

October 26, 2016

Steven T. Fox, Atty.  
The Steven T. Fox Law Firm  
1335 Dublin Rd #205  
Columbus, OH 43215

**Re: Clinical Alcohol Assessment for Emily N. Artz (DOB – 12/09/1994)**

Dear Mr. Fox:

I performed a Clinical Alcohol Assessment for Ms. Artz in reference to her August OVI 2016 charge in Madison county. This assessment included a 50-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 = 4 / **EARLY TO MIDDLE PROBLEM DRINKING**; indirect indication of a present alcohol use disorder, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

**AUDIT:** score = 9 / **POSITIVE 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)

**Clinical Interview/Summary:** Ms. Artz's written screenings provided indication of an alcohol use disorder at some level. She was open in the clinical interview and shared information indicating 8 problem alcohol use symptoms (see below). While Ms. Artz does not have a history of daily alcohol use, she does appear to have difficulty drinking within NIAAA recommendations for women's low-risk drinking.

Mr. Artz reported that she has had success in cutting back her consumption of alcohol since her allegations of OVI and it would seem she has had little difficulty performing at

a high level with all that that is required of her at work and in school. Accordingly, I feel she is clinically stable enough to seek an outpatient level of care at this point in time in effort to further solidify her chances for sustained recovery. In addition to addressing her historical use of alcohol, her counseling should focus on building behavioral habits that foster wellbeing and managing important relationships.

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

**DSM-5 DIAGNOSIS in Reference to Substances:** F10.20 Severe Alcohol Use Disorder


**Treatment Recommendations:**

- 1) Extended Outpatient Counseling – 14-18 outpatient sessions with a professional substance abuse and mental counselor; follow-up counselor to update recommendations and discharge as appropriate;
- 2) If unable to reduce and maintain a lower level of alcohol use, advise Ms. Artz to consult with mental health and/or substance abuse professionals regarding additional treatment and support (temporary abstinence period, Intensive Outpatient Program, 12 step meeting attendance, etc.).

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

Sincerely,



Trevor C. Davis, CDCA

Certificate # 150427

Reviewed by Ryan Smith, MSW, LISW-S, LICDC, SAP

SW Lic. #I.1000155-S; #101182

cc: Emily N. Artz

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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.