

August 21, 2015

Thomas Murtha, Attorney
P.O. Box 1111
Dickinson, ND 58602

Re: Clinical Alcohol Assessment for John Bennett

Dear Mr. Murtha:

I performed a Clinical Alcohol Assessment for Mr. Bennett in reference to his *reckless operation* charge in October of 2014 in Mountrail County. This assessment included the administration of:

- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- A General anxiety/depression screening
- 50 minute in-person clinical interview by telephone

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

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

AUDIT: score = 2 / *NEGATIVE SCREEN*; scores of 8 or more indicate hazardous use, scores 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, has met 0 of 11 DSM-5 alcohol use disorder symptoms in the 24 months prior to the October 2014 *reckless operation* charge

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

Clinical Interview/Summary: Mr. Bennett's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported his current and normal use of alcohol as 2-4 drinks on 1-2 occasions per month. He also

acknowledged use of 3-5 drinks on special occasions (weddings, birthdays, etc.), or on about 1-2 occasions per year.

Mr. Bennett and I discussed the details and circumstances present on the evening of his charges. He indicated to me that while he was waiting for his truck to be towed, he consumed 2-3 drinks at a local bar. Mr. Bennett stated that his plan was to ride with the tow operator to his friend's garage approximately 10 miles away to have his truck repaired. Mr. Bennett stated that he had no intention of driving after he called for the tow on the evening of his charges, as his car was inoperable, as well as understanding the strict guidelines of being a DOT safety sensitive worker. Mr. Bennett stated that he did not realize the illegality of having his keys in his pocket as he waited for the tow to arrive. I found both his clinical screenings and interview to be free of inconsistencies and discrepancies in addition to him not meeting criteria for an alcohol use disorder. I gained the clinical impression that Mr. Bennett had not been drinking prior to his arrival at the bar, but that he felt comfortable drinking *after* his arrival there as he had already arranged transport with the tow operator.

Since I was unable to find Mr. Bennett recently or currently meeting any DSM-5 alcohol use disorder criteria and he has no prior impaired driving or other negative consequences from use of alcohol, I have no further recommendations for him at this time.

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

Treatment Recommendations:

- 1) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Bennett seek further evaluation and follow all treatment recommendations.

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

Sincerely,



Anita McLeod, LCSW, SAP
cc: John Bennett

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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.