

June 2, 2016

Attorney Mark Cohen  
39510 Paseo Padre Parkway  
Suite 190  
Fremont, CA 94538

**Re: Clinical Alcohol and Drug Assessment for Rebecca Wotawa  
(DOB – 10/20/1965)**

Dear Mr. Cohen:

I performed a Clinical Alcohol and Drug Assessment for Ms. Wotawa per your request. This assessment included a 59-minute clinical interview 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 does not suggest a diagnosable alcohol use disorder

**DUDIT:** score = 0 / *NEGATIVE SCREEN*; raw score does not suggest a diagnosable alcohol use disorder

**Alcohol or Substance Use Risk Factors:**

*Concerns/Risks*

- ☐ previous legal history – denies prior history
- ☐ severity of incident – NA
- ☐ anxiety/depression/mental health – denies history of chronic conditions or recent conditions, experienced some anxiety symptoms 2009-2014 during divorce and child custody proceedings
- ☐ other substance use – NA
- ☒ family history – one blood related family member
- ☐ prior treatment history – NA
- ☐ peer influences– NA
- ☐ work environment – NA
- ☐ contraindicated prescription use – NA
- ☐ general health problems – NA
- ☐ current family stress – NA

*Summary - 1 of 11 concerns (low risk)*

**DSM - 5 Alcohol or Drug 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 contra physical or psychological condition
- ☐ Tolerance
- ☐ Withdrawal symptoms

*Summary - 0 of 11 symptoms, no discernible substance use disorder*

**Clinical Interview/Summary:**

**ALCOHOL** – Ms. Wotawa's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). She reported no use of alcohol for the past 6 years. She acknowledged that she previously drank up to 2 drinks on 2-3 occasions per month, but denied any history of drinking more than this amount or frequency since the age of 22. About 6 years ago she decided to stop drinking alcohol for the purpose of being a strong role model for a healthy lifestyle to her children. Further, she states that she can provide letters or testimony from various friends and family if necessary for her nursing board review.

**NON-PRESCRIPTION DRUG** – Ms. Wotawa denied any history of illicit or non-prescription drug use including substances in the following categories: cannabis, stimulants, hallucinogens, inhalants, opiates, etc. Further, she reports that she has no legal or work history that involves the use of illicit or non-prescription drugs. She also states that she has credible friends and family members that have provided letters of confirmation.

**PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED** – Ms. Wotawa denied misuse of prescription drugs. She reported that she has had prescriptions for benzodiazepines during the time period she was experiencing significant anxiety in relation to the end of her marriage. She discontinued the use of these after 2009 without incident or benzodiazepine withdrawal. Ms. Wotawa has used opiate painkillers for two purposes with a prescription. She had significant pain from ovarian cysts and intermittently used Vicodin for pain management (2006-'09). She also has used similar medication with a prescription for tooth pain or dental procedures. As with the benzodiazepine use, Ms. Wotawa stated she used the medications as directed by her physician and denied experiencing opioid dependence or associated withdrawal symptoms when discontinuing the medication.

SUMMARY – Ms. Wotawa described to me the details of her past diagnosis with Supra Ventricular Tachycardia (SVT). She explained that this contributed to some symptoms which were mistakenly being diagnosed as anxiety symptoms. Furthermore, this condition could medically explain two situations where she appeared to be cognitively impaired at work. In 2009 she presented as “disoriented, confused and with slurred speech”. She reports that she was immediately drug tested and found to be negative for illicit substances.

Ms. Wotawa admitted with regret that she entered a diversion program in 2009, under the premise that she had a severe substance use problem involving multiple substances. She states that she did this, not because she genuinely had a substance use problem, but with the intent to get medical help as she had no insurance coverage at the time, was concerned about possible drug interactions (with her existing prescriptions) and was very concerned about getting medical help to treat the SVT diagnosis. Essentially she did this during a time of fear and financial desperation, in order to get whatever help she could.

Ms. Wotawa’s situation is unusual but plausible. If she can substantiate some items they are compelling. She was drug tested after appearing to be impaired in 2009 at work and found to be negative. She had a heart condition significant enough to require surgery and a condition which could potentially explain or partially explain her anxiety symptoms. She has a number of family and friends who will vouch for her character. She has recently been offered a job promotion based on good work performance. Lastly she states that a background check would not reveal drug or alcohol offenses.

If Ms. Wotawa has difficulty substantiating her claims a clear diagnosis would be difficult to make without a context of therapeutic treatment. While a failure to substantiate these items would suggest the existence of a problem, more detailed information would need to be gathered in order to reach an accurate diagnosis and a helpful, well-constructed treatment plan.

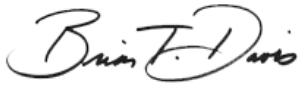
**DSM-5 DIAGNOSIS in Reference to Substances:** Z03.89 (suspected substance use condition not found)

**Treatment Recommendations:** Having found no basis for a DSM-5 alcohol or drug use disorder I have no further recommendations for Ms. Wotawa at this time.

If you or the California Board of Registered Nursing possess additional information about Ms. Wotawa’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 Ms.Wotawa and yourself in this important matter.

Sincerely,



Brian T. Davis, LISW-S, SAP

LIC# I-7948

cc: Rebecca Wotawa

**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.