

August 24, 2016

Christopher A. Rohr, Attorney
Law Office of Christopher A. Rohr, P.A.
280 North Court Avenue
P.O. Box 545 (typically take out the PO box in favor of the actual address)
Colby, KS 67701-2419

Re: Clinical Alcohol Assessment for Shawna L. Woodard (DOB – 11/11/1961)

Dear Mr. Rohr:

I performed a Clinical Alcohol Assessment for Ms. Woodard in reference to her April DUI charge in Sherman County. This assessment included a 70-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 / *SUGGESTIVE SCREEN*; direct and indirect indication of low level problem alcohol use, 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, mitigate concern items with clinical recommendations (screen predominantly relative to recent/current use of alcohol)

Alcohol Use Risk Factors:

- ☐ legal history – denies previous history
- ☒ severity of incident – high BAC (.221)
- ☐ anxiety/depression/mental health – NA
- ☒ general health issues – hypertension, kidney damage, fibromyalgia
- ☐ exposure to trauma – saw therapist for 2 years for abuse sustained as a child
- ☐ regular use of liquor – less than monthly
- ☐ other substance use – NA
- ☐ contraindicated prescription use – NA
- ☒ family history – 2 blood relatives w/ problem alcohol use
- ☐ prior treatment history – NA
- ☐ negative peer influence – NA

- ☐ at-risk work environment – NA
- ☒ current stress (relational, work, financial, etc.) – moderate strain reported with regard to finances, lack of time for self-care (working out)

Summary - 4 of 13 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary: Ms. Woodard's written screenings provided some indication of problem alcohol use. She was open in the clinical interview and shared information indicating 3 problem alcohol use disorder symptoms (see below). While Ms. Woodard does not have a history of daily alcohol use, she does appear to have drinking behavior outside what the NIAAA considers to be "low-risk" for women. Due to her identified disorder and outstanding concerns, I have provided treatment recommendations in an effort to help her either quit drinking or drink at a level that would be considered health-conscious.

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

DSM-5 DIAGNOSIS in Reference to Substances: F10.10 Mild Alcohol Use Disorder

Treatment Recommendations:

- 1) Physician consult – for continuity of care, inform primary care doctor of the results of this assessment and obtain appropriate medical recommendations;
- 2) Outpatient Counseling – engage in outpatient sessions with a professional substance abuse counselor; follow-up provider to update recommendations and discharge as appropriate; update recommendations after session 4 or discharge as appropriate;

- 3) If unable to reduce and maintain a lower level of alcohol use, it is advised that Ms. Woodard consult with a mental health and/or substance abuse professional regarding additional treatment and support (temporary abstinence period, Intensive Outpatient Program, 12 step meeting attendance, etc.).

If you or the court possess additional information about Ms. Woodard'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. Woodard, 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: Shawna L. Woodard

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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.