

September 30, 2015

Lea Ann Coffeldt, Probation Officer  
132 David Street  
Forsyth, MO 65653

**Re: Clinical Alcohol and Drug Assessment for Bess Rogers**

Dear Ms. Coffeldt:

I performed a Clinical Alcohol and Drug Assessment for Ms. Rogers in reference to her *drug possession* charges in Taney County. This assessment included the administration of:

- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- A Drug Abuse Screening Test (DAST)
- A General anxiety/depression screening
- Full clinical interview by telephone

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

**MAST:** *POSITIVE SCREEN*; clinical interview did reveal past history of overuse of alcohol.

**AUDIT:** score = 2 / *NEGATIVE SCREEN*; scores of 8 or more indicate hazardous use, of 13 or more (women), 15 or more (men) indicates moderate to severe disorder present (respondent appeared to provide forthright responses to questions)

**DAST:** score = 6 / *POSITIVE SCREEN*; clinical interview did reveal past history of overuse of drugs. (Screening appeared valid)

**DSM/Other Substance Related Concerns:** Ms. Rogers states that she has been abstinent from all alcohol use for the past 24 months. She denies any current indicators of problem alcohol use including pattern of mild hangovers, mild memory loss after use, repeat use to relieve emotional or work stress, previous treatment, conflict with significant others during or shortly after use of alcohol, guilt or regret associated with use.

**Present Use Status:** denies present use of drugs and alcohol

**Anxiety/Depression Screening:** no clinically significant concerns reported

**Substance Related Legal History Reported:** 1997 DUI (BAC .17), 1999 DUI (BAC .22)

**Clinical Interview/Summary:**

Ms. Roger's written screenings provided some indication of an *alcohol use disorder in sustained remission*. She did report that she has been abstinent from alcohol for the past 24 months, however indicated that prior to this she felt like she had an alcohol problem. Ms. Rogers indicated that she had spent time prior to her current charges engaging in alcohol education, counseling, intensive outpatient and residential treatment for both drug and alcohol addiction.

Ms. Rogers and I discussed her *possession* charges and the circumstances involved in the May, 2015 incident. I found Ms. Rogers to be evasive during her clinical interview, which made an accurate assessment difficult; hence I did request to see the police report associated with her present charges. I do have several concerns after assessing her test results and the content of her clinical interview. These are as follows: Ms. Roger does have prior DUI convictions, per her acknowledgement in 1997 and 1999. She is not currently attending a 12 step support group or recovery associated meeting to assist her in maintaining her sobriety. Ms. Rogers indicated that she lives with her husband who has an arrest history for illicit drug related offenses. Ms. Rogers does have a history of drug and alcohol addiction which has required prior treatment. Ms. Rogers did have marijuana on her person as indicated on the police report.

Ms. Rogers did state that the marijuana that was in her possession was not hers but that she put it in her purse so that Ms. DeLong (Ms. Roger's friend) and Mr. Allen (Ms. Roger's husband), would not get caught with the marijuana on their person. Ms. Rogers acknowledged a drug abuse history, but stated that she has not smoked any marijuana for the past 5-6 years. She denied any current illicit drug use.

As a result of my findings, I would like for Ms. Rogers to be seen for some counseling sessions for further assessment and prevention purposes going forward. My additional treatment recommendations are below.

**DSM 5 DIAGNOSIS in reference to substances:** further assessment recommended to rule out cannabis use disorder"

**Treatment Recommendations:**

- 1) Counseling, recommend 5-8 outpatient sessions with a professional substance abuse counselor for further assessment, prevention planning and linkages to community supports; update recommendations at session five;
- 2) Monitoring, recommend 6 months of monitoring with same counselor after initial counseling completed, meeting frequency at discretion of counselor;
- 3) Abstinence, recommend abstaining from all alcohol and drug use permanently;

- 4) Support Group Attendance, recommend weekly attendance at a local 12 Step meeting. Ms. Rogers will provide proof of attendance to her outpatient substance abuse counselor;
- 5) If another negative consequence is incurred as a result of any drug or alcohol use it is likely that an increased level of treatment will be recommended (e.g. IOP, Inpatient, residential treatment, etc.)

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

Sincerely,



Anita McLeod, LCSW, SAP  
cc: Bess Rogers

**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.