

September 7, 2016

Annette Torres, P.O.
Misdemeanor Court Unit
Dallas County Community Supervision/Corrections Department
Frank Crowley Court House
133 N. Riverfront Blvd., 9th Floor
Dallas, TX 75207

Re: Clinical Alcohol Assessment for Katherine I. Corley (DOB – 07/13/1992)

Ms. Torres:

I performed a Clinical Alcohol Assessment for Ms. Corley in reference to her March DWI charge in Dallas County. This assessment included a 55-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 = 2 / *NEGATIVE SCREEN*; no direct or indirect indications of problem alcohol use, points incurred for March DWI (screen relative to lifetime use of alcohol)

AUDIT: score = 1 / *NEGATIVE SCREEN*; scores of 8 or more indicate potential *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 predominantly relative to current use of alcohol)

Alcohol Use Risk Factors:

- ☐ legal history – denies previous history
- ☒ severity of incident – high BAC (.15)
- ☒ anxiety/depression/mental health – history of anxiety, appropriately managed
- ☐ general health issues – NA
- ☐ exposure to trauma – NA
- ☐ regular use of liquor – less than monthly
- ☐ other substance use – NA
- ☐ contraindicated prescription use – NA
- ☐ prominent family history – uncle
- ☐ prior treatment history – NA
- ☐ negative peer influence – NA

- ☐ at-risk work environment – NA
- ☐ current stress (relational, work, financial, etc.) – NA

Summary - 2 of 13 concerns

Clinical Interview/Summary: Ms. Corley'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 1-2 glasses of wine on 1 occasion a month. She also acknowledged use of up to 5 drinks on approximately 3 special occasions (typically holidays) per year.

Ms. Corley and I discussed her DWI and general use of alcohol at length. I did not find her meeting enough DSM-5 alcohol use disorder criteria for a mild alcohol use disorder and her regular drinking habits are within the NIAAA recommendations for women's low-risk drinking. She has reported no trouble abstaining since her incident; I did however note the risks and concerns associated with her specific situation. I have found that the court's requirements fulfill what I would have proactively required of Ms. Corley to be clinically prudent.

DSM-5 Alcohol Use Disorder 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 contraindicated 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 Recommendations: Having found no basis for a DSM-5 alcohol use disorder I have no further recommendations for Ms. Corley at this time. This is with the understanding that she has been mandated to use an interlock device on her vehicle for a minimum of 6 months and is being required to attend a victim impact panel in addition to a DWI education program. If unable to maintain abstinence for the duration of her probationary term, she is to consult further with a mental health and/or substance abuse

professional regarding treatment and support options (counseling, intensive outpatient program, etc.)

If you or the court possess additional information about Ms. Corley's use of alcohol that may 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. Corley, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA
Cert.# 150427
cc: Katherine Corley

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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.