DIRECTIONS
COUNSELING GROUP

August 22, 2016

Erica Magallanes
Community Supervision and Corrections Department (CSCD)
854 East Harrison Street
Brownsville, TX 78520-7121

Re: Clinical Alcohol Assessment for Russell J. Karing (DOB – 11/20/1963)

Dear Ms. Magallanes:

I performed a Clinical Alcohol Assessment for Mr. Karing in reference to his DUI charge in Cameron County. This assessment included a 40-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 = 0 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screen relative to lifetime use of alcohol)

AUDIT: score = 0 / *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 use of current use of alcohol)

Alcohol Use Risk Factors:

☐ legal history – denies previous history
☒ severity of incident – motor vehicle accident
☐ anxiety/depression/mental health – NA
☐ general health issues – NA
☐ exposure to trauma – NA
☐ regular use of liquor – NA
☐ other substance use – NA

- ☒ contraindicated prescription use – experimental use of Xanax on 1 reported occasion
- ☐ family history – none reported
- ☐ prior treatment history – NA
- ☐ negative peer influence – NA
- ☐ at-risk work environment – NA
- ☐ current stress (relational, work, financial, etc.) – appropriately managed moderate to high level seasonal stress at work (10 out of 52 weeks in a year)

Summary - 2 of 13 concerns, mitigate concern with treatment recommendations

Clinical Interview/Summary: Mr. Karing'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 before this charge as 1-2 beers on approximately 2 occasions a month. He reported no difference in the amount consumed if he was attending a special event or celebration.

Mr. Karing and I discussed his legal charge and general use of alcohol at length. I did not find him meeting DSM-5 alcohol use disorder criteria for an alcohol use disorder and his drinking habits are within the NIAAA recommendations for men's low-risk drinking.

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 - 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 use disorder, I have no further recommendations for Mr. Karing at this time. This comes with the understanding that he already been required to, and has been compliant in attending 12-step meetings and an alcohol awareness program.

If you or the court possess additional information about Mr. Karing's use of alcohol 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.

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

Sincerely,

Trevor C. Davis, CDCA
Cert.# 150427
cc: Russell J. Karing

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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.