

July 26, 2016

Attn: Transplant Social Worker  
Comprehensive Transplant Center  
300 West 10<sup>th</sup> Avenue  
Suite 1150  
Columbus, Ohio 43210

**Re: Clinical Alcohol and Drug Assessment for Patricia Ann Smith  
(DOB – 11/26/1953)**

To whom it may concern:

I performed a Clinical Alcohol Assessment for Ms. Smith as required by the Ohio Solid Organ Transplantation Consortium for anyone undergoing possible organ transplantation. This assessment included a 60-minute clinical interview, and 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

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

**SASSI-3:** overall scores indicated a *low probability* of a moderate to severe alcohol use disorder; scores did not suggest further screening to rule out a mild alcohol use disorder; screening was valid and referenced the respondent's entire lifetime

**MAST:** score = 2 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

**AUDIT:** score = 11 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 13 or more in women indicate *moderate to severe* disorder present, mitigate concerns with clinical recommendations (screen relative to use of alcohol within the past 24 months)

**Alcohol Use Risk Factors:**

- ☐ legal history – denies previous history
- ☒ severity of incident – initial health contact was due to jaundice as a result of alcohol use
- ☐ anxiety/depression/mental health – NA
- ☐ general health issues – NA

- ☐ exposure to trauma – NA
- ☒ use of liquor – daily use of liquor; rum and coke is preferred drink of choice
- ☐ other substance use – NA
- ☐ contraindicated prescription use – NA
- ☒ family history – reported 1 first degree relative had moderate to severe alcohol use problems
- ☐ prior treatment history – NA
- ☒ negative peer influence – immediate social circle engages in frequent alcohol use
- ☐ at-risk work environment – NA
- ☐ current stress (relational, work, etc.) – NA

Summary - 4 of 13 concerns, mitigate concern with clinical recommendations

#### **DSM-5 Alcohol Use Symptoms:**

- ☐ Recurrent use beyond intention
- ☐ Persistent desire or unsuccessful efforts to reduce/quit use
- ☒ Substantial time spent obtaining, using, or recovering from use
- ☒ Strong craving/desire
- ☐ Recurrent failure to fulfill a major role (work, home, school)
- ☐ Continued use despite recurrent social/interpersonal problems
- ☐ Important social, occupational, recreational activities relinquished
- ☐ Recurrent physically hazardous use
- ☐ Continued use despite knowledge of contraindicated physical or psychological condition
- ☒ Tolerance
- ☐ Withdrawal symptoms

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

#### **Clinical Interview/Summary:**

ALCOHOL – Ms. Smith's written screenings provided some indications of an alcohol use disorder at a mild to moderate. She was open in the clinical interview and shared information indicating at least 3 problem alcohol use symptoms (see above). Ms. Smith reported her typical alcohol use over the past 24 months as 1-2 standard beers with dinner and then an additional 2-3 shots of rum in a mixed drink before sleeping. Ms. Smith followed the above pattern of alcohol use on 6-7 occasions per week. Ms. Smith is reporting present abstinence from alcohol, stating she began abstaining once informed by her treating physician that she must quit all alcohol consumption.

SUMMARY – At present Ms. Smith evidences a mild alcohol use disorder diagnosis. She is presently abstaining from alcohol use but experiences ongoing cravings for alcohol and her primary social support network includes close relatives who continue to engage in alcohol use when present with her which provides some risk of resuming

alcohol use. Recommendations are provided below to assist Ms. Smith in gaining necessary skills to maintain a lifelong abstinence from alcohol.

**DSM-5 DIAGNOSIS in Reference to Substances:** F10.10 alcohol use disorder, mild;  
rule out F10.20 alcohol use disorder moderate

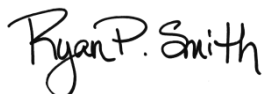
**Treatment Recommendations:**

- 1) Preventative Education – 9 hrs. of Ohio Health's Drug/Alcohol Awareness Series (Riverside Methodist Hospital contact 614-566-3700)
- 2) AA, 12 Step or Smart Recovery Meeting Attendance – 2 sessions per week and provide proof of attendance to care team;
- 3) Outpatient Counseling – minimum of 12 outpatient sessions with a professional substance abuse counselor; update recommendations or discharge as appropriate;
- 4) Monitoring – 6 months of monitoring with same counselor after initial counseling completed, meeting frequency at discretion of counselor;
- 5) Abstinence – abstaining from all alcohol use permanently;
- 6) If abstinence is compromised – it is likely that an increased level of treatment will be recommended (e.g. IOP, Inpatient, residential treatment, etc.)
- 7) Drug Testing – random alcohol screens at the direction of professional counselor and/or transplant care team; urine screens should be EtG/EtS testing screens;
- 8) Physician consult – for continuity of care, inform primary care doctor of the results of this assessment.

If you possess additional information about Ms. Smith'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 transplant care team, Ms. Smith, and yourself in this important matter.

Sincerely,



Ryan P. Smith MSW, LISW-S, LICDC, SAP  
SW Lic. #I.1000155-S, CD Lic. #101182  
cc: Patricia Ann Smith

**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.