

August 27, 2015

Anacortes Municipal Court
1218 24th. Street
Anacortes, WA 98221

Re: Clinical Alcohol Assessment for Michael Christensen

Dear Court Representative:

I performed a Clinical Alcohol Assessment for Mr. Christensen in reference to his DUI charge in Skagit County in **June of 2011**. This assessment included the administration of:

- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- A General anxiety/depression screening
- 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) indicate moderate to severe disorder present (respondent appeared to provide forthright responses to questions)

DSM/Other Substance Related Concerns: clinical interview revealed 0 of 11 DSM 5 substance related symptoms found / 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: denies any previous history of alcohol or substance related arrests/legal charges

Clinical Interview/Summary: Mr. Christensen'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 1-4 drinks on 1 or less occasions per month. He also acknowledged use of 3-5 drinks on 4-5 special occasions per year (weddings, birthdays, etc.). Mr. Christensen and I discussed his general habits involving alcohol as

well as the specific circumstances surrounding the 2011 DUI incident. He was forthcoming throughout the interview and I found no discrepancies or inconsistencies in either written or verbal form. My clinical impression is that he does not meet criteria for someone experiencing an alcohol use disorder and it is quite possible that the 2011 DUI incident represents an aberration from his normally low risk drinking behaviors.

It is my understanding that Mr. Christensen attended a local Victim Impact Panel in 2011 and provided proof of successful completion to the court. I believe the court's direction of this was appropriate considering his charges. Since Mr. Christensen has had no further alcohol related charges since 2011 and presently consumes alcohol at a moderate level I have no further professional treatment recommendations for him at this time.

If the court possesses additional pertinent information about Mr. Christensen's consumption of alcohol since 2004 I would be happy to review it and incorporate such information into this assessment upon request.

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. Christensen seek further evaluation and follow all treatment recommendations.

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

Sincerely,



Anita McLeod, LCSW, SAP
cc: Michael Christensen

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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.

