

September 18, 2014

Joel Eaton, Attorney 102 N. Cedar Ave. Owatonna, MN 55060

Re: Clinical Alcohol Assessment for Shane Wrede

Dear Mr. Eaton:

I performed a Clinical Alcohol Assessment for Mr. Wrede in reference to his pending DUI charge (.20 BAC) in Steele 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 50 minute face-to-face videoconferenced clinical interview. The following items provide a summary of the screening results, my diagnostic opinion and professional recommendations:

**MAST:** score =4; *inconclusive screening* / all 4 points related to 2 DUI charges **AUDIT:** score = 4; *negative screening* / scores above 8 indicate hazardous use, above 13 indicates moderate to severe disorder present

**DSM/Other Substance Related Concerns:** clinical interview found 0 of 11 DSM 5 alcohol use disorder symptoms; also 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: 2005 .19 BAC DUI charge in MN

**Clinical Interview/Summary**: Mr. Wrede's written screenings provided no substantive indication of an alcohol use disorder but his history of two high test DUI arrests raise valid questions about a potential disorder. He reported his normal use of alcohol (prior to his July 3<sup>rd</sup> DUI, as 1 drink on 3-5 occasions per week. He also acknowledged use of up to 3 drinks (beer) on rare occasions and elevated use 10 years for about one year surrounding the end of his marriage. He reported total abstinence from alcohol since July 3<sup>rd</sup>.

We discussed Mr. Wrede's legal charges at length. He was non-defensive and acknowledged significant overuse of alcohol in both situations. In my best clinical judgment I was ultimately unable to find his presentation indicative of someone experiencing DSM 5 alcohol use disorder symptoms. It is possible that his high BAC in July of this year was situational and not due to a condition of tolerance or alcohol dependence. His 2005 DUI appeared to be related to poor coping at the time of his divorce and not due to a bona fide alcohol use disorder or dependence. Further, Mr. Wrede appears to be in complete agreement with his probation terms to remain abstinent and also use an interlock system on his vehicle so he can retain the privilege

of driving. My recommendations will simply add that he successfully complete some alcohol and driver safety education that is satisfactory by Minnesota standards.

**DSM 5 DIAGNOSIS in reference to substances**: V 71.09 (none found)

## **Treatment Recommendations:**

- 1) <u>Alcohol Education and Driver Safety</u>, recommend completion of a local program at least 8 hours in length. If no local programs are available and the court will allow and online program to substitute, I recommend completion of a minimum of 12 hours of online alcohol education in regards to alcohol use and driver safety.
- 2) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Wrede seek further evaluation and follow all updated treatment recommendations.

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

Sincerely,

Brian Davis, LISW-S, SAP

cc: Shane Wrede

**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.

