

July 14, 2016

Dave Hardgrave, Probation Officer
Athens-Clarke County Unified Government
Probation Services
1720A Lexington Road
Athens, GA 30605-2330

**Re: Clinical Alcohol and Drug Assessment for Rebekah C. Davis
(DOB – 11/13/1983)**

Dear Mr. Hardgrave:

I performed a Clinical Alcohol and Drug Assessment for Ms. Davis in reference to her public intoxication charge in Clarke County in October of 2015. This assessment included a 50-minute clinical interview by telephone and the administration of:

- Michigan Alcohol Disorders Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- Drug Abuse Screening Test (DAST)
- A general anxiety/depression screening

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

MAST: score = 8 / POSITIVE SCREEN; some direct indication of problem alcohol use within the past 20 years

AUDIT: score = 4 / NEGATIVE SCREEN; scores of 8 or more indicate hazardous use, scores of 13 or more in women indicate moderate to severe disorder present

DAST: score = 1 / NEGATIVE SCREEN; scores of 1-2 = low level concern, 3-5 moderate, 6-8 substantial, 9-10 severe

Alcohol Use Risk Factors:

Concerns/Risks

- ☒ previous legal history – DUI in 2004 (12 years ago)
- ☐ severity of incident – N/A
- ☐ anxiety/depression/mental health – N/A
- ☐ other substance use – N/A
- ☐ family history – none reported
- ☐ prior treatment history – N/A
- ☐ peer influences– N/A
- ☐ work environment – N/A

- ☐ contraindicated prescription use – N/A
- ☐ general health problems – N/A
- ☐ current family stress – N/A

Summary - 1 of 11 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary:

ALCOHOL –Ms. Davis’ written screenings provided some indication of historical overuse of alcohol within a 20-year frame of reference. However, she did not meet criteria for a DSM-5 alcohol use disorder regarding her use of alcohol within the past 12 years at any level (mild, moderate or severe). Ms. Davis reported her normal use of alcohol before this charge as 1-2 drinks on 1 or less occasions per week. She reported no difference in the amount consumed if she was attending a special event or celebration. Ms. Davis reported that she has remained abstinent from all alcohol use since she was charged and has no plans to resume any alcohol use in the future. She stated the reason for ongoing abstinence being the emotional and financial hardship her legal incident has caused for her family not being worth the resumption of any alcohol use going forward.

NON-PRESCRIPTION DRUG – Ms. Davis acknowledged minimal experimentation of marijuana at the age of 16 (16 years ago), but denied any other historical use of marijuana. She denied experimentation or use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Ms. Davis’ report about non-prescription drug use suspect of minimization or deception.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Ms. Davis denied any recreational use of prescription medications which are prone to abuse including stimulant/ADD medications, narcotic painkiller medications, and anxiolytics and sleeping medications. 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. Davis and I discussed her October, 2015 public intoxication incident, her 2004 DUI charge and historical use of alcohol at length. Ms. Davis acknowledged that she did overuse alcohol the night she was charged (October 2015) and that she is unable to remember what precipitated the incident with her husband. My clinical opinion is that the amount she had to drink that evening was most likely an aberration to her normally low-risk use of alcohol. Although Ms. Davis did have 1 prior alcohol related legal incident (2004) in addition to this incident, I was unable to find her meeting any criteria for a DSM-5 alcohol use disorder. Mr. Davis reported that her last use of marijuana was at the age of 16 (16 years ago). Ms. Davis also did not meet any criteria for a DSM-5 drug use disorder. It is my understanding that Ms. Davis has been on probation since her October of 2015 charge and has complied with all stipulations of probation without any violations. Therefore, as a result of both her screenings, clinical interview, and ongoing accountability to probation, I have no treatment recommendations for her at this time. However, if another negative consequence is

incurred as a result of any alcohol or drug use, it is recommended that Ms. Davis seek an increased level of treatment or extended outpatient substance abuse counseling as appropriate.

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

Treatment Recommendations:

Having found no basis for a DSM-5 alcohol or drug use disorder, I have no further recommendations for Ms. Davis at this time.

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

Sincerely,



Anita McLeod, LCSW, SAP
LIC # 079668-1
cc: Rebekah C. Davis

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.