

February 9, 2016

Bill Whitehall Jeffrey D. Barrar P.S., Vancouver Defenders 2300 Main Street Vancouver, WA 98660

Re: Clinical Alcohol Assessment for Anthony Paul Pratt (DOB – 04/23/1959)

Dear Mr. Whitehall.

I performed a Clinical Alcohol Assessment for Mr. Pratt in reference to his DUI charge in Clark County. This assessment included a 55-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 = 3 / *INCONCLUSIVE SCREEN*; all 3 raw score points related to a single event, using other screening and clinical interview for clarification

AUDIT: score = 3 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 13 or more in women, scores of 15 or more in men indicates *moderate to severe* disorder present (respondent appeared to provide forthright responses to questions)

Alcohol Use Risk Factors:

Concerns

- anxiety symptoms moderate to severe, no recent or current crisis
- depression moderate to severe, no recent or current crisis
- family history 2 relatives with likely diagnoses for alcohol use

Present Use Status: presently not using alcohol with no plans to resume use of alcohol

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

Clinical Interview/Summary: Mr. Pratt's written screenings provided no clear indication of an alcohol use disorder since all 3 raw score items of concern related to a single event in his life. Mr. Pratt remained non-defensive throughout the interview about his personal history. He reported that he began having PTSD symptoms associated with his

military service after recently being contacted by a former military comrade. This was entirely unexpected and lead to nightmares in which he would re-live a particularly traumatic experience. He states that otherwise he has had little interest in drinking alcohol excessively (beyond 2-4 drinks on a less than once a month basis) over his lifetime with the exception of his early days in Germany while serving n the military. However, he was suddenly interested in drinking daily in an effort to forget the intrusive memories and also as an attempt to go into a deep sleep. He did this for about 3 months until it resulted in a blackout, driving the wrong direction on the highway and being arrested for driving under the influence with a BAC of .16. He reports that since that time he has stopped drinking altogether and that he had no difficulty or withdrawal symptoms in the process of doing so. He stated, "it was an easy give-up".

While Mr. Pratt was likely "binge-drinking" (more than 4 drinks per episode) for about 3 months, I did not find him meeting enough criteria to qualify for a genuine DSM-5 alcohol use disorder. Much more concerning to me, are the symptoms of anxiety and depression which stem from an apparent PTSD (Post Traumatic Stress Disorder) condition. We discussed Mr. Pratt's traumatic experience in addition to his history of alcohol use. I am of the strong impression and opinion clinically that he suffers from moderate to severe PTSD and it is very important that he have it treated by a mental health professional, preferably with a strong background in treating PTSD.

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

Treatment Recommendations:

1) Engage a mental health professional – identify a professional who has extensive experience working with PTSD, recommend contacting some of the therapists listed below, if fees are prohibitive and ask these professional for referrals of a similarly trained professional

Potential therapists in the Portland area who can treat PTSD

- Drew Prochniak Counselor, MA, LPC, LMHC (503) 308-9408
- Robert C Woods Counselor, LPC, CADC (503) 616-2235
- or search the clinician directory at EMDR.com for the Portand area
- 2) If unable to maintain abstinence consult with mental health and/or substance abuse professionals regarding additional treatment and support (Outpatient Counseling, Intensive Outpatient Program, 12 step meeting attendance, etc.).
- 3) Physician consult for continuity of care, inform primary care doctor of the results of this assessment and obtain appropriate medical recommendations.

If the court possesses additional information about Mr. Pratt's use of alcohol that might impact the outcome of this assessment, I would be happy to review it and consider any appropriate modifications or amendments to the present report.



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

Sincerely,

Brian T. Davis, LISW-S, SAP

LIC# I-7948

cc: Anthony Paul Pratt

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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.

