

September 3, 2014

Sierra Vista MVD of Sierra Vista, Arizona  
5224 East Charleston Road  
Sierra Vista, AZ 85635

**Re: Clinical Alcohol Assessment for Gerald Larry**  
**Case #: 14-03624**

Dear Sierra Vista MVD Representative:

I performed a Clinical Alcohol Assessment for Mr. Larry in reference to his adjudicated DUI case in Cochise 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 45 minute face-to-face videoconferenced clinical interview. The following items provide a summary of her screening results, my diagnostic opinion and professional recommendations:

**MAST:** score = 2; no direct or indirect indication of problem alcohol use; 2 points derived from one lifetime DUI charge

**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. Larry'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 1-2 drinks on 1-2 occasions per week at dinner with his wife. We discussed Mr. Larry's DUI incident at length and the circumstances surrounding it. My clinical impression is that his high test (.20 BAC) DUI was incidental rather than part of a pattern of excessive alcohol use. He reported that he has stopped using all alcohol since this incident and plans to do so indefinitely. I did not find discrepancies, conflicting screening data or suspicious demeanor in his interview. Consequently I am of the opinion, to a reasonable degree of clinical certainty, that Mr. Larry does not have a DSM 5 alcohol use disorder of any kind. Nevertheless, for preventative reasons I believe it is in his best interests to complete his court/state ordered Victim Impact Panel.

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

## Treatment Recommendations:

- 1) Alcohol Prevention Education, complete the MADD Victim Impact Panel directed by the state of Arizona (see <http://www.madd.org/local-offices/az/victim-impact-panels/>)
- 2) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Larry seek further evaluation and follow all treatment recommendations.

Thank you for the opportunity to assist Mr. Larry and the Arizona MVD in this important matter.

Sincerely,



Brian Davis, LISW-S, SAP  
cc: Gerald Larry

**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.