

November 12, 2015

Dennis Evans, Attorney at Law
2000 W. Henderson Road Suite 460
Columbus, Ohio 43220

Re: Clinical Alcohol Assessment for Anne Dobrowski

Dear Mr. Evans:

I performed a Clinical Alcohol Assessment for Ms. Dobrowski in reference to her May 2015 OVI charge in Franklin County. This assessment included the administration of:

- A Substance Abuse Subtle Screening Inventory (SASSI-3)
- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- A General anxiety/depression screening
- 50 minute in-person clinical interview

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

SASSI-3: scores indicated an overall *low probability* of an alcohol use disorder at all levels (low, moderate, severe); screening had a frame of reference of the past 3 years

MAST: score = 2 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use; lifetime frame of reference (screening appeared valid)

AUDIT: score = 5 / *NEGATIVE SCREEN*; scores of 8 or more indicate hazardous use, of 13 or more (women) indicates moderate to severe disorder present; screening referenced past 12 months (respondent appeared to provide forthright responses to questions)

DSM/Other Substance Related Concerns: denies subtle indicators of problem alcohol use including pattern of mild hangovers, memory loss after use, repetitive use to relieve emotional or work stress, previous treatment, conflict with significant others during or shortly after use of alcohol

Anxiety/Depression Screening: no clinically significant concerns reported

Substance Related Legal History Reported: previous OVI charge in 2009 was reduced to a reckless operation charge

Clinical Interview/Summary:

ALCOHOL – Ms. Dobrowski's written screenings provided no clear indications of an alcohol use disorder at any level (mild, moderate or severe). She reported her normal

use of alcohol before this charge as 2-4 twelve ounce bottles of a domestic beer or 1-2 draft domestic beers on 1-2 occasions per month. She denied any changes to her alcohol use on special occasions. Ms. Dobrowski reported that she has been peer-pressured into taking an additional shot by peers with whom she no longer associates.

Ms. Dobrowski and I discussed her OVI incident, her general use of alcohol and the World Health Organization's standard and criteria for responsible alcohol use. She had previously attended a 72-hour Driver Intervention Program through Maryhaven's MESA program from November 5-8, 2015 and was open about what she learned from that program. Her clinical interview did reveal indications of alcohol use beyond intention, but I did not find subsequent positive DSM-5 criteria of an alcohol use disorder. At present I am not providing any further clinical recommendations.

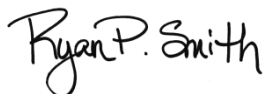
DSM-5 DIAGNOSIS in reference to substances: V71.09 (none found)

Treatment Recommendations:

- 1) There are no further clinical recommendations for treatment at this time.
- 2) If another negative consequence is incurred as a result of any alcohol use within the next year, it is recommended Ms. Dobrowski seek further evaluation and follow all updated treatment recommendations.

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

Sincerely,



Ryan Smith, LISW-S, LICDC, SAP
SW Lic. # I.1000155-S, CD Lic. # 101182
cc: Anne Dobrowski

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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.