

November 14, 2016

Christopher Yeazell
Yeazell & Sweet Law Offices
1901 Ulmerton Rd #435,
Clearwater, FL 33762

Re: Clinical Alcohol and Drug Assessment for Daniel T. Jerome (DOB – 05/17/1973)

Dear Mr. Yeazell:

I performed a Clinical Alcohol and Drug Assessment for Mr. Jerome in reference to his ongoing custody preceding. This assessment included a 75-minute clinical interview by video conference, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- A Drug Abuse Screening Test (DAST-10)
- 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)

DAST-10: score = 0 / *NEGATIVE SCREEN*; no indication of a substance abuse disorder at any level (mild, moderate, or severe)

Alcohol & Substance Use Risk Factors:

- ☐ negative peer influences – NA
- ☒ current stress (relational, work, financial, etc.) – quantified current stress as being an “8-9” on a scale of 1-10, reported stress predominantly due to separation from children
- ☒ physical health concerns – sleep issues and recent poor eating habits, “stress eating”
- ☒ anxiety/depression/mental health
- ☒ exposure to trauma

- ☒ family history of substance abuse or alcoholism – one blood-relative of significance
- ☐ regular use of liquor – NA
- ☐ voluntary treatment history – NA
- ☐ legal history – denies previous history

Summary - 5 of 9 concerns

Clinical Interview/Summary: ALCOHOL – Mr. Jerome'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 as 2-3 beers on 1-2 occasions per month. He also acknowledged use of 6-10 beers on about 1 special occasion per year.

Mr. Jerome and I discussed his custody preceding and general use of alcohol at length. I did not find him meeting DSM-5 alcohol use disorder criteria for diagnosis and his regular drinking habits appear to be within NIAAA recommendations for men's low-risk drinking.

NON-PRESCRIPTION DRUG – Mr. Jerome denied experimentation and use of all non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Mr. Jerome's report about non-prescription drug use suspect of minimization or deception.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Jerome denied recreational use of all prescription medications which are prone to abuse including: stimulant/ADD medications, narcotic painkiller medications, and benzodiazepines. He acknowledged that he is currently prescribed a prescription sleep aid for symptoms of insomnia that he has chosen not to take for the time being. The interview did not reveal discrepancy with his written screenings, nor did he show signs of hesitation or verbal signs of minimization suggesting problem use of prescription medications.

SUMMARY – Mr. Jerome's testimony gave me no reason to believe that he has ever, or is currently being effected by an alcohol or substance use disorder. The personal lifestyle and daily interests, habits, he described for me would not seem to be conducive with problem use of substances. He also reported that he has had numerous friends and family members appear on his behalf to attest moderated drinking habits in court. While the interview did not provide me with suspicion of chemical decency, alcoholism, I do have concern for his overall wellbeing and mental health. Mr. Jerome told me that intends on attending al-anon in the coming weeks which I strongly recommended he follow through on. I also recommended he begin seeing a mental health counselor for added support in this current time of stress. I have presented these recommendations

as they are not directly tied to any misuse of alcohol or substances as optional but highly advisable and clinically appropriate.

DSM-5 Alcohol & Substance 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 or drug use disorder I have no further recommendations for Mr. Jerome at this time.

If you, the court, or any additional party possess additional information about Mr. Jerome's use of alcohol or drugs 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 am given written consent). Mr. Jerome understands that this may be necessary given the nature of his case in order to ascertain whether or not he has an unidentified disorder.

Thank you for the opportunity to assist the court, Mr. Jerome, 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: Daniel T. Jerome

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 and Drug 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.