

July 23, 2014

Michael T. Barrett, Attorney
9113 Trinity Drive
Lake In The Hills, IL 60156

Re: Clinical Alcohol Assessment for James Martin

Dear Mr. Barrett:

I performed a Clinical Alcohol Assessment for Mr. Martin in reference to his pending Illinois DUI charge (October 2013/.15 BAC). This assessment included the administration of: a Michigan Alcohol Screening Test (MAST), an Alcohol Use Disorder Identification Test (AUDIT), an anxiety/depression screening, a review of his Illinois DUI arrest report, and a 50 minute face-to-face videoconferenced clinical interview. The following information summarizes his screening results, my clinical impressions and professional recommendations:

MAST: score =1, *negative screening*; no direct or indirect indication of problem alcohol use

AUDIT: score = 5, *negative screening*; scores above 8 indicate hazardous use, above 13 indicate moderate to severe disorder present

DSM/Other Substance Related Concerns: denies subtle indicators of problem alcohol use including mild hangovers, mild memory loss after use, repeat use to relieve emotional or work stress, previous legal consequences, previous treatment, conflict with significant others during or shortly after use of alcohol, guilt or regret associated with use; clinical interview found 0 of 11 DSM 5 alcohol use disorder symptoms

Anxiety/Depression Screening: denied mental health crisis or suicidal ideation; did report a number of anxiety and depression symptoms for which he intends to seek treatment to address

Substance Related Legal History Reported: denies any previous history of alcohol or substance related arrests/legal charges

Clinical Interview/Summary: Mr. Martin's written screenings provided no clear indication of an alcohol use disorder. He reported his normal use of alcohol as infrequent but excessive (about 6 beers per occasion, about twice a month) before his DUI charge. He reported a reduction in his use to near abstinence (one drink on his birthday and 2 drinks recently with a friend) subsequent to the DUI. We discussed Mr. Martin's DUI incident and previous use of alcohol at length. He was very open about the details and I found his anxiety and depression symptoms to be more clinically significant at this time than his alcohol use. He recognized however, that alcohol use at this time of his life could complicate anxiety and depressive symptoms and suggested (himself) that he should probably meet with a counselor to treat his condition. I concurred with this and am recommending he engage in some extended outpatient counseling with a

clinician who also has a substance abuse or chemical dependency credential so that all areas of concern can be addressed proactively.

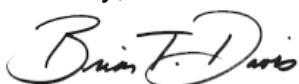
DSM 5 DIAGNOSIS in reference to alcohol: V71.09 (none found); rule out mild alcohol use disorder if engaged in outpatient counseling

Treatment Recommendations:

- 1) Outpatient Counseling,** recommend 6-8 sessions of initial treatment with a professional substance abuse counselor who should also be competent in treating anxiety and depression; also recommend the clinician address social and relational factors which have bearing on alcohol use and general decision making in the future; update recommendations after session 6; include alcohol/drug education course if appropriate in the clinical judgment of the substance abuse professional;
- 2) Medical Consult,** meet with a medical professional for an overall physical and discussion of anxiety/ depression symptoms in the event that another physical condition exists or medication options might exist to improve overall wellbeing;
- 3) Prevention Planning,** during outpatient counseling develop a written plan to help prevent any future impaired driving.

Thank you for the opportunity to assist in this important matter. If you have any additional questions about Mr. Martin's condition, please request a signed release of information and I will be glad to help as I am able.

Sincerely,



Brian Davis, LISW-S, SAP
cc: James Martin

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 search, collateral information and third party verification can be provided as an additional service upon request.

