

January 18, 2016

Will Nesbitt, Attorney at Law  
The Koffel Law Firm  
1801 Watermark Drive, Suite 350  
Columbus, OH 43215

**Re: Clinical Alcohol Assessment for Sarah Curran**

Dear Mr. Nesbitt:

I performed a Clinical Alcohol Assessment for Ms. Curran in reference to her October 2015 disorderly conduct 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:** no scores indicative of an alcohol use disorder at any level (mild, moderate, or severe); client's DEF scores (defensiveness) was elevated beyond the norm which increases the likelihood of a missed moderate to severe substance use disorder diagnosis but may also reflect situational factors; screening had a lifetime frame of reference

**MAST:** score = 1 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use; screening had a lifetime frame of reference (screening appeared valid)

**AUDIT:** score = 1 / *NEGATIVE SCREEN*; scores of 8 or more indicate hazardous use, scores of 13 or more indicates moderate to severe disorder present; screening referenced the 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, previous instances of mild memory loss after use, repetitive use of alcohol to relieve emotional or work stress, previous treatment, or conflict with significant others during or shortly after use of alcohol

**Present Use Status / DSM-5 symptoms:** presently not using alcohol, has met 1 of 11 DSM-5 alcohol use disorder symptoms in the 24 months prior to her October 2015 charge

**Anxiety/Depression Screening:** no clinically significant concerns reported

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

**Clinical Interview/Summary:** Ms. Curran's written screenings provided no 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 glasses of wine on 1-2 occasions per week. She also acknowledged use of 2-4 glasses of wine on 1-2 occasions per month if out with friends. Ms. Curran and I discussed the incident and her typical use of alcohol at length.

Ms. Curran denied using alcohol since her charges and appeared unsure as to whether she intends to consume alcohol in the future. Her clinical interview revealed one positive DSM-5 criterion, alcohol use beyond intention, but I did not find evidence of other DSM-5 criteria. Ms. Curran and I discussed World Health Organization's recommendations for low risk problem alcohol use. I did discuss with her one additional item of concern: use of alcohol while prescribed the anti-depressant medication Wellbutrin. There have been reports of individuals experiencing synergistic effects when consuming alcohol while taking Wellbutrin in which the medication has an additive effect to the normal side effects of consuming alcohol. While I cannot ascertain with certainty what the total cause of Ms. Curran's behavior was on the night of her charge, I do think it is plausible to suggest that the effects of her alcohol use were affected by her prescribed medication. Ms. Curran stated that she was presently unaware of any contraindications of using alcohol while taking her prescribed medication.

At present I do not find Ms. Curran meeting DSM-5 criteria for an alcohol use disorder though I am recommending that she consult with her primary care physician in regards to her use of alcohol while taking anti-depressant medication.

**DSM-5 DIAGNOSIS:** z03.89 suspected substance use disorder not found

**Treatment Recommendations:**

- 1) Physician consult, discuss with primary care physician or primary care provider the nature of your October 2015 incident and whether there is a recommended appropriate use of alcohol while on your presently prescribed medication;
- 2) If another negative consequence is incurred as a result of any alcohol use within the next year, it is recommended Ms. Curran seek further evaluation and follow all treatment recommendations.

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

Sincerely,

Ryan P. Smith

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

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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.