

October 1, 2015

Jeffrey Stavroff, Attorney  
The Koffel Law Firm  
1801 Watermark Drive, Suite 350  
Columbus, OH 43215

**Re: Clinical Alcohol and Drug Assessment for Rachel Parent**

Dear Mr. Stavroff:

I performed a Clinical Alcohol and Drug Assessment for Ms. Parents in reference to her disorderly conduct charge in Franklin County. This assessment included the administration of:

- A Michigan Alcohol Screening Test (MAST)
- A Drug Abuse Screening Test (DAST)
- A General anxiety/depression screening
- A 50 minute clinical interview by telephone

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

**MAST:** score = 0 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screening appeared valid)

**DAST:** score = 0 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screening appeared valid)

**DSM/Other Substance Related Concerns:** denies subtle indicators of problem alcohol or drug use including a 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

**Anxiety/Depression Screening:** reported mild anxiety symptoms that are well managed under direction of her family physician

**Substance Related Legal History Reported:** denies any previous history of alcohol or substance related arrests/legal charges

**Clinical Interview/Summary:**

**ALCOHOL** – Ms. Parent'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 drinks on 0-1 occasions per week. She also acknowledged use of 2-3 drinks on 1-2 special occasions (weddings, birthdays, etc.) per year.

Ms. Parent and I discussed her disorderly conduct incident and general use of alcohol at length. Her reported drinking pattern is well within NIAAA low risk drinking guidelines. I did not gather a clinical impression that Ms. Parent was minimizing or denying problem alcohol use patterns in our interview.

**ILLICIT DRUG** – Ms. Parent denied experimentation with any and all illicit substance categories including: cannabis, stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Ms. Parents report suspect of minimization or false reporting.

**PRESCRIPTION DRUG** – Ms. Parent denied any recreational use of prescription medications which are prone to abuse including stimulant/ADD medications, narcotic painkiller medications and anxiolytics and sleeping medications.

Ms. Parent answered questions about her prescription use without hesitation or non-verbal signs of minimization or covering a prescription drug use problem. She did however note that her consumption of 2 drinks (which she acknowledged may have been more than 2 standard drinks) after taking her anti-anxiety medication was both unwise and placed her at risk due to a likely alcohol/drug interaction. I found this explanation to be a plausible reason for the incident which resulted in a disorderly conduct charge. Furthermore my clinical impression is that the social embarrassment and legal consequences thus far in her case have made a very strong impression on her to avoid any and all similar risks in the future.

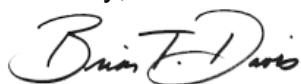
In this particular case I did not feel that a chemical drug test would aid in the accuracy of this assessment process. If the court possesses additional information about Ms. Parent's use of alcohol, medication or prescription medications that might aid in the accuracy of this assessment, I would be happy to review it and consider any appropriate modifications or amendments to the present report.

**DSM 5 DIAGNOSIS in reference to substances:** V71.09 (none found)

**Treatment Recommendations:** Since I found no basis for a DSM-5 alcohol or drug use disorder and Ms. Parent seems very cognizant of the risks of mixing medication and alcohol I have no further professional recommendations for her at this time.

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

Sincerely,



Brian T. Davis, LISW-S, SAP  
LIC# I-7948  
cc: Rachel Parent

**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.