

July 20, 2016

Wasatch County Justice Court 1361 South US Highway 40, Suite 100 Heber City, Utah 84032-4472

Re: Clinical Alcohol Assessment for Lial Gingell (DOB – 09/30/1982)

To whom it may concern:

I performed a Clinical Alcohol Assessment for Mr. Gingell in reference to his May 2016 public intoxication and trespassing charges in Wasatch County. This assessment included a 70-minute clinical interview by telephone, and the administration of:

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

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

MAST: score = 6 / *POSITIVE SCREEN*; indirect and direct indications of problem alcohol use, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

AUDIT: score = 15 / *POSITIVE SCREEN*; scores of 8 or more indicate *hazardous use*, whereas scores of 15 or more in men indicate a *moderate to severe* disorder may be present, mitigate concerns with clinical recommendations (screen most relative to current use of alcohol)

Alcohol Use Risk-Factors:

⊠ severity of incident – impaired memory
☐ anxiety/depression/mental health – NA
☐ general health issues – blood pressure
☑ trauma – exposed to verbal and physical abuse as a child; unexpected passing of a
close friend
□ use of liquor – use 80 proof liquor on a weekly to monthly basis
□ other substance use – regular use of tobacco
☐ contraindicated prescription use – NA
☐ prior treatment history – prior evaluation only
□ negative peer influence or at-risk work environment – liquor license at work; family
members with comparable drinking habits

□ current stress (relational, work, etc.) – none reported; quantified stress level as a "2" on a scale of 1-10
Summary - 7 of 12 concerns, mitigate concern with clinical recommendations
DSM-5 Alcohol Use Symptoms:
☐ Use beyond intention
☐ Persistent desire or unsuccessful efforts to reduce/quit use
Substantial time spent obtaining, using, or recovering from use
☐ Strong craving/desire
☐ Failure to fulfill a major role (work, home, school)
☐ Use despite recurrent social/interpersonal problems
☐ Important social, occupational, recreational activities relinquished
□ Physically hazardous use
□ Continued use despite knowledge of contra physical or psychological condition
☐ Withdrawal symptoms

Clinical Interview/Summary: Mr. Gingell's written screenings and interview provided indication of an alcohol use disorder. He was open in the clinical interview and shared information indicating 4 problem alcohol use symptoms (see above). He shared that he has adopted a zero-tolerance stance toward drinking and driving since his DUI in 2012 and has been able to reduced his drinking considerably since around the time he turned 30. While Mr. Gingell does not have a history of daily alcohol use, he still consumes alcohol outside of the NIAAA recommendations for men's "low-risk" drinking. I have provided recommendations in an effort to either help moderate his drinking habits further to "low-risk" alcohol consumption or abstinence if he so chooses.

Summary - 4 of 11 symptoms (Mild 2-3 | Moderate 4-5 | Severe 6+)

DSM-5 DIAGNOSIS in Reference to Substances: F10.20 Moderate Alcohol Use Disorder

Treatment Recommendations:

- 1) Outpatient Counseling 6 -10 outpatient sessions with a professional substance abuse counselor; follow-up provider may update recommendations or discharge as appropriate;
- 2) Monitoring Follow-up appointments at the 6 and 12-month periods following the completion of initial counseling;
- 3) <u>If another negative consequence</u> is incurred as a result of any alcohol use it is recommended Mr. Gingell seek addition support and/or increased level of treatment with the aid of his follow-up provider.



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

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

Sincerely,

Trevor C. Davis, CDCA

Cert.# 150427

Reviewed by Ryan Smith, MSW, LISW-S, LICDC, SAP

cc: Lial Gingell

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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.

