

June 4, 2015

Pennington City, State of South Dakota  
Magistrate Court, 7<sup>th</sup>. Judicial Circuit  
300 Kansas City Street  
Rapid City, South Dakota 57701

**Re: Clinical Alcohol Assessment for Carrie Pink**

Dear Court Representative:

I performed a Clinical Alcohol Assessment for Ms. Pink in reference to her DUI charge in May in Pennington County. This assessment included the administration of:

- Michigan Alcohol Screening Test (MAST)
- Alcohol Use Disorder Identification Test (AUDIT)
- General anxiety/depression screening
- 45 minute clinical interview

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 = 3 / *NEGATIVE SCREEN*; scores above 8 indicate hazardous use, above 13 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

**Anxiety/Depression Screening:** no clinically significant concerns reported

**Substance Related Legal History Reported:** No previous charges

**Clinical Interview/Summary:** Ms. Pink's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). She reported her normal use of alcohol as 2-3 drinks on 1-2 occasions per month. She also acknowledged use of 3-5 drinks on special occasions (weddings, birthdays, etc.) on about 2 occasions per year. Ms. Pink and I discussed her DUI incident and general use of alcohol at length but I was unable to find the incident or her overall history and presentation indicative of someone experiencing DSM 5 alcohol use disorder symptoms. My clinical opinion is that it is quite possible that her DUI incident represents an aberration in her normal low-

risk and moderate drinking behaviors. However, due to the charges I am recommending some alcohol education and a victim impact panel for preventative purposes going forward.

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

**Treatment Recommendations:**

- 1) Preventative Education, Recommend a local driver safety alcohol prevention course. Ms. Pink will show proof of successful completion to the court;
- 2) Victim Impact Panel, Recommend attending a local victim impact panel. Ms. Pink will show proof of successful completion to the court.
- 3) If another negative consequence is incurred as a result of any alcohol use it is recommended Ms. Pink seek further evaluation and follow all treatment recommendations.

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

Sincerely,



Anita McLeod, LCSW, SAP  
cc: Carrie Pink

**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.