

June 1, 2016

Charles County District Court of Maryland
11 Washington Avenue
P.O. Box 3070
LaPlata, MD 20646-3070

Re: Clinical Alcohol Assessment for Otis V. Baker (DOB – 03/29/1954)

To whom it may concern:

I performed a Clinical Alcohol Assessment for Mr. Baker in reference to his February 2016 DUI charge in Charles County. This assessment included a 50-minute clinical interview by telephone, and the administration of:

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

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

MAST: score = 1 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (relative to lifetime use)

AUDIT: score = 1 / *NEGATIVE SCREEN*; scores of 8 or more indicate potential *hazardous use*, whereas scores of 15 or more in men indicate *moderate to severe* disorder may be present (relative to past 24 months)

Alcohol Use Risk Factors:

- ☐ legal history – denies previous history
- ☐ severity of incident – .09 BAC
- ☐ anxiety/depression/mental health – NA
- ☐ general health issues – heart condition, blood pressure; none of clinical concern as it relates to alcohol (see regular)
- ☐ exposure to trauma – NA
- ☐ regular use of liquor – NA
- ☐ other substance use – NA
- ☐ contraindicated prescription use – NA
- ☐ family history – one close blood relative
- ☐ prior treatment history – NA
- ☐ negative peer influence – NA
- ☐ at-risk work environment – NA

☐ current stress (relational, work, etc.) – on a scale of 1-10, described typical stress range as being “between 1 and 5” in the average week; wife passed away in Nov. 2015, descriptive of strong family-based and faith-based support systems

Summary - 0 of 13 concerns; no concern to be mitigated with clinical recommendations

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

Summary - 0 of 11 symptoms

Clinical Interview/Summary:

Mr. Baker’s written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported his normal use of alcohol before this charge as 1-2 light beers on 1-2 to occasions per month. He also acknowledged use of 1-3 drinks on special occasions (weddings, family birthdays, “cookouts”) which come about “very rarely” and on a less than monthly basis.

Mr. Baker and I discussed his DUI incident and general use of alcohol at length. He has made a personal decision to discontinue all use of alcohol indefinitely due to the strife the incident at hand has caused him. He has had no alcohol since his charge and reports no trouble maintaining his sobriety as he described himself as previously being a strictly “social” drinker who has “never cared” for alcohol anyways. He also talked about his late wife would’ve never been okay with him drinking more than he did, nor did he have any desire to because of general life and work obligations. Through the screening process I detected no sign of minimization or discrepancy in the habits he described.

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 use disorder I have no further recommendations for Mr. Baker at this time.

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

Sincerely,



Trevor C. Davis, CDCA

Cert.# 150427

Supervision received from Brian T. Davis, LISW-S, SAP LIC# I-7948

cc: Otis V. Baker

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.