

October 19, 2016

Robert D. Pasqualucci, Atty  
550 N. 5th STE 110  
Rapid City, SD 57701 robert@rushmorelaw.com

**Re: Clinical Alcohol Assessment for Greg M. Garcia (DOB – 07/27/1970)**

Dear Mr. Pasqualucci:

I performed a Clinical Alcohol Assessment for Mr. Garcia in reference to his August DUI charge in Pennington county. This assessment included a 55-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:** score = 3 / *NEGATIVE SCREEN*; no direct indication of a present alcohol use disorder, scores of 4 or more are indicative of an alcohol use disorder (screen relative to lifetime use of alcohol)

**AUDIT:** score = 3 / *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 & Substance Use Risk Factors:**

- ☐ poor academics – NA
- ☐ negative peer influence/at-risk work environment – NA
- ☐ current stress (relational, work, financial, etc.) – NA
- ☐ physical health concerns – NA
- ☐ anxiety/depression/mental health – NA
- ☐ exposure to trauma – NA
- ☐ family history of substance abuse or alcoholism – none reported
- ☐ contraindicated prescription use – NA
- ☐ other substance use – NA
- ☐ regular use of liquor – NA
- ☐ voluntary treatment history – NA
- ☒ severity of incident – .20 BAC; operating a motorcycle with passenger
- ☒ legal history – DUI in 2006 or 2007 (could not recall year)

Summary - 2 of 12 concerns, mitigate concern with clinical recommendations

**Clinical Interview/Summary:** Mr. Garcia's written screenings provided me with minimal indication for a DSM-5 alcohol use disorder. He reported his normal use of alcohol before this charge as 1-5 craft beers on 0-2 occasions per week. He also acknowledged use of up to 7 beers on approximately 3 special occasions or celebrations per year.

Mr. Garcia and I discussed his DUI and general use of alcohol at length. I did not find him meeting enough DSM-5 alcohol use disorder symptom criteria for diagnosis; however, his drinking habits exceed what the NIAAA considers to be "low risk" – 4 standard drinks in a day and 14 standard drinks in a week (craft beers are generally not considered to be "standard drinks" as they often have 5%+ abv). Due to the concerns noted, I am providing recommendations in an effort to rule-out a potentially unidentified disorder and prevent future problem alcohol use.

**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 – 1 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 use disorder I have no further recommendations for Mr. Garcia at this time.

- 1) Outpatient Counseling – 4-6 outpatient sessions with a professional substance abuse counselor; follow-up provider to update recommendations, consult collateral contacts, and discharge as appropriate;
- 2) Attend a local Victim Impact Panel – MADD (Mothers Against Drunk Driving), go to [www.madd.org/local-offices/ca/](http://www.madd.org/local-offices/ca/) for locations and upcoming panel meetings;

- 3) If another negative consequence is incurred as a result of any alcohol use, it is recommended Mr. Garcia seek an increased level of treatment (residential/inpatient treatment, IOP, etc.) or extended outpatient substance abuse counseling as appropriate.

If you or the court possess additional information about Mr. Garcia's use of alcohol might 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. Garcia, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA  
Certificate # 150427  
cc: Greg M. Garcia

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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.