

July 27, 2015

Marlene Vetick, Court Clerk Platte County District Court 2610 14th Street Columbus, NE 68602

Re: Clinical Alcohol Assessment for Ralph Navarrette

Dear Ms. Vetick:

I performed a Clinical Alcohol Assessment for Mr. Navarrette in reference to his DUI charge in Platte County. This assessment included the administration of:

- Michigan Alcohol Screening Test (MAST)
- Alcohol Use Disorder Identification Test (AUDIT)
- General anxiety/depression screening
- Clinical interview by telephone

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

MAST: score = 1/ *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screening appeared valid)

AUDIT: score = 5 / *NEGATIVE SCREEN*; scores of 8 or more indicate hazardous use, of 13 or more (women), 15 or more (men) indicates moderate to severe disorder present (respondent appeared to provide forthright responses to questions)

DSM/Other Substance Related Concerns: denies subtle indicators of problem alcohol use including pattern of 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, 0 of 11 DSM-5 alcohol use symptoms were found in the clinical interview

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

Family History of Problem Alcohol or Drug Use: denies any family history

Clinical Interview/Summary: Mr. Navarrette's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported his normal use of alcohol as ranging from 3-6 drinks on 1-2 occasions per

month. He also acknowledged use of 8-10 drinks on no more than one special occasion per year and over an extended period of time. He also stated that there are some years where he does not attend a celebration or event where he consumes this much but he provided the information for the sake of clarifying for me what his maximum use might be.

Mr. Navarrette and I discussed the DUI incident and his general use of alcohol at length. With regard to the DUI stop he stated that he was released within 2 hours from the time of his traffic stop and was confused as to why he was released in such a short time if he was suspected of a DUI. Regardless, he presented three insightful reasons for permanently abstaining from alcohol going forward as he found this situation to be very disruptive and "not worth it" along with other personal reasons to do so.

Ultimately I was unable to find the incident or his overall history and presentation indicative of someone experiencing a DSM-5 alcohol use disorder. However, I did support him in his voluntary choice to stop using alcohol as he presented sound reasoning to do so. An appropriate intervention for him at this time is to attend a MADD Victim Impact Panel.

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

Treatment Recommendations:

- 1) Attend a local MADD Victim Impact Panel for preventative purposes going forward;
- 2) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Navarrette seek further evaluation and follow all treatment recommendations.

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

Sincerely,

Brian Davis, LISW-S, SAP

cc: Ralph Navarrette

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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.

