

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. She also reports that she has successfully completed a 13 week IOP at Harbor Oaks Hospital.

In consideration of the serious nature of her history with alcohol I am providing specific recommendations to support long term recovery. The court has already ordered Ms. Langdon to engage in treatment and I am in full support of these orders.

DSM-5 DIAGNOSIS in Reference to Substances: 303.90 (moderate alcohol use disorder in early full remission)

Treatment Plan:

- 1) AA / 90 Meetings in 90 Days - 4 meetings per week thereafter, obtain sponsor;
- 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 and change frequency of sessions as clinically indicated;
- 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.

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

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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.