

August 29, 2016

Pinedale Circuit Court
40 N Fremont Ave,
Pinedale, WY 82941

Re: Clinical Alcohol and Drug Assessment for Lane Sanderson (DOB – 09/22/1997)

To Whom It May Concern:

I performed a Clinical Alcohol and Drug Assessment for Ms. Sanderson in reference to her July MIP charge in Sublette County. This assessment included a 40-minute clinical interview by telephone, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- A Drug Abuse Screening Test (DAST-10)
- A general anxiety/depression screening

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

MAST: score = 1 / *NEGATIVE SCREEN*; no direct indication of problem alcohol use, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

DAST-10: score = 1 / *LOW LEVEL RISK*; point incurred for use of drugs outside of a medical context

Alcohol & Substance Use Risk Factors:

- ☐ legal history – denies previous history
- ☐ severity of incident – NA
- ☐ anxiety/depression/mental health – NA
- ☐ general health issues – NA
- ☒ exposure to trauma – parents divorced at an early age
- ☒ regular use of liquor – monthly basis
- ☒ other substance use – daily use of tobacco
- ☐ family history – none reported
- ☐ prior treatment history – NA
- ☒ negative peer influences – with friends at the time of incident/population-at risk
- ☐ at-risk work environment – NA
- ☐ current stress (relational, work, financial, etc.) – NA
- ☐ poor academics – 3.2 accumulative GPA in high school

Summary - 4 of 13 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary: ALCOHOL – Ms. Sanderson’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 before this charge as 3 mixed drinks on 1-2 occasions per month. She also acknowledged use of 4-5 drinks on a special occasion approximately once every other month.

Ms. Sanderson and I discussed her general use of alcohol at length. I did not find her meeting DSM-5 alcohol use disorder criteria for an alcohol use disorder; however, because she is underage it is recommended she abstain until of legal age. I did note the risks and concerns associated with her specific situation. Accordingly, I am including some preventative recommendations in the remainder of this report.

NON-PRESCRIPTION DRUG – Ms. Sanderson acknowledged social use of marijuana (approximately 3-4 times a month) but has made a personal commitment to abstaining since her legal incident. She denied use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Ms. Sanderson’s report about non-prescription drug use suspect of minimization or deception. Given her history, I don’t foresee Ms. Sanderson having trouble remaining abstinent; however, I have provided proactive recommendations in the remainder of this report in an effort to prevent future problem drug use.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Ms. Sanderson denied any recreational use of prescription medications which are prone to abuse including stimulant/ADD medications, narcotic painkiller medications, benzodiazepines and sleeping medications. The interview did not reveal discrepancy with her written screenings, nor did she show signs of hesitation or verbal signs of minimization suggesting problem use of prescription medications.

DSM-5 Alcohol & Substance Use Disorder Symptoms:

- ☐ Use beyond intention
- ☐ Persistent desire or unsuccessful efforts to reduce/quit use
- ☐ Substantial time spent obtaining, using, or recovering from use
- ☐ Strong craving/desire
- ☐ Failure to fulfill a major role (work, home, school)
- ☐ Use despite recurrent social/interpersonal problems
- ☐ Important social, occupational, recreational activities relinquished
- ☒ Physically hazardous use
- ☐ Continued use despite knowledge of contraindicated physical or psychological condition
- ☐ Tolerance
- ☐ Withdrawal symptoms

Summary - 1 of 11 symptoms (Mild 2-3 | Moderate 4-5 | Severe 6+)

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

Treatment Recommendations:

- 1) Alcohol & Drug Education – 12 hrs. of alcohol/drug education including a combination of 2 or more of any of the following: local class (hospital, treatment center, or community facility), AA/NA, MADD victim impact panel, online alcohol or drug education course;
- 2) Drug Testing – 2-5 random drug screens at the direction of probation officer over the course of her 1-year probationary period;
- 3) Abstinence – abstaining from all alcohol use until 21 years of age, if abstinence with regard to alcohol or marijuana is compromised Ms. Sanderson is to seek further evaluation and complete all recommended treatment recommendations.

If the reader or court possess additional information about Ms. Sanderson's use of alcohol or drugs that might 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 the court, Ms. Sanderson, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA
Cert.# 150427
cc: Lane Sanderson

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.