

September 2, 2014

David West, Attorney  
Schllenberger and Associates  
500 North Kansas  
Liberal, Kansas 67901

**Re: Clinical Alcohol Assessment for Terry Martin**

Dear Mr. West.:

I performed a Clinical Alcohol Assessment for Mr. Martin in reference to his pending DUI charge in Seward County. This assessment included the administration of: a Michigan Alcohol Screening Test (MAST), an Alcohol Use Disorder Identification Test (AUDIT), an anxiety/depression screening, and a 40 minute face-to-face videoconferenced clinical interview. The following items provide a summary of his screening results, my diagnostic opinion and professional recommendations:

**MAST:** score =2; no direct or indirect indication of problem alcohol use, 2 points derived from the current DUI

**AUDIT:** score = 0; scores above 8 indicate hazardous use, above 13 indicates 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

**Anxiety/Depression Screening:** no clinically significant concerns reported

**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 indication of an alcohol use disorder at any level (mild, moderate or severe). He reported that he has not used alcohol since his career change about 2.5 years ago, not because of problem alcohol use symptoms but rather out of an effort to put his best foot forward in establishing his trucking business. He acknowledged one exception to his abstinence on a day where he was reuniting with old friends, which lead to his DUI charge in Seward County in March of this year. Prior to 2.5 years ago. he reported his normal use of alcohol as 2-3 drinks maximum and on an irregular basis.

We discussed Mr. Martin's DUI incident at length but I was unable to find contradictions, suspicion or a general presentation indicative of someone experiencing DSM 5 alcohol use disorder symptoms. In my best clinical judgment I am recommending some brief preventative alcohol education (details below).

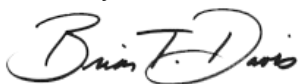
**DSM 5 DIAGNOSIS in reference to alcohol:** V 71.09 (none found)

**Treatment Recommendations:**

- 1) Preventative Alcohol Education, options sufficient to fulfill this recommendation – a) attend a MADD Victim Impact Panel ([www.madd.org/local-offices](http://www.madd.org/local-offices)) or; b) a local basic alcohol education class or; c) complete an online alcohol education class if allowed by the court
- 2) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Martin seek further evaluation and follow all treatment recommendations.

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

Sincerely,



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

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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.