

December 24, 2015

Attention:
Driver Reinstatement Services - CO Department of Revenue
PO Box 173345
Denver, CO 80217

**Re: Clinical Alcohol and Licenses Reinstatement Assessment for Grant Turner
(DOB: 11/25/1985)**

To whom it may concern,

I performed a Clinical Alcohol Assessment for Mr. Turner in reference to the DWAI charge that he received in December of 2004. In addition to our 50-minute clinical interview, this assessment included 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 = 0 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screening appeared valid)

AUDIT: score = 3 / *NEGATIVE SCREEN*; scores of 8 or more indicate hazardous use and scores of 15 or more in men indicate a moderate to severe disorder may be present (respondent appeared to provide forthright responses to questions)

DSM/Other Substance Related Concerns: denies all 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, etc.

Anxiety/Depression Screening: no clinically significant concerns reported. Mr. Turner did not describe or express any symptoms indicative of past or current trauma and/or mental health issues.

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

Clinical Interview/Summary: Mr. Turner'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 2-3 drinks on 2-4 occasions per month. He also acknowledged use of

3-5 drinks on special occasions (weddings, birthdays, etc.) which occur on a less than monthly basis.

Mr. Turner and I discussed the details of his legal charge and general use of alcohol at length. In my best clinical judgment, I was unable to find the incident or his overall history and presentation indicative of someone experiencing DSM-5 alcohol use disorder symptoms.

If the reader possesses additional information about Mr. Turner's use of any substance, I would be happy to review it and consider any appropriate modifications or amendments to the present report

DSM-5 DIAGNOSIS in reference to substances: Z03.89 (suspected substance use condition not found)

Treatment Recommendations: Since I did not find Mr. Turner having an alcohol use disorder or problem alcohol use, I have no further treatment recommendations for him at this time.

Thank you for the opportunity to assist your department in making a fair determination regarding Mr. Turner's situation with regard to alcohol use. Please let me know if I can be of further help.

Sincerely,



Trevor C. Davis, CDCA
Cert.# 150427
cc: Grant Turner

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.