

November 23, 2016

Eva J. Temple, Judge  
Umatilla County Community Corrections  
915 SE Columbia Dr.  
Hermiston, OR. 97801

**Re: Clinical Alcohol and Drug Assessment for Stanna K. Howell (DOB – 08/03/1966)**

Dear Honorable Judge Temple:

I performed a Clinical Alcohol and Drug Assessment for Ms. Howell in reference to her 2012 DUI charge in Umatilla County. This assessment included a 105-minute clinical interview by telephone, review of completed treatment documentation/character references, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- A Drug Abuse Screening Test (DAST-10)
- A general anxiety/depression screening

The following items provide a summary of the screening results, my diagnostic opinion, and professional recommendations:

**MAST: POSITIVE SCREEN;** see clinical interview (screen relative to lifetime use of alcohol)

**DAST-10:** score = 4 / *POSITIVE SCREEN*; direct and indirect evidence of a present substance use disorder (screen relative to lifetime use of substances)

**Present Use Status:** Reports no use of alcohol since 2012 and no use of methamphetamine since May of 2013

**Clinical Interview/Summary:** ALCOHOL – Ms. Howell's written screenings provided some indication of a past alcohol use disorder. Upon further evaluation, I failed to identify her meeting any problem alcohol use symptoms historically. Her positive MAST screening was indicative of a severe alcohol use disorder; however, this was mainly impart to points that had been incurred for 12-step meeting attendance and health issue that is commonly related to misuse of alcohol. I found Ms. Howell's reasons for

abstaining from alcohol to be compelling and convincing (cited physical health issues, lack of desire). When she was using alcohol prior to 2012 it was on a less than monthly basis and limited social contexts or special occasions. I have no clinical concerns or recommendations for her as they relate to alcohol.

**NON-PRESCRIPTION DRUG** – Ms. Howell acknowledged some past experimentation and use of marijuana however the majority of our conversation was directed at her extensive history with methamphetamine. She helped me identify the severity of her amphetamine use disorder (see symptoms below) in 2013 and since this time she has successfully completed extensive treatment. Ms. Howell denied experimentation and use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Ms. Howell's report about non-prescription drug use suspect of minimization or deception. She he reported that she has been subject to random urinalysis screens as part of her probationary requirements and has done so without any positive screens.

**PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED** – Ms. Howell denied recreational use of all prescription medications which are prone to abuse including: stimulant/ADD medications, narcotic painkiller medications, benzodiazepines, and sleeping medications. She provided me with a list of prescriptions she is currently taking under the supervision of her primary health care provider. She reported taking all medications as (or less) than directed and meets with her doctor approximately twice a month for continuity of care. The interview did not reveal discrepancy with her written screenings, nor did she show verbal signs of minimization suggesting problem use of prescription medications.

**SUMMARY** – It would seem Ms. Howell is at low-risk for relapse at this time. She has completed more than what I would have required of her in terms of addiction recovery treatment. She was articulate of the healthy transitions that she has made in her life since her recovery and it would seem she that she has sufficient understanding of why maintaining this is so important to her. She described a fairly strong support network (12-step, family, medical care) and it would seem that her current living situation provides the structure she needs in order to remain abstinent. Ms. Howell also reported that she no longer experiences craving or desire to use and while I do not have treatment recommendations for her as they relate to her sobriety, I have encouraged her to begin meeting with a mental health counselor at an outpatient level. I have recommended this in an effort to further support her as she is battling numerous physical health issues at this time. Though it is not causing her severe distress, it would seem that she could likely benefit from further discussing some of the things she is

grieving and enduring as they relate to her physical health. Ms. Howell was open to this suggestion and had already been considering finding an extra outlet for support.

**Past DSM-5 Substance 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 – 10 of 11 symptoms (Mild 2-3 | Moderate 4-5 | Severe 6+)

**DSM-5 DIAGNOSIS in Reference to Substances:** F15.20 Amphetamine Use Disorder  
– Sustained Remission

**Treatment Recommendations:**

- 1) (Optional) Outpatient Counseling – 6 months of outpatient sessions (frequency at client and counselor discretion) with a professional mental health counselor; follow-up counselor to update recommendations and discharge as appropriate;
- 2) If another negative consequence is incurred as a result of any alcohol or drug use Ms. Howell is to consult a substance abuse and mental health professional for further evaluation and follow all treatment recommendations.

If you or the court possess additional information about Ms. Howell's use of alcohol or drugs 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. Howell, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA  
CDCA.150427  
cc: Stanna K. Howell

**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 and Drug 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.