

September 12, 2016

David W. Gilpin, Attorney
Gilpin Law Offices, PLLC
126 North McDowell Street
Charlotte, NC 28204

Re: Clinical Alcohol Assessment for Mallory E. Rose (DOB – 11/16/1992)

Dear Mr. Gilpin:

I performed a Clinical Alcohol Assessment for Ms. Rose in reference to her DWI charge in Mecklenburg County. This assessment included a 50-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*; direct and indirect indications of problem alcohol use, scores of 5 or more are strongly indicative of a present alcohol use disorder, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

AUDIT: score = 7 / *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 – denies previous history
- ☐ severity of incident – .13 BAC
- ☒ anxiety/depression/mental health – minor to moderate symptoms of anxiety
- ☐ general health issues – NA
- ☐ exposure to trauma – NA
- ☐ regular use of liquor – NA
- ☒ other substance use – quit smoking approximately 2 months ago
- ☐ contraindicated prescription use – NA
- ☒ family history – 2 blood-relatives
- ☐ prior treatment history – NA
- ☐ negative peer influence – NA

- ☒ current stress (relational, work, financial, etc.) – moderate work stress reported, typically “4-5” on a scale of 1-10

Summary - 4 of 12 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary: Ms. Rose’s written screenings provided some indication of an alcohol use disorder at any level. She reported her normal use of alcohol before this charge as 3 beers on 1-2 occasions per week. She also acknowledged use of up to 5 drinks on 4-5 special occasions (weddings, birthdays, etc.) per year.

Ms. Rose and I discussed her DWI and general use of alcohol at length. While I did not find her meeting enough DSM-5 alcohol use disorder criteria for an alcohol use disorder, her drinking habits specifically in times of celebration are outside what the NIAAA considers to be “low-risk” drinking for women. Because of this, I have made recommendations in an effort to proactively rule out a potential disorder and prevent future problem alcohol use.

DSM-5 Alcohol Use Disorder 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 - 1 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 – 2-3 outpatient sessions with a professional substance abuse counselor; follow-up provider to update recommendations or discharge as appropriate;
- 2) Preventative Alcohol & Drug Education – 6 hrs. of alcohol/drug education including a combination of any of the following – local class (hospital, treatment center, or community facility), AA/NA, MADD VIP, online alcohol or drug education course

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

Sincerely,



Trevor C. Davis, CDCA
Cert.# 150427
cc: Mallory E. Rose

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.