

June 6, 2016

Christina Doolittle, Probation Officer
Lane County Adult Corrections
Defendant & Offender Management Center
Lane County Parole & Probation
75 West 5th Avenue
Eugene, OR 97401-2602

Re: Clinical Alcohol Assessment for Aleta Plummer (DOB – 11/23/1954)

Dear Ms. Doolittle:

I performed a Clinical Alcohol Assessment for Ms. Plummer in reference to her permanently revoked driver's license in Lane County, Oregon and stemming from her 2002 DUI. 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: POSITIVE SCREEN; direct indication of problem alcohol use (screen relative to lifetime use of alcohol)

AUDIT: score = 4 / **NEGATIVE SCREEN;** scores of 8 or more indicate *hazardous use*, whereas scores of 13 or more in women indicate a *moderate to severe* disorder may be present (screen relative to use of alcohol within the past 24 months)

Alcohol-Use Risk Factors:

- ☒ legal history – 12 lifetime DUI's (4 in Lane county and 8 in the state of Montana)
- ☐ anxiety/depression/mental health – NA (occasional symptoms of managed anxiety through breathing exercises and by talking things out verbally)
- ☐ general health issues – NA
- ☐ exposure to trauma – survived abuse as a child, witness the death of a close blood relative at young age
- ☐ use of liquor – NA (previously consumed beer only)
- ☐ other substance use – NA
- ☐ contraindicated prescription use – NA
- ☒ family history – 3 close blood relatives

☒ prior treatment history – previous mental health (to primarily address trauma) and substance abuse counseling, intensive outpatient, regular AA attendance (for 4 years following her most recent prison stay in 2004, still attends on occasion), 1 inpatient stay (“around 1990”)

☐ negative peer influence – NA

☐ at-risk work environment – NA

☐ current stress (relational, work, etc.) – NA

Summary: 3 of 12 overall risks/concerns, none of which can be mitigated with clinical recommendations provides for a low to moderate risk profile

Clinical Interview/Summary: Ms. Plummer’s written screenings provided clear indications of a prior alcohol use disorder. Her usual consumption of alcohol was 6-8 beers on about 2 occasions a week. She was open and forthcoming in the clinical interview and shared information indicating problem alcohol use symptoms (see below). While Ms. Plummer does not have a history of daily alcohol use, she previously had a severe binge drinking habit. Her last time drinking was followed by her 4th Oregon DUI in ‘02. Since this incident she has made major behavior modifications and greatly improved the quality of her support network through the experiences and interventions already mentioned. She was articulate of her previous misuse of alcohol and how this related to negative experiences as a child while also identifying triggers and desires that fueled her drinking. She identified how these struggles were addressed through rehabilitation, therapy, and support groups. In addition to this she has provided structure to her life through her healthy social network, regular exercise, regular volunteering (with AARP), and her faith, monthly church attendance. In 2011 she completed a bachelor’s degree and has been managing a steady workload of 30-40 hours a week as an administrative specialist. She has no intentions to ever reconsider drinking in any capacity.

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 contra physical or psychological condition

☐ Tolerance

☐ Withdrawal symptoms

Summary – 8 of 11 symptoms (Mild 2-3 | Moderate 4-5 | Severe 6+)

DSM-5 DIAGNOSIS in Reference to Substances: F10.20 Several Alcohol Use Disorder Full Remission (2+ years of sobriety)

Treatment Recommendations: Having found no basis for a current DSM-5 alcohol use disorder and because her lack of identifiable risk factors, I have no further recommendations that I feel would be clinically appropriate for Ms. Plummer at this time. I have advised Ms. Plummer to provide a character reference letter as well as any proof of treatment (certificates, signatures, etc.) alongside this assessment. The character reference should provide collateral contact information from the individual.

If you or the court possess additional information, contradictory or otherwise, about Ms. Plummer'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, Ms. Plummer, 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: Aleta Plummer

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.