

September 19, 2016

Michael McFarland, Attorney
Walker, Watts, Jackson & McFarland, P.L.L.C.
160 North Winter Street
Adrian, Michigan 49221

Re: Clinical Alcohol Assessment for Carrie Renee Williams (DOB – 11/16/1992)

Dear Mr. McFarland:

I performed a Clinical Alcohol Assessment for Ms. Williams in reference to her August OWI charge in Lenawee 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 = 4 / *POSITIVE SCREEN*; indirect indication of an alcohol use disorder, points incurred were a result of 2 lifetime alcohol-related legal offenses, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

AUDIT: score = 2 / *NEGATIVE 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 (screen predominantly relative to current use of alcohol)

Alcohol Use Risk Factors:

- ☒ legal history – Public Intoxication in “2009 or 2010,” could not recall BAC
- ☐ severity of incident – .09 BAC
- ☐ anxiety/depression/mental health – NA
- ☐ general health issues – NA
- ☐ exposure to trauma – NA
- ☒ regular use of liquor – less than monthly
- ☐ other substance use – regular use of tobacco products
- ☐ contraindicated prescription use – NA
- ☐ family history – none reported
- ☐ prior treatment history – NA
- ☐ negative peer influence – NA
- ☐ at-risk work environment – NA

- ☐ current stress (relational, work, financial, etc.) – minimal to moderate stress reported as it relates to personal finances, quantified average weekly stress level as a “4” (scale of 1-10)

Summary – 2 of 13 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary: Ms. Williams’ written screenings provided mixed indications of a possible alcohol use disorder. She reported her normal use of alcohol before this charge as 3-4 drinks on approximately 1 occasion per month. She also acknowledged use of up to 6 drinks on 2-3 special occasions (holidays, birthdays, etc.) per year.

Ms. Williams and I discussed her OWI and general use of alcohol at length. I did not find her meeting DSM-5 alcohol use disorder criteria for an alcohol use disorder, however her drinking habits are outside what the NIAAA considers to be low-risk for women. Having noted some of the risks associated with her specific situation, I am including some preventative recommendations in the remainder of this report in effort to prevent problem alcohol use in the future, encourage reduced drinking habits, and rule-out a potentially unidentified alcohol use disorder.

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

DSM-5 DIAGNOSIS in Reference to Substances: Z03.89 (suspected substance use condition not found)

Treatment Recommendations:

- 1) Outpatient Counseling – 2 outpatient sessions with a professional substance abuse counselor; follow-up provider to update recommendations or discharge as appropriate;

- 2) Attend a local MADD Victim Impact Panel – visit www.madd.org for local panel times.

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

Sincerely,



Trevor C. Davis, CDCA

Cert.# 150427

Reviewed by Brian T. Davis, LISW-S, SAP LIC# I-7948

cc: Carrie Renee Williams

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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.