

February 16, 2016

Jenna Coltrane, Probation Officer
Mason Municipal Court, Probation Department
5950 South Mason Montgomery Road
Mason, Ohio 45040

**Re: Clinical Alcohol and Drug Assessment for Teresa Michele Wirthlin
(DOB – 06/06/1974)**

Dear Ms. Coltrane,

I performed a Clinical Alcohol and Drug Assessment for Ms. Wirthlin in reference to her OVI charge in Warren County. This assessment included a full clinical interview by telephone, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- A Drug Use Disorder Identification Test (DUDIT)
- A general anxiety/depression screening

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

MAST: score = 2 / *NEGATIVE SCREEN*; raw score related to 2 DUI charges with minimal presenting evidence, see clinical interview for more detail

DUDIT: score = 0 / *NEGATIVE SCREEN*; scores of 2 or more (female) suggest presence of mild or moderate condition

Substance Use Risk Factors:

Concerns/Risks

- 2005 prior DUI charge – reduced to reckless operation
- Cannabis use – reports 1 use per month history/ discontinued use 2 months ago

No Concern

- family history (none)
- prior treatment history (NA)
- peer influences (NA)
- work environment (NA)
- contraindicated prescription use (no recent Rx use/no history of concern)
- general health problems (NA)
- current family stress (NA)

Anxiety/Depression Screening: no clinically significant concerns reported

Clinical Interview/Summary:

ALCOHOL - Ms. Wirthlin's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). She reported her normal use of alcohol as 2-4 drinks on 0-1 occasions per week. She also reported no difference in the amount consumed if attending a special social event (weddings, birthdays, etc.). Ms. Wirthlin and I discussed her OVI incident and general use of alcohol at length. Her report was without contradiction, hesitation or other non-verbal indications that she might be covering for an alcohol use disorder.

ILLICIT DRUG – Ms. Wirthlin acknowledged infrequent use of marijuana (once/month) in social settings. I did not find her manifesting symptoms of a DSM-5 cannabis use disorder. She is aware that any use would be prohibited during her probation and has therefore stopped using marijuana altogether and anticipates she will be drug tested during her probation.

She denied experimentation or habitual use of all other illicit substance categories including: opiates, stimulants, hallucinogens, and inhalants. I noted that she disclosed her past marijuana use even though I would have had no other means to identify such use. Her denial of other illicit drug use seemed plausible in the context of the interview. Her noted infrequent marijuana, without sufficient side effects to warrant a cannabis diagnosis seemed plausible.

PRESCRIPTION DRUG – Ms. Wirthlin denied any recreational use of prescription medications which are prone to abuse including stimulant/ADD medications, narcotic painkiller medications, anxiolytics and sleeping medications.

Her last prescription for a narcotic painkiller was prescribed after a C-section 15 years ago and she reports that she had no difficulty discontinuing the use of the painkiller at the end of the original prescription fill. The interview did not reveal hesitation, discrepancy with her written screenings, or other non-verbal signs of minimization or covering a prescription drug use problem.

SUMMARY – Ms. Wirthlin's written screenings and clinical interview did not identify alcohol or drug use symptoms indicative of a DSM-5 substance use disorder. However, since she has incurred two impaired driving related charges in her lifetime, I believe that a 72-hour Driver Intervention Program is an appropriate preventative step to take at this time.

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

Treatment Recommendations:

- 1) 72 Hour Driver Intervention Program – complete program and provide documentation to the court
- 2) If another negative consequence is incurred as a result of any alcohol or substance use it is recommended Ms. Wirthlin seek further evaluation and follow all treatment recommendations.

If the court possesses additional information about Ms. Wirthlin's use of alcohol or drugs that might impact the outcome of this assessment, I would be happy to review it and consider any appropriate modifications or amendments to the present report.

Thank you for the opportunity to assist the court, Ms. Wirthlin, and yourself in this important matter.

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: Teresa Michele Wirthlin

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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.