

February 4, 2016

Patrick S. Fragel, Attorney at Law, PC
830 East Front Street, Suite 323
Traverse City, MI 49686

Re: Clinical Alcohol Assessment for Brooke Morgan Langdon (DOB – 05/04/1982)

Dear Mr. Fragel,

I performed a Clinical Alcohol Assessment for Ms. Langdon in reference to her DUI charge in Clare County. This assessment included a 55-minute clinical interview by telephone, 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 = 9 / *POSITIVE SCREEN*; strong suggestion of problem alcohol use at a moderate to severe level, clarify in interview (screening appeared valid)

AUDIT: score = 11 / *POSITIVE SCREEN*; scores of 8 or more indicate *hazardous use*

Alcohol Use Risk Factors:

Concerns/Contraindications for alcohol use

- alcohol tolerance (2 occasions involving high BACs > .3)
- 2 prior DUI charges
- memory loss associated with use (once/month)
- anxiety & depression without suicidal features
- family history (2 blood relatives reported)
- prior treatment history
- work stress
- contraindicated prescription use
- general health problems

Present Use Status: presently not using alcohol / denies experiencing alcohol withdrawal syndrome after stopping use

Substance Related Legal History Reported: approx. 2011 DUI, previous DUI but unsure of the year of occurrence

Clinical Interview/Summary: Ms. Langdon's written screenings provided clear suggestions of a moderate to severe alcohol use disorder. She reported her normal use of alcohol before this charge as 4-6 drinks on weekend evenings. She did not deny that her drinking was problematic and said "it needs to stop." The interview revealed five of the 11 DSM-5 alcohol use disorders, categorizing her condition at least as *moderate level alcohol use disorder*. Ms. Langdon was not drinking daily and has not manifested alcohol withdrawal symptoms since she stopped drinking in November of last year after incurring her third DUI lifetime charge.

In consideration of the serious nature of her history with alcohol I am providing specific recommendations. The court has already ordered Ms. Langdon to engage in treatment. I am in full support of these orders but will offer two different treatment plans; one which mirrors what the court has already ordered and is acceptable, but another which is more preferable if the resources are available and the court approves.

My preference is simply based on the clinical impression that Ms. Langdon may have a slightly to significantly better starting point to her sobriety if she is afforded the chance to utilize the asset of an IOP program. A good IOP program leverages peer support in the early stages of recovery.

DSM-5 DIAGNOSIS in Reference to Substances: 303.90 (moderate alcohol use disorder rule out severe alcohol use disorder)

Treatment Plan I (as court has currently ordered):

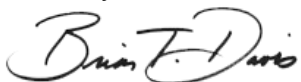
- 1) AA 90 Meetings in 90 Days - 4 meetings per week thereafter;
- 2) Outpatient Individual Counseling – recommend 1 session per week minimum with a substance abuse professional who can also treat anxiety and depression disorders; professional should update probation department on a regular basis;
- 3) Family Counseling – frequency at the discretion of the individual or family counselor;
- 4) Physician consults– for continuity of care, inform primary care doctor and psychiatrist of the results of this assessment and obtain appropriate medical recommendations;
- 5) Abstinence – recommend abstaining from all alcohol use for life.

Alternate Treatment Plan II (preferred if IOP resources are available and the court approves):

- 1) Complete and Intensive Outpatient Program – (most programs consist of 3 meetings per week @ 3 hours per group meeting);
- 2) AA, 12 Step or Smart-Recovery Meeting Attendance During IOP – recommend 2-3 sessions per week as directed by IOP program, 3-4 meetings per week after successful completion of IOP, obtain a sponsor;
- 3) Outpatient Counseling – after completion of IOP, recommend 2 session per month minimum with a substance abuse professional is also qualified to treat anxiety and depressive disorders, professional should update probation department on a regular basis, utilize family counseling as directed by probation/court;
- 4) Physician consults– for continuity of care, inform primary care doctor and psychiatrist of the results of this assessment and obtain appropriate medical recommendations;
- 5) Abstinence – recommend abstaining from all alcohol use permanently.

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

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: Brooke Morgan Langdon

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.

