

June 17, 2014

Maureen McGruff, PO  
Franklin county Municipal Court  
375 S. High St. 8<sup>th</sup> Floor  
Columbus, OH 43215

**Re: Clinical Alcohol Assessment for Katrice Backie**

Dear Ms.McGruff:

I performed a Clinical Alcohol Assessment for Ms. Backie in reference to her adjudicated October 2013 OVI charge. 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 50 minute face-to-face clinical interview. The following are my findings and recommendations:

**MAST:** score =7; 6 points related to OVI history; possible moderate alcohol use disorder but further screening is appropriate given the significant time lapse between OVI charges

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

**DSM/Other Substance Related Concerns:** 3 lifetime OVI charges with two including relatively high level BACs (.14/.19), high BACs may indicate tolerance or atypical consumption of alcohol

**Anxiety/Depression Screening:** no clinically significant concerns reported, denies signs symptoms of anxiety or depression or alcohol use related to self-medication of any present symptoms

**Substance Related Legal History Reported:** OVI at age 17, OVI at age 23

**Clinical Interview/Summary:** Ms. Backie's written screenings provided mixed results. Her elevated MAST score was largely due to her OVI history. She reported her normal use (last 10 years) of alcohol as 1-2 standard drinks at a frequency of "monthly or less". The only time she drank more frequently than this was in her early 20s. Therefore, we discussed her OVI charges at length. Interestingly the 2013 and 2003 incidents both took place after consuming alcohol with the same person and both involved significant BACs. The interview was inconclusive regarding evidence of alcohol tolerance. Ms. Backie seemed to realize the seriousness of her situation and has been compliant with her requirement to complete two 72 hour Driver Intervention Programs.

DSM 5 criteria require 2 or more symptoms within a 12 month timeframe to conclude an alcohol use disorder exists. While I was unable to find Ms. Backie technically meeting these criteria I provided her with some follow up recommendations (below) which should be helpful in helping her avoid future impaired driving charges and/or problem use of alcohol in any way.

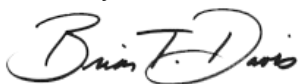
**DSM 5 DIAGNOSIS in reference to substances:** (V71.09) None Found at time of clinical interview; rule out possible alcohol use disorders during recommended follow up visits

**Treatment Recommendations:**

- 1) Education, Ms. Backie has successfully completed and can provide documentation of 2 separate 72 hour DIPs;
- 2) Counseling with Prevention Planning focus, recommend 3-4 sessions with a professional substance abuse counselor with an updated recommendation after completion of the third session; this recommendation is suggested to be at a frequency of once per month for the following reasons; a) to help monitor her condition over an extended period of time and; b) due to a lack of employment and the feasibility of additional therapy expenses, an extended but infrequent meeting schedule is most appropriate;
- 3) If another negative consequence is incurred as a result of any alcohol use, further evaluation is advised and increased recommendations are likely (e.g. Intensive Outpatient Treatment or greater).

Thank you for the opportunity to assist Ms. Backie in her probationary compliance. If you have any additional questions about his condition, please request a signed release of information and I will be glad to assist further.

Sincerely,



Brian Davis, LISW-S, SAP  
cc: Katrice Backie

**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:** Clinical substance abuse assessments are based on objective and standardized screenings and interviewing methods. Conclusions made are to the best of the professional's ability with data on hand at the time of the assessment. Expanded assessments which involve extensive background research, collateral information and third party verification can be provided as an additional service upon request.