

August 4, 2015

Sean Sullivan, Attorney
P.O 11130
Reno, Nevada 89520-0027

Re: Clinical Alcohol Assessment for Nathan Eng

Dear Mr. Sullivan:

I performed a Clinical Alcohol Assessment for Mr. Eng in reference to his felony charges of *substantial bodily harm* in Washoe 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
- 60 minute 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 indication of problem alcohol use, screen further for clarification of the 2 points and possible symptoms noted in the AUDIT screening

AUDIT: score = 9 / *POSSIBLE POSITIVE SCREEN for MILD ALCOHOL USE DISORDER*; / 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)

DSM/Other Substance Related Concerns: clinical interview revealed two to three DSM-5 alcohol use symptoms – use beyond intention, mild tolerance, mild withdrawal symptoms on rare occasions

Present Alcohol Use Status: presently using alcohol but less frequently (70% less often) and less in quantity (50 % less per use)

Anxiety/Depression Screening: mild anxiety symptoms in response to concerns about legal charges, no mental health crisis indicated

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

Clinical Interview/Summary: Mr. Eng's written screenings provided some indications of an alcohol use disorder at a mild to moderate level. He reported his normal use of alcohol prior to his legal charge, as 4-6 drinks on 3-4 occasions per week. He also acknowledged use of up to 8 or 10 drinks on special occasions (weddings, birthdays, etc.), or on about 5 or less occasions per year. Mr. Eng and I discussed his overall use of alcohol at length as well as the arrest incident on May 28th. I gained the clinical impression that although he has recently reduced his use of alcohol (more than half in frequency and quantity), he also recently met the DSM-5 criteria for mild alcohol disorder and therefore am presenting some professional recommendations (below).

Mr. Eng was very cooperative and forthright in the interview. He also indicated that he understood my clinical conclusions and recommendations and that he was willing and able to follow up on the recommendations in a timely and proactive manner. During the period of recommended education and treatment (below) any more serious conditions could be ruled out.

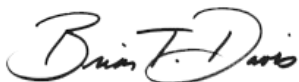
DSM 5 DIAGNOSIS in reference to substances: 302.50 (mild alcohol use disorder), rule out moderate alcohol use disorder

Treatment Recommendations:

- 1) Alcohol Education, recommend 8-12 hrs. of alcohol/drug education including a combination of any of the following – local class (hospital, treatment center or community facility), AA/NA, MADD VIP, online alcohol or drug education course
- 2) Counseling, recommend 2-3 outpatient sessions with a professional substance abuse counselor after completing alcohol education in recommendation #1; rule out moderate alcohol use disorder, update recommendations if diagnosis or concern persists, otherwise discharge with harm reduction plan at that time;
- 3) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Eng seek further evaluation and follow all treatment recommendations.

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

Sincerely,



Brian Davis, LISW-S, SAP
cc: Nathan Eng

Prohibition Against Re-Disclosure: This information has been disclosed to you from records protected by Federal Confidentiality rules. The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom

it pertains or as otherwise permitted by 42 C.F.R Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client. Drug abuse patient records are also protected under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.R.R parts 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.