

July 25, 2016

Wisconsin Department of Correction

Re: Clinical Alcohol Assessment for Terry Fox (DOB – 01/04/1981)

To whom it may concern:

I performed a Clinical Alcohol Assessment for Mr. Fox in reference to his September 2013 PAC charge in Fon Du Lac County, Wisconsin. 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: *POSITIVE SCREEN*; direct and indirect indication of significant problem alcohol use; score was well above the threshold suggesting alcoholism (screen relative to lifetime use of alcohol)

AUDIT: score = 4 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, whereas scores of 15 or more in men indicate a *moderate to severe* disorder may be present, mitigate concerns with clinical recommendations (screen predominantly relative to recent use of alcohol)

Alcohol Use Risk Factors:

- ☒ legal history – 5 lifetime substance-related offenses; 2 controlled substance charges over 10 years ago (marijuana-related) and 3 alcohol-related driving offenses between 2008 and 2013 (BAC levels of .11, .11, and .17)
- ☐ severity of incident – impaired memory as a result of alcohol at the time of arrest
- ☐ anxiety/depression/mental health – PTSD and anxiety (appropriately managed)
- ☒ general health issues – minor to moderate knee and shoulder pain
- ☐ exposure to trauma – as a child (addressed through appropriate intervention)
- ☐ use of liquor – NA
- ☐ other substance use – past

- ☐ contraindicated prescription use – NA
- ☐ family history – 3+ close blood-relatives
- ☐ negative peer influence – NA
- ☒ at-risk work environment – gambling-based income
- ☐ current stress (relational, work, etc.) – NA

Summary - 3 of 13 concerns, mitigate concern with clinical recommendation provided

Previous 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 contra physical or psychological condition
- ☐ Tolerance
- ☒ Withdrawal symptoms

Summary - 8 of 11 symptoms (Mild 2-3 | Moderate 4-5 | Severe 6+)

Clinical Interview/Summary: Mr. Fox's written screenings provided clear indications of an alcohol use disorder at some level. He was open in the clinical interview and shared information indicating 7 problem alcohol use symptoms (see above). While Mr. Fox does not have a history of daily alcohol use, he did appear to have a great deal of difficulty drinking within NIAAA "low-risk" recommendations for men. He reports sobriety of 2+ years stemming from his most recent PAC in which completed a 3-day inpatient stay with Mercy Health Systems, an intensive outpatient program, and both of these in addition to further psychological consultation. He is prepared to provide proof of past treatment. This assessment also comes with the understanding that he has been subject to a 3-year probation sentence in which he has no positive tests or other complications as they relate to alcohol.

DSM-5 DIAGNOSIS in Reference to Substances: F10.20 Severe Alcohol Use Disorder (Full Remission)

Treatment Recommendation:

- 1) Monitoring – Follow-up monitoring with a substance abuse professional at the 12 and 24-month periods following this evaluation, meeting frequency may be updated at the discretion of the follow-up provider if there is relapse or other appropriate cause.

If the probation department or court possess any additional information about Mr. Fox's use of alcohol that may 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. Fox, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA

Cert.# 150427

cc: Terry Fox

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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.