

October 24, 2016

Ryan J. Thomas, Attorney  
319 South 17th Street, Suite 700  
Omaha, NE 68102-1911

**Re: Clinical Alcohol Assessment for Ray C. Mamerow (DOB – 04/29/1957)**

Dear Mr. Thomas:

I performed a Clinical Alcohol Assessment for Mr. Mamerow in reference to his August 2016 DUI charge in Douglas County. This assessment included a 70-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 = 1 / *NEGATIVE SCREEN*; no direct or indirect indication of a present alcohol use disorder (screen relative to lifetime use of alcohol)

**AUDIT:** score = 3 / *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:**

- ☐ negative peer influence/at-risk work environment – NA
- ☒ current stress (relational, work, financial, etc.) – recent family health issues/transitions, minor to moderate financial strain reported
- ☐ physical health concerns – NA
- ☐ anxiety/depression/mental health – history of anxiety and depression (appropriately managed)
- ☒ exposure to trauma – recent loss of a loved one
- ☐ family history of substance abuse or alcoholism – none reported
- ☐ contraindicated prescription use – NA
- ☒ other substance use – tobacco use
- ☐ regular use of liquor – NA
- ☐ voluntary treatment history – NA
- ☐ severity of incident – .119 BAC, not driving at the time of arrest (pulled over to rest/drink alcohol)

- ☐ legal history – denies previous history

Summary - 3 of 12 concerns, mitigate concern with clinical recommendations

**Clinical Interview/Summary:** Mr. Mamerow'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 before this charge as 2-3 beers on approximately 2 occasions per month. He also acknowledged use of up to 5 beers (at a maximum) on 3-4 special occasions ("weddings", "Christmas," "Thanksgiving") per year.

Mr. Mamerow and I discussed his DUI charge and general use of alcohol at length. I did not find him meeting DSM-5 alcohol use disorder criteria and his drinking habits seem to be within NIAAA recommendations for men's low-risk drinking. I did note the risks and concerns associated with his specific situation. Accordingly, I am including some preventative recommendations in the remainder of this report.

**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
- ☐ Continued use despite knowledge of contraindicated physical or psychological condition
- ☐ Tolerance
- ☐ Withdrawal symptoms

Summary - 0 of 11 symptoms (Mild 2-3 | Moderate 4-5 | Severe 6+)

**DSM-5 DIAGNOSIS in Reference to Substances:** Z03.89 (suspected substance use condition not found)

**Treatment Recommendations:**

- 1) Outpatient Counseling – 2-3 outpatient sessions with a professional substance abuse and mental health counselor, follow-up provider to update recommendations and discharge as appropriate;
- 2) Physician Consult – for continuity of care, inform primary care doctor of the results of this assessment and obtain appropriate medical recommendations;

- 3) If another negative consequence is incurred as a result of any alcohol use in the next 3 years preceding today's assessment, it is recommended Mr. Mamerow seek further evaluation and follow all updated treatment recommendations.

If you or the court possess additional information about Mr. Mamerow'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. Mamerow, 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: Ray C. Mamerow

**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.