

September 20, 2016

The Honorable Curt A. Haws, Judge
Circuit Court of the Ninth Judicial District
40 South Fremont
Pinedale, WY 82941-1796

Re: Clinical Alcohol and Drug Assessment for Leah K. Burroughs (DOB – 11/19/1994)

Judge Haws:

I performed a Clinical Alcohol and Drug Assessment for Ms. Burroughs in reference to her possession of a controlled substance charge in Sublette County. This assessment included a 35-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 = 0 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screen relative to lifetime use of alcohol)

DAST-10: score = 1 / *NEGATIVE SCREEN*; point incurred for drug use outside of a medical context and/or supervision, mitigate any concern with treatment recommendation

Alcohol & Substance Use Risk Factors:

- ☐ academic concern – 3.0 student
- ☐ negative peer influence/at-risk work environment – NA
- ☐ current stress (relational, work, financial, etc.) – NA
- ☐ physical health concerns – NA
- ☐ anxiety/depression/mental health – NA
- ☐ exposure to trauma – NA
- ☐ family history – none reported
- ☐ regular use of liquor – NA
- ☐ severity of incident – reports she was not intoxicated at the time of her arrest nor was she cited as such
- ☐ prior treatment history – NA
- ☐ legal history – denies previous history

Summary - 0 of 11 concerns

Clinical Interview/Summary: ALCOHOL – Ms. Burroughs' written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). Her last recollection of alcohol was "almost a year ago" on an occasion at home in which she had 1 mixed drink. She reported no regular use of alcohol as she is of recent legal age and doesn't typically have the time or desire to drink. She also reported that she is generally the "designated driver" when in social settings with friends who are drinking.

NON-PRESCRIPTION DRUG – Ms. Burroughs acknowledged experimental use of marijuana on one lifetime occasion. She denied experimentation and use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Mr. Godin's report about non-prescription drug use suspect of minimization or deception.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Ms. Burroughs denied recreational use of all 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 - 0 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: Having found no basis for a DSM-5 alcohol or drug use disorder, I have only asked that Ms. Burroughs obtain a 10-panel drug screen following today's assessment. She will be doing this through a 3rd party provider and will provide the results of the screening with this evaluation. Should Ms. Burroughs have a positive

drug screen or be unable to complete a verified screen within 3 days of this assessment, I recommend she seek a second, more in depth evaluation to ascertain whether she has an undisclosed alcohol or drug use problem.

If you or the court possess additional information about Ms. Burroughs' 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. Burroughs, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA
Cert.# 150427
cc: Leah K. Burroughs

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.