

September 15, 2016

Michael C. Larsen, Atty.
223 N. 6th Street, Suite 440
Boise, ID 83702

Re: Clinical Alcohol Assessment for Brian J. Ruud (DOB – 03/30/1982)

Dear Mr. Larsen:

I performed a Clinical Alcohol Assessment for Mr. Ruud in reference to his DUI charge in Valley County. This assessment included an 80-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 = 11 / *POSITIVE 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 current use of alcohol)

Clinical Interview/Summary: Mr. Ruud's written screenings provided clear indications of an alcohol use disorder at some level. He was open in the clinical interview and shared information indicating 4 problem alcohol use symptoms (see below). While Mr. Ruud has never had problems with drinking on a daily basis, he does have a history of controlling his consumption of alcohol. Mr. Ruud was open about his history of anxiety and depression symptoms, and we discussed some of his current stressors and risk-factors that could potentially contribute to further problem alcohol use. In light of this, Mr. Ruud described some of the past mental health and substance abuse counseling he has received and expressed desire to continue to see a counselor in an effort improve his mental health.

Considering his current drinking habits described are within the NIAAA low-risk recommendations for men, I feel this is an appropriate intervention. He is seemingly stable enough to warrant this level of care with a few conditions which I will outline in

the remainder of this report. These recommendations come with the understanding that he has been mandated to complete education in addition to this evaluation.

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 - 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

Preliminary Treatment Recommendations:

- 1) Outpatient Counseling – 10 weekly outpatient sessions with a professional counselor who has a scope of practice that includes ability to treat substance abuse and mental health concerns; follow-up provider to update recommendations and/or discharge as appropriate;
- 2) Abstinence – abstaining from all alcohol use for 1-year minimum, any consideration of resuming alcohol use should be done only in consultation with a physician and substance abuse professional;
- 3) EtG/EtS Testing (*optional*) – random alcohol screens at the discretion of follow-up provider;
- 4) Monitoring – with same counselor after initial counseling completed, meeting frequency at discretion of counselor;
- 5) If abstinence is compromised – it is likely that an increased level of treatment should be explored and considered (e.g. IOP, Inpatient, support group attendance, etc.)

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

Sincerely,



Trevor C. Davis, CDCA

Cert.# 150427

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

SW Lic. #1.1000155-S; #101182

cc: Brian Ruud

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.