

October 2, 2014

Board of Registered Nursing
Department of Consumer Affairs
State of California
300 S. Spring St. Suite 1702
Los Angeles, CA 90013

Re: Clinical Alcohol Assessment for Monica Rodriguez

Dear Nursing Board Representative:

I performed a Clinical Alcohol Assessment for Mr. Rodriguez in reference to her August 2012 California DUI charge. This assessment included the administration of:

- a Michigan Alcohol Screening Test (MAST)
- an Alcohol Use Disorder Identification Test (AUDIT)
- an Anxiety/Depression screening
- a 50 minute face-to-face videoconferenced clinical interview
- and review of her proof of completion of a 6 month California compliant Traffic Program (AB762)

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

MAST: score =3 / *negative screening*, scores of 4 or more indicate mild/early problem use, 2 of Ms. Rodriguez points derive from the August 2012 DUI

AUDIT: score = 0 / *negative screening*

DSM/Other Substance Related Concerns: 0 of 11 DSM 5 alcohol use disorders identified in Ms. Rodriguez's history, reports she is choosing to permanently abstain going forward (since Aug. 2012 arrest)

Anxiety/Depression Screening: mild insomnia, no clinical symptoms indicating a current anxiety or depressive disorder, no current mental health crisis reported or identified

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

Treatment Completed to Date: California compliant program AB762: alcohol education (8 sessions x 2 hrs.), group counseling (14 hrs.), monitoring sessions (4 x 1 hr.), AA meetings 13; (total 47 hours)

Clinical Interview/Summary: Ms. Rodriguez's written screenings provided no indications of an alcohol use disorder using standard score thresholds and interpretation. She reported that she has stopped using alcohol since her 2012 DUI

charge and plans to abstain indefinitely. She reported her normal use of alcohol prior to the DUI arrest as 2-3 drinks at family and social gatherings anywhere from 0-3 times per month. She also acknowledged use of 4-5 drinks on very rare occasions (less than 5 times per year).

We discussed Ms. Rodriguez's DUI arrest at length. It was the impetus behind her decision to stop drinking. She recalled being in jail the next morning and thinking, "I can't believe this is happening, that I let it happen, that I made a choice to let it happen... it was extremely humiliating to wake up without basic things available... I walked to my sister's house from jail in my socks... I decided it is just not worth this."

Subsequent to the DUI Ms. Rodriguez successfully completed a 6 month DUI alcohol education, counseling and driver safety program over a 6 month period (completion date 10/11/2013, specific content breakdown by hours noted above).

While her high test DUI (.21 BAC) was of concern it is plausible that her use of mixed drinks with high alcohol content largely explain the high BAC, as opposed to a condition of alcohol tolerance. Her immediate arrest upon attempting to drive (for swerving in the parking lot) seems to be consistent with this conclusion.

Ms. Rodriguez's demeanor was non-defensive throughout the interview. She appeared to be genuinely contrite and insightful about her offense. I did not observe discrepancies or inconsistencies in her written or verbal descriptions of her alcohol use nor the DUI incident. I am of the opinion, to a reasonable degree of clinical certainty, that Ms. Rodriguez does not have a DSM 5 alcohol use disorder of any kind. If she did have such a condition in the past it is highly likely that it was mild (non-dependent upon alcohol) and is experiencing a full recovery.

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

Treatment Recommendations: Since Ms. Rodriguez has successfully completed a 6 month multifaceted alcohol program, and has been abstaining from alcohol use with no new offenses, I have no further professional recommendations for her at the present time.

Thank you for the opportunity to assist the court, (Ms. Rodriguez), and yourself in this important matter.

Sincerely,



Brian Davis, LISW-S, SAP
cc: Monica Rodriguez

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.