

November 4, 2015

Jennifer Worley, Probation Officer  
310 Lashley Street #108  
Longmont, CO 80504

**Re: Clinical Alcohol Assessment for Luis Rosales**

Dear Ms. Worley,

I performed a Clinical Alcohol Assessment for Mr. Rosales in reference to a *DWA* charge in Boulder 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 full clinical interview by telephone

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

**MAST:** score = 2/*NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screening appeared valid)

**AUDIT:** score = 3/*NEGATIVE SCREEN*; scores of 8 or more indicate hazardous use, while scores of 15 or more indicate a moderate to severe disorder in men (respondent appeared to provide forthright responses to questions)

**DSM/Other Substance Related Concerns:** clinical interview revealed 0 of 11 DSM 5 substance related symptoms found. denies subtle indicators of problem alcohol use including pattern of mild hangovers, mild memory loss after use, repeat 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 Use Status:** Mr. Rosales reports no current alcohol use per his probation requirement

**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. Rosales' written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported his normal use of alcohol *prior* to his DWAI incident as 3-5 drinks on 1 or less occasion per week.

He also acknowledged use of the same amount of drinks on 4-5 special occasions (weddings, birthdays, etc.) per year.

Mr. Rosales and I discussed his *DWAI* incident and general use of alcohol at length. I found him to be forthcoming throughout the interview regarding the significant factors involved in his charges. Mr. Rosales did admit to consuming more alcohol than what he typically drinks while at home in New Mexico. He described drinking with his brother-in-law while in Colorado on a social visit. It is plausible that this incident represents an aberration from his regular moderate and low-risk use of alcohol. It is my understanding that Mr. Rosales is on probation and has been ordered by the court to abstain from all alcohol use as well as comply with random alcohol testing. In addition to this, I am recommending he attend a local alcohol education class. This should provide helpful information to help him avoid any future alcohol related incidents going forward.

If the court possesses additional and/or contradictory information about Mr. Rosales' use of alcohol or any additional charges that might aid in the accuracy of this assessment 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:**

- 1) Alcohol Education, recommend 12 hrs. of a local alcohol education class;
- 2) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Rosales seek further evaluation and follow all treatment recommendations.

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

Sincerely,



Anita McLeod, LCSW, SAP  
cc: Luis Rosales

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