary: Mr. Scott's written screenings with reference to the past 15 years provided no indications of an alcohol use disorder but did make note of his Feb. 7, 2015 DUI with a high test (.18 BAC).

Mr. Scott readily acknowledged that he learned in treatment over 15 years ago that he had a “disease” and that drinking was not an option for him. Nevertheless, he attempted to drink on one occasion last February and consequently drank a large amount of alcohol resulting in his DUI. He maintains that he has not been actively drinking for the past 15 years and this was a one-time incident and has returned to his state of sobriety since the arrest. While some individuals would fabricate a report such as this to avoid treatment recommendations I found Mr. Scott’s description credible and compelling. However, to confirm that impression I requested additional interviews with two relatives. Mr. Scott did not hesitate to allow me to speak with his wife and his daughter. He did not know in advance that I was going to request these interviews and I do not believe the few moments between my speaking with him and each of them would have allowed for him to coach them towards a false witness. Furthermore, I found both of their testimonies to be consistent and of a credible nature. Both his wife and his daughter could describe some memories of his former drinking behavior over 15 years prior. They also were aware of the details of his arrest (2/15) and stated very clearly that they have not seen him drink since his arrest and they do not have any direct or indirect indications that he has been hiding alcohol use behaviors, though I got the distinct sense that both of them would be acutely aware of such behavior.

I made a very deliberate attempt to search for inconsistencies, hesitation or other non-verbally suspicious signs that Mr. Scott and his family might be covering for his drinking problem, but did not find them. In my best clinical judgement I believe that Mr. Scott had a temporary relapse last February, that his sobriety is not currently compromised, and that he is not in need of additional treatment or sober supports.

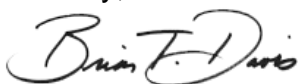
DSM-5 DIAGNOSIS in Reference to Substances: Z03.89 (suspected substance use condition not found)

Treatment Recommendations: Having found no signs or symptoms of a DSM-5 alcohol use disorder and having some clinical assurance that Mr. Scott is at low risk for relapse I have no further clinical recommendations at this time.

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

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

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: Marc Scott

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.