

May 16, 2016

Jenna Coltrane, Probation Officer
The Mason Municipal Court
5950 South Mason Montgomery Road
Mason, OH 45040-3712

Re: Clinical Alcohol Assessment for Brook Woodworth (DOB – 10/03/1990)

Dear Ms. Coltrane:

I performed a Clinical Alcohol Assessment for Ms. Woodworth in reference to her June 2015 OVI charge in Mason County. This assessment included a 55-minute clinical interview, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- A general anxiety/depression screening

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

MAST: score = 4 / *SUGGESTIVE SCREEN*; scores of 3 or 4 are indicative of potential problem alcohol use whereas scores of 5 or more are suggestive of alcoholism, mitigate concerns with clinical recommendations (screen is relative to lifetime use and points incurred a result of legal history)

AUDIT: score = 2 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, whereas scores of 13 or more in women indicate a *moderate to severe* disorder may be present (scores are relative to the past 24 months preceding the incident)

Alcohol Use Risk Factors:

- ☒ previous legal history – 2012 OVI reduced to a failure to control conviction
- ☒ severity of incident – intended to drive a long distance home from out of town after physically hazardous use
- ☐ anxiety/depression/mental health – NA
- ☐ physical health concerns – NA
- ☐ exposure to trauma – NA
- ☐ other substance use – NA
- ☒ use of liquor – use of 80 proof vodka on a monthly basis (“screwdriver”)
- ☒ family history – father (blood related) with problem alcohol use
- ☒ prior treatment history – driver intervention program following 2012
- ☐ peer influences– NA

- ☐ at-risk work environment – NA
- ☐ significant relational and/or work stress – NA

Summary - 5 of 12 concerns, mitigate concerns with clinical recommendations

Clinical Interview/Summary: Ms. Woodworth's written screenings provided some indications of a possible alcohol use disorder. She reported her normal use of alcohol before this charge as 1-2 light beers or mixed drinks on 2-3 occasions per month. She also acknowledged use of up to 8 drinks in times of special occasion (sporting events, New Years), 2-3 times in the average year.

Ms. Woodworth and I discussed her OVI incident and general use of alcohol at length. Though Ms. Woodworth's reported typical use of alcohol is not clinically concerning and within NIAAA standards for women's "low-risk drinking," I am diagnosing her with a Mild Alcohol disorder because of her binge alcohol use and legal history. In an effort to curb further problem alcohol use, I have provided recommendations that are intended to reduce chances for repeat offenses and reduce binge habits to more moderate consumption if she chooses to return to drinking in the future. These recommendations come with the understanding that she was mandated to wear an alcohol monitoring device and successfully did so without complication for 3 months; she also has been, and continues to be subject to random testing for alcohol until February 2017.

DSM-5 Alcohol Use Disorder Symptoms:

Repeat or pattern of -

- ☐ 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 a physical or psychological condition
- ☒ Tolerance
- ☐ Withdrawal symptoms

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

DSM-5 DIAGNOSIS in Reference to Substances: F10.10 Mild Alcohol Use Disorder

Treatment Recommendations:

- 1) Attend a local MADD – Victim Impact Panel, 5900 Roche Dr. #250 Columbus, OH 43229, Phone - 614.885.6233, email - oh.state@madd.org;
- 2) Outpatient Counseling – 3-6 outpatient sessions with a professional substance abuse counselor; update recommendations after session 3 if further care is appropriate or discharge;
- 3) If another negative consequence is incurred as a result of any alcohol use it is recommended Ms. Woodworth seek an increased level of treatment or extended outpatient substance abuse counseling as appropriate.

If you or the court possess additional information about Ms. Woodworth's use of alcohol 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. Woodworth, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA
Cert.# 150427

Supervision received by Brian T. Davis, LISW-S, SAP LIC# I-7948
cc: Christian A. Malysheff

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.