

October 14, 2014

John M. Hesse, Attorney
411 East Callender
PO Box 1078
Livingston, Montana 59047

Re: Clinical Alcohol Assessment for Naomi Pardee

Dear Mr. Hesse:

I performed a Clinical Alcohol Assessment for Ms. Pardee in reference to her adjudicated public intoxication charge in Yellowstone Park. This assessment included the administration of: a Michigan Alcohol Screening Test (MAST), an Alcohol Use Disorder Identification Test (AUDIT), an anxiety/depression screening, and a 45 minute face-to-face telephonic clinical interview. The following items provide a summary of the screening results, my diagnostic opinion and professional recommendations:

MAST: score = 3; *negative screening*; further clarification confirmed negative result

AUDIT: score = 1; *negative screening*; scores above 8 indicate hazardous use, above 13 indicates moderate to severe disorder present

DSM/Other Substance Related Concerns: denies subtle indicators of problem alcohol use including 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: at age 19 (2008) .1+ BAC DUI (could not recall the exact BAC)

Clinical Interview/Summary: Ms. Pardee's written screenings provided no clear indication of an alcohol use disorder. She reported his normal use of alcohol as 1-2 drinks on 0-1 occasion per week. She also acknowledged use of 3-4 drinks on no more than 4 times a year. We discussed Ms. Pardee's public intoxication charges and DUI at 19, at length. She seems to be appropriately reflecting on her September 8 incident and is presently abstaining from alcohol for an indefinite time period. While I was unable to find her presentation indicative of someone experiencing DSM 5 alcohol use disorder symptoms I do feel she would benefit from a basic alcohol education class. I support her decision to abstain from alcohol but since my diagnostic conclusion does not clearly imply the need for life long abstinence I am in favor of her obtaining as much information as possible about the risks and impact of alcohol use should she decide to resume use at any time in the future.

DSM 5 DIAGNOSIS in reference to substances: V 71.09 (none found)

Treatment Recommendations:

- 1) Preventative Education, recommend a basic alcohol education class or online alcohol course (min. 8 hours and if allowed by the court) for preventative purposes going forward;
- 2) If another negative consequence is incurred as a result of any alcohol use it is recommended Ms. Pardee seek an updated alcohol assessment and follow all professional recommendations.

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

Sincerely,



Brian Davis, LISW-S, SAP
cc: Naomi Pardee

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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.