

February 18, 2016

Bruce Larsen, Attorney Larsen, Larsen, Nash & Larsen, Attorneys at Law 2974 West 3500 South Salt Lake City, Utah 84119

Re: Clinical Alcohol and Drug Assessment for Caixing Ma (DOB – 02/25/1988)

Dear Mr. Larsen.

I performed a Clinical Alcohol and Drug Assessment for Mr. Ma in reference to his DUI charge in Salt Lake County. This assessment included a 50-minute clinical interview, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- A Drug Use Disorder Identification Test (DUDIT)
- A general anxiety/depression screening

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

DUDIT: score = 0 / NEGATIVE SCREEN; scores of 6 or more indicate problematic use ("mild-moderate"), scores of 6 or more (male), scores of 2 or more (female) suggest presence of mild or moderate condition, 25 or more indicate high likelihood of a severe disorder present

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

Alcohol Substance Use Risk Factors:

Concerns/Risks

- prior legal history (NA)
- anxiety / depression (NA)
- family history (No biological relatives reported with known problem substance use)
- prior treatment history (NA)
- peer influences (NA)
- work environment (NA)
- contraindicated prescription use (NA)

- general health problems (NA)
- current family stress (NA)

Clinical Interview/Summary:

ALCOHOL - Mr. Ma'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 as 2-3 drinks on about 2 occasions per month.

Mr. Ma and I discussed his DUI incident and general use of alcohol at length. I was unable to find him meeting DSM-5 criteria for an alcohol use disorder which requires 2 or more symptoms to warrant "mild alcohol use disorder".

ILLICIT DRUG – Mr. Ma denied experimentation with any all illicit substance categories including: cannabis, stimulants, hallucinogens, inhalants, natural and synthetic opiates. I found no part of Mr. Ma's report on this point suspect of minimization or deception.

PRESCRIPTION DRUG – Mr. Ma denied any recent (last several years) use of prescription medications which are prone to abuse including stimulant/ADD medications, narcotic painkiller medications, and anxiolytics and sleeping medications. The interview did not reveal hesitation, discrepancy with his written screenings, or other non-verbal signs of minimization or covering a prescription drug use problem.

SUMMARY – Mr. Ma was articulate about what he learned at the Victim Impact Panel and it seemed evident that he was paying attention and personally impacted by the speakers. He stated that, "I will never do this again (drink and drive, nor will I let friends do it...what can come from it is just too sad". I believe that the Victim Impact Panel was an appropriate and sufficient recommendation for him.

DSM-5 DIAGNOSIS in Reference to Substances: Z03.89 (suspected substance use condition not found)

Treatment Recommendations: Having found no DSM-5 alcohol or drug use disorder and in consideration of his meaningful completion of a MADD Victim Impact Panel I have no further professional recommendations for Mr. Ma at this time.

If the court possesses additional information about Mr. Ma's use of alcohol or drugs that might impact the outcome of this assessment, I would be happy to review it and consider any appropriate modifications or amendments to the present report.

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



Sincerely,

Brian T. Davis, LISW-S, SAP

LIC# I-7948 cc: Caixing Ma

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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.