

June 15, 2016

Frank J. DeLuca, Judge  
54A-District Court  
6th Floor City Hall  
124 W Michigan Ave  
Lansing, MI 48933

**Re: Clinical Alcohol Assessment for Ashanta Vaughn (DOB – 11/12/1980)**

Dear Mr. DeLuca:

I performed a Clinical Alcohol Assessment for Ms. Vaughn in reference to her DWI charge in Ingham County, Michigan. This assessment included a 65-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, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

**AUDIT:** score = 2 / *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, mitigate concerns with clinical recommendations (screen relative to use of alcohol within the past 24 months)

**Alcohol Use Risk Factors:**

- ☐ legal history – non alcohol-related obstruction offense in 1999
- ☒ severity of incident – memory impairment (no history of memory impairment as it relates to drinking; .113 BAC)
- ☐ anxiety/depression/mental health – NA
- ☒ general health issues – hypertension; hyperthyroid; blood pressure; managed back pain; arthritis
- ☐ exposure to trauma – NA
- ☒ use of liquor – use of 80 proof liquor on 3 to 6 occasions in the average year
- ☐ other substance use – NA
- ☐ contraindicated prescription use – NA
- ☒ family history – 2 blood relatives

- ☐ prior treatment history – NA
- ☐ negative peer influence – NA
- ☐ at-risk work environment – NA
- ☐ current stress (relational, work, etc.) – quantified average stress level as a “3” on a scale of 1 to 10

Summary - 4 of 13 concerns, mitigate concern with clinical recommendations

**Clinical Interview/Summary:** Ms. Vaughn’s written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). She reported her normal use of alcohol before this charge as 1-3 light beers on 2 occasions per week (within NIAAA “low-risk” standards for women). She reported no difference in the amount consumed if she was attending a special event or celebration but acknowledged the incident at hand to be of exception and extenuating circumstance.

Ms. Vaughn and I discussed her incident and general use of alcohol at length. She and I identified the environmental stressors and situational factors that contributed to her out-of-character behavior. She was articulate of her reasons for not drinking in excess and was expressive of the caution surrounding alcohol she has developed as a result of this incident. While I did not find her meeting enough DSM-5 alcohol use disorder criteria, I did note a few risks and concerns associated with her specific situation. Accordingly, I am including a proactive recommendation in the remainder of this report to ensure there is no further misuse of alcohol and to help her identify future situations in which alcohol could be abused.

**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 – 1 of 11 symptoms (Mild 2-3 | Moderate 4-5. Severe 6+)

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

**Treatment Recommendation:** Prevention Planning – 1 session with a substance abuse professional; update recommendation if it is deemed clinically necessary.

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

Sincerely,



Trevor C. Davis, CDCA  
Cert.# 150427

Supervision received by Brian T. Davis, LISW-S, SAP LIC# I-7948  
cc: Ashanta Vaughn

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**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.