

October 31, 2016

Stuart J. Dornan
Law Offices of Dornan, Lustgarten & Troia PC LLO
1403 Farnam Street, Suite 232
Omaha, NE 68102-2204

Re: Clinical Alcohol Assessment for Joseph Paul Ferguson (DOB – 08/03/1962)

Dear Mr. Dornan:

I performed a Clinical Alcohol Assessment for Mr. Ferguson in reference to his aggravated DUI charge in Sarpy 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 general anxiety/depression screening

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

MAST: score = 5 / *POSITIVE SCREEN*; direct 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 (screen predominantly relative to current use of alcohol)

Alcohol Use Risk Factors:

- ☒ inconsistent testimony – minor to moderate discrepancies with regard to written screenings versus verbal testimony
- ☐ negative peer influence/at-risk work environment – NA
- ☐ current stress (relational, work, financial, etc.) – NA
- ☒ physical health concerns – bladder condition aggravated by use of alcohol
- ☐ anxiety/depression/mental health – NA
- ☐ exposure to trauma – NA
- ☒ family history of substance abuse or alcoholism – grandparent
- ☒ contraindicated prescription use – use of alcohol with opioid medication
- ☐ other substance use – NA
- ☐ regular use of liquor – less than monthly
- ☐ voluntary treatment history – NA

- ☒ severity of incident – .208 BAC
- ☐ legal history – denies previous history

Summary – 5 of 13 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary: Mr. Ferguson's written screenings provided mixed indication of an alcohol use disorder. He reported his normal use of alcohol before this charge as 1-3 beers on a "couple" occasions per week. He also acknowledged use of elevated alcohol consumption on one special occasion per month.

Mr. Ferguson and I discussed his DUI charge and general use of alcohol at length. In addition to risks and concerns associated with his specific situation, I identified him meeting 3 DSM-5 alcohol use disorder symptoms. Accordingly, I am including some preventative recommendations in the remainder of this report. These recommendations come with the understanding that Mr. Ferguson is going to be required to use a vehicle interlock device for a yet-to-be-determined amount of time in the near future as part of his legal proceeding.

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 – use while on opioid medication
- ☒ Continued use despite knowledge of contraindicated physical or psychological condition
- ☒ Tolerance
- ☐ Withdrawal symptoms

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

DSM-5 DIAGNOSIS in Reference to Substances: F10.10 Mild Alcohol Use Disorder; rule out F10.20 Moderate/Severe Alcohol Use Disorder

Treatment Recommendations:

- 1) Physician Consult – for continuity of care, inform primary care doctor of the results of this assessment and obtain appropriate medical recommendations;

- 2) Outpatient Counseling – 8-12 outpatient sessions with a professional substance abuse counselor; follow-up counselor to: update recommendations, consult collateral contacts, discharge, all as appropriate;
- 3) Attend a local Victim Impact Panel – MADD (Mothers Against Drunk Driving) or other;
- 4) If another negative consequence is incurred as a result of any alcohol use within the next 24 months, it is recommended Mr. Ferguson seek an increased level of treatment or extended outpatient substance abuse counseling as appropriate;

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

Sincerely,



Trevor C. Davis, CDCA

Certificate # 150427

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

SW Lic. #I.1000155-S; #101182

cc: Joseph Paul Ferguson

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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.