

April 11, 2016

North Dakota Department of Transportation  
608 East Boulevard Avenue  
Bismarck, ND 58505-0700

**Re: Clinical Alcohol Assessment for Steven G. Johannesen (DOB - 05/28/1986)**

To whom it may concern:

I performed a Clinical Alcohol Assessment for Mr. Johannesen in reference to his 2013 DUI in the state of North Dakota. In addition to our 60-minute clinical interview conducted by telephone, this assessment included 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 = 5 / *SUGGESTIVE SCORE*; answers given provided some indication of problem alcohol use, however further questioning did not reveal any pattern or otherwise significant symptoms indicative (score is relative to life-long drinking habits)

**AUDIT:** score = 6 / *NEGATIVE SCREEN*; scores of 8 or more indicate hazardous use, whereas scores of 15 or more in men indicate a moderate to severe disorder may be present (score is relative to current drinking habits)

**Alcohol Substance Use Risk Factors:**

- anxiety/depression – N/A
- legal history – N/A
- other substance use – N/A
- contraindicated prescription use – N/A
- hereditary disposition/family history – N/A
- prior treatment history – N/A
- peer influences/work environment – N/A
- trauma – N/A
- general health problems – N/A

- current stress – stress in marriage and at work due to demands of family farm; self-rated “4 or 5” on scale of 1-10

Summary - 1 of 10 concerns = low risk profile

**DSM-5/Other Substance Related Concerns:** denies subtle indicators of problem alcohol use including pattern of mild hangovers, mild memory loss after use, recurrent or repetitive use to relieve emotional or work stress, conflict with significant others during or shortly after use of alcohol

**Substance-Related Legal History Reported:** denies any previous history of alcohol-related arrests and/or legal charges; was unsure of BAC in the incurring incident but reported his BAC was over but close to .1

**Clinical Interview/Summary:** Mr. Johannesen’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 as 1-2 standard beers (or occasionally mixed drinks) on 2 occasions per week. He also acknowledged use of up to 6 drinks on special occasions (birthdays, holidays, days where he plays in pool his pool league). These types of instances occur twice a month on average.

Mr. Johannesen and I discussed his DUI incident and general use of alcohol at length. In my best clinical judgment, I was unable to find the incident or his overall history and presentation indicative of someone experiencing DSM-5 alcohol use disorder symptoms. I did discuss with him one item of concern: driving on occasion (approximately once a month) after drinking small amounts of alcohol. I am recommending that he complete some preventative education in order to minimize future risk of problem alcohol use.

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

#### **Treatment Recommendations:**

1. Attend a local MADD Victim Impact Panel;
2. If there is any future negative consequence related to alcohol use, it is recommended that Mr. Johannesen seeks an updated evaluation and follow any and all updated recommendations.

If you possess any additional information about Mr. Johannesen's use of alcohol that may 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 North Dakota's department of transportation, Mr. Johannesen, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA

Cert.# 150427

Reviewed by Ryan Smith, MSW, LISW-S, LICDC, SAP

SW Lic. #I.1000155-S; #101182

cc: Steven G. Johannesen

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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.