

August 19, 2015

Ron Cooley, Attorney
Cooley Law Offices
2203 Rhonda Rd.
Hillsborough, NC 27278

Re: Clinical Alcohol Assessment for Nathaniel Garyantes

Dear Mr. Cooley:

I performed a Clinical Alcohol Assessment for Mr. Garyantes in reference to his child custody case in Orange County. This assessment included the administration of:

- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- A general anxiety/depression screening
- A 60 minute clinical interview

The following items provide a summary of the screening results, my diagnostic opinion and professional recommendations:

MAST: score = 1 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use, screening appeared valid and the score of “1” was in relation to an incident which occurred over 20 years ago while serving in the military

AUDIT: score = 5 / *NEGATIVE SCREEN*; scores of 8 or more indicate hazardous use, scores of 13 or more (women), 15 or more (men) indicates moderate to severe disorder present, respondent appeared to provide forthright responses to questions, score of “5” due to acknowledged frequency of use of alcohol (4-5 uses per week)

DSM/Other Substance Related Concerns: denies subtle indicators of problem alcohol use including pattern of mild hangovers, mild memory loss after use, repetitive use to relieve emotional or work stress, previous treatment, conflict with significant others during or shortly after use of alcohol, guilt or regret associated with use

Present Alcohol Use Status: no negative incident associated with recent alcohol use, medical or physical reasons to change alcohol use, see *clinical interview* section for description

Anxiety/Depression Screening: no clinically significant concerns reported, no contraindicated use of alcohol found nor any recent or past cautions or warnings by primary care physician

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

Clinical Interview/Summary: Mr. Garyantes' 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 drinks on a maximum of 4-5 occasions per week. He also acknowledged use of 4-6 drinks over an extended period of time on about 2 special occasions (holidays) per year. While NIAAA and SAMSHA suggested "*low risk drinking limits*" caution against 5 or more drinks at any given time, there was no clear indication found that Mr. Garyantes meets DSM-5 disorder criteria by this reported use. Furthermore NIAAA guidelines suggest that the 5 drinks would need to be consumed within about 2 hours (or .08 BAC) to possibly be considered "binge" use and Mr. Garyantes reported those two occasions per year to be over the course of 8-10 hours.

Mr. Garyantes and I discussed a 2005 work-related incident which lead to him pleading guilty to misdemeanor charges of *sexual harassment* and *offensive touching*. Mr. Garyantes told me that he was intoxicated at the time the incident occurred. He reported that he obtained an alcohol assessment at the time but that the results came back negative for alcohol use disorders. (He did not possess a copy of the documentation and having occurred 10 years ago it is most likely unavailable, considering the 7 year HIPAA record keeping rule). With regards to this particular 2005 incident, I did not gain the clinical impression that Mr. Garyantes would have met criteria for a DSM-5 alcohol use disorder at that time.

Mr. Garyantes denied having any other legal problems, work incidents, medical conditions or any other negative symptoms related to the use of alcohol. He also denies drinking and driving and reports he has had no driving charges or convictions related to alcohol use.


The totality of my clinical impression is that Mr. Garyantes has no history of meeting DSM-5 alcohol use disorder criteria. If the court believes that I was not made aware of pertinent facts about Mr. Garyantes use of alcohol I would be happy to review it and consider any appropriate modifications or amendments to the present report.

DSM 5 DIAGNOSIS in reference to substances: V71.09 (none found)

Treatment Recommendations: Having found no indications, objective symptom markers or clinical impressions that Mr. Garyantes has a current or past DSM-5 alcohol use disorder, I have not further professional recommendations for him at this time.

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

Sincerely,



Brian T. Davis, LISW-S, SAP
cc: Nathaniel Garyantes

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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.