

August 23, 2016

Safford City Magistrate Court
717 West Main Street
Safford, AZ 85546-2825

Re: Clinical Alcohol Assessment for Javier A. Jimenez (DOB – 01/16/1990)

To whom it may concern:

I performed a Clinical Alcohol Assessment for Mr. Jimenez in reference to his January 2016 DUI charge in Graham 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: POSITIVE SCREEN; direct and indirect indication of problem alcohol use, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

AUDIT: score = 6 / *NEGATIVE SCREEN*; scores of 8 or more indicate potential *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 predominantly relative to use of current use of alcohol)

Alcohol Use Risk Factors:

- ☒ legal history – January 2009 DUI (unsure of BAC); previous open container charge (reports no allegations of alcohol consumption with respect to charge)
- ☒ severity of incident – BAC more than 2x legal limit (.19)
- ☐ anxiety/depression/mental health – NA
- ☐ general health issues – NA
- ☐ exposure to trauma – NA
- ☐ regular use of liquor – 3-4 occasions a year
- ☐ other substance use – NA
- ☐ contraindicated prescription use – NA
- ☒ family history – 2 direct blood relatives
- ☐ prior treatment history – NA
- ☐ negative peer influence – NA
- ☐ at-risk work environment – NA

☐ current stress (relational, work, financial, etc.) – NA

Summary – 3 of 13 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary: Mr. Jimenez’s written screenings provided indication of an alcohol use disorder at some level. He was open in the clinical interview and shared information indicating 2 problem alcohol use symptoms (see below). While Mr. Jimenez has never had a history of daily alcohol use, he has regular drinking habits on the cusp of (and outside) the NIAAA’s “low-risk” drinking standards for men.

Mr. Jimenez and I discussed his DUI and general use of alcohol use at length. He shared that “3-4 years ago” he felt he had recognized a personal issue with problem alcohol use. He was articulate of the ways in which this was effecting him at the time but also described how he was able successfully “cut back” his drinking habits and transition into a more stable lifestyle. While I commend him in making these changes, I do believe he would benefit further from counseling. Mr. Jimenez was open and receptive to this intervention as he would like to avoid further legal trouble and build a more stable and successful future for himself. His counseling should be focused on equipping him with the tools necessary to get his drinking habits within NIAAA “low-risk” recommendations (if he decides to continue his use of alcohol).

DSM-5 Alcohol Use Disorder 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 contraindicated physical or psychological condition
- ☒ Tolerance
- ☐ Withdrawal symptoms

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

DSM-5 DIAGNOSIS in Reference to Substances: F10.10 Mild Alcohol Use Disorder

Treatment Recommendations:

- 1) Outpatient Counseling – 3 - 7 outpatient sessions with a professional substance abuse counselor; follow-up provider to update recommendations or discharge as appropriate;

- 2) Monitoring – monitoring with same counselor after initial counseling completed, meeting frequency at discretion of counselor (maximum 3 sessions);
- 3) If unable to reduce and maintain a lower level of alcohol use, advise Mr. Jimenez to consult with mental health and/or substance abuse professionals regarding additional treatment and support (temporary abstinence period w/ EGT testing, Intensive Outpatient Program, 12 step meeting attendance, etc.).

If you or the court possess additional information about Mr. Jimenez'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. Jimenez, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA
Cert.# 150427
cc: Russell J. Jimenez

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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.