

August 10, 2016

Michael W. Fahey
2535 Forest Ave. #130 Ste. A
Chico, CA 95928

Re: Clinical Alcohol Assessment for Jessie Marie Durler (DOB – 08/24/1978)

Dear Mr. Fahey:

I performed a Clinical Alcohol and Drug Assessment for Jessie Durler in reference to her charge in Butte County. This assessment included a 60-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 = *POSITIVE SCREEN*; some direct and indirect indication of problem alcohol use, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

AUDIT: score = 10 / *POSITIVE SCREEN*; scores of 8 or more indicate potential *hazardous use*, whereas scores of 13 or more in women indicate a *moderate to severe* disorder may be present, mitigate concerns with clinical recommendations (screen predominantly relative to use of current use of alcohol)

Alcohol Use Risk Factors:

- ☒ legal history – March 2012 DUI (.22 BAC)
- ☒ severity of current incident – BAC nearly twice legal limit
- ☒ anxiety/depression/trauma/mental health – PTSD and history of anxiety (has received past treatment)
- ☐ relevant physical health issues – NA
- ☐ regular use of liquor – beer only
- ☒ other substance use – tobacco products; medicinal cannabis
- ☐ contraindicated prescription use – NA
- ☒ family history – one close blood relative
- ☒ prior treatment history – support group attendance, education, 9-month program (no counseling involved)
- ☐ negative peer influence – NA
- ☐ at-risk work environment – NA

- ☒ current stress (relational, work, financial, etc.) – minimal to moderate stress reported

Summary - 7 of 12 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary: Ms. Durler's written screenings provided clear indication of an alcohol use disorder at some level. She was open in the clinical interview and shared information indicating 7 problem alcohol use symptoms (see below). While Ms. Durler does not have a history of daily alcohol use, she does appear to have difficulty drinking within NIAAA recommendations for women's low-risk drinking. She reported 1 month's abstinence leading up to her DUI and sobriety thereafter. I have provided treatment recommendations in effort to keep her sobriety intact and ensure no further problem alcohol use. Her follow-up counseling should be focused on prevention and learning further skills that will help her manage anxiety.

DSM-5 Alcohol Use 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 - 7 of 11 symptoms (Mild 2-3 | Moderate 4-5 | **Severe 6+**)

DSM-5 DIAGNOSIS in Reference to Substances: F10.20 Severe Alcohol Use Disorder (Early Remission)

Treatment Recommendations:

- 1) Outpatient Counseling – sessions with a professional substance abuse counselor; follow-up provider to update recommendations or discharge as appropriate;
- 2) Monitoring – 1-year period of monitoring with follow-up provider once initial counseling is complete, meeting frequency at discretion of counselor;
- 3) If unable to maintain abstinence – Ms. Durler is to consult with mental health and/or substance abuse professionals regarding additional treatment and support (Intensive Outpatient Program, 12 step meeting attendance, etc.).

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

Sincerely,



Trevor C. Davis, CDCA
Cert.# 150427
cc: Jessie Durler

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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.