

March 21, 2016

Brett D. Schandelson, Attorney
Tipp & Buley, PC
2200 Brooks Street
Missoula, MT 59806

**Re: Clinical Alcohol and Drug Assessment for Richard Christian Raugust
(DOB – 02/01/1966)**

Dear Mr. Schandelson:

I performed a Clinical Alcohol and Drug Assessment for Mr. Raugust in reference to his recent release County. This assessment included a 55-minute clinical interview by telephone, 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 = 0 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use

Alcohol Substance Use Risk Factors:

Concerns/Risks

- legal history – denies DUI or public intox. arrest or conviction history
- anxiety – NA
- NIAAA/NIH low risk guidelines – NA
- other substance use – NA
- family history – 1 blood related family member
- prior treatment history – NA
- peer influences – NA
- work environment – NA
- contraindicated prescription use – NA
- general health problems – NA
- current family stress – NA

Summary - 1 of 11 concerns = low risk profile

DUDIT: score = 0 / *NEGATIVE SCREEN*; scores of 6 or more indicate problematic use (“mild-moderate”), scores of 6 or more (male), 25 or more indicate high likelihood of a severe disorder present

Anxiety/Depression Screening: insomnia, no clinical crisis

Present Status Alcohol Use: presently not using alcohol and no plans to begin using alcohol at present

Clinical Interview/Summary:

ALCOHOL - Mr. Raugust's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported his last use of alcohol to be in 1996 or '97 before he was incarcerated. He denies using alcohol since his conditional release from prison in December of 2015.

Mr. Raugust was transparent about his use of alcohol prior to his incarceration, stating that he would drink alcohol (moderately and controlled) after work with his co-workers but shared that it never interfered with his work attendance or performance. He also denied it ever interfering with his health or relationships and he had no legal history of DUI or public intoxication arrests or convictions.

Mr. Raugust's demeanor was consistent and did not create any impressions that he was fabricating information or minimizing an alcohol use problem (was consistent, did not hesitate, etc.) He also stated that he had a clean record with regard to avoiding alcohol use while in prison, though alcohol was readily accessible ("pruno").

NON-PRESCRIPTION DRUG – Mr. Raugust acknowledged that before his incarceration, he smoked marijuana as a way to get to sleep and on some occasions to alleviate back pain. He denied any history of use of marijuana or cannabis products in any form while in prison and since his release last December.

Mr. Raugust also denied use of all other non-prescription substance categories including: stimulants, hallucinogens, inhalants and opiates. I found no part of Mr. Raugust report about non-prescription drug use suspect of minimization or deception. Further, he stated that while incarcerated he was urine tested for the presence of drugs on numerous occasions and found negative for all.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Raugust reported use of the following prescription medications: Narcotic Painkillers- *Ultram* for 3 days to treat back pain while incarcerated (approx. '05). He stated that he has not used that drug or anything similar since that time, with or without a prescription. He has been successfully treating mild back pain with OTC anti-inflammatory drugs.

Mr. Raugust denied past or recent prescriptions for the following medications which are prone to abuse: stimulants, sleeping medications, anxiolytics/ benzodiazepines, opioids. I also noted that he states that he had a clear urine screen history during his 18+ years of incarceration. Again, I did not gain any impressions suggesting that Mr. Raugust was fabricating his narrative.

SUMMARY - Mr. Raugust, in my best clinical judgement, does not meet criteria for a DSM-5 alcohol or drug use disorder of any kind. He is willing to submit to urine drug screens to confirm his abstinence from alcohol and drugs.

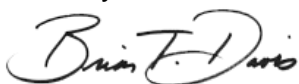
DSM-5 DIAGNOSIS in Reference to Substances: Z03.89 (suspected substance use condition not found)

Treatment Recommendations: Having found no basis for a DSM-5 alcohol or drug use disorder I have no further recommendations for Mr. Raugust at this time.

If you or the court possess additional information about Mr. Raugust's use of alcohol or drugs 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. Raugust, and yourself in this important matter.

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948

cc: Richard Christian Raugust

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.