

January 13, 2015

Baca County Court
741 Main Street
Springfield, CO 81073

Re: Clinical Alcohol Assessment for Adam Wurst

Dear Court Representative:

I performed a Clinical Alcohol Assessment for Mr. Wurst in reference to his *careless driving* charge in January of 2014 in Baca County. This assessment included the administration of: a Michigan Alcohol Screening Test (MAST), an Alcohol Use Disorder Identification Test (AUDIT), an anxiety/depression screening, and a clinical interview by telephone. The following items provide a summary of the screening results, my diagnostic opinion and professional recommendations:

MAST: NEGATIVE SCREEN; no direct or indirect indication of problem alcohol use

AUDIT: score = 4 / **NEGATIVE SCREEN;** scores above 8 indicate hazardous use, above 13 indicates moderate to severe disorder present

DSM/Other Substance Related Concerns: clinical interview revealed 0 of 11 DSM 5 symptoms present / denies subtle indicators of problem alcohol use including mild hangovers, mild memory loss after use, repeat use to relieve emotional or work stress, previous treatment, conflict with significant others during or shortly after use of alcohol, guilt or regret associated with use

Anxiety/Depression Screening: no clinically significant concerns reported

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

Clinical Interview/Summary: Mr. Wurst's written screenings provided no indication of an alcohol use disorder. He reported his normal use of alcohol as 2-4 drinks on 2-4 occasions per month. He also acknowledged use of 6-8 drinks on special occasions (weddings, birthdays, etc.) or about 4 occasions per year. He indicated that this amount is while eating and socializing within a 6-8 hour average timeframe. He was non-defensive in his demeanor and the interview did not reveal any inconsistencies or discrepancies in written or verbal form. We discussed Mr. Wurst's *careless driving* charge at length but I was unable to find the incident or his overall history and presentation indicative of someone experiencing DSM 5 alcohol use disorder symptoms. I believe this incident rather reflects a poor choice to drive on a minimal amount of sleep at an early hour in the morning following a family funeral. However, due to his charge and regular use of alcohol, I am recommending some preventative alcohol education. This should help Mr. Wurst avoid any future hazardous use of alcohol going forward.

DSM 5 DIAGNOSIS in reference to substances: V71.09 (none found)

Treatment Recommendations:

- 1) Preventative Education, recommend successful completion of a local 12 hour alcohol education class; Mr. Wurst will provide proof of successful completion to the court;
- 2) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Wurst seek further evaluation and follow all treatment recommendations.

Thank you for the opportunity to assist the court, Mr. Wurst and yourself in this important matter.

Sincerely,



Anita McLeod, LCSW, SAP
cc: Adam Wurst

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.