

December 8, 2015

Charles E. Mellies, Attorney at Law  
Dummit Fradin Attorneys at Law  
1133 West First Street  
Winston-Salem, NC 27101

**Re: Clinical Alcohol Assessment for Kathleen Angelika de Goede**

Dear Mr. Mellies:

I performed a Clinical Alcohol Assessment for Ms. de Goede in reference to her November 2014 DWI charge in Forsyth 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); screening had a lifetime frame of reference

**MAST:** score = 2 / *NEGATIVE SCREEN*; all scores related to her November 2014 alcohol-related charge; screening does not indicate likelihood of problem alcohol use

**AUDIT:** score = 1 / *NEGATIVE SCREEN*; scores of 8 or more indicate hazardous use, of 13 or more indicates moderate to severe disorder present

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

**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. de Goede's written screenings provided no overt or subtle indications of an alcohol use disorder at any level of severity. She reported her typical use of alcohol before this charge as 1-2 standard drinks on 2-4 occasions per month. She denies any changes to her alcohol use on birthdays, holidays, or other special occasions.

Ms. de Goede reported she has consumed alcohol since her charge though the frequency of her alcohol use has decreased to less than once per week on average. She denied any intensity of use greater than 2 standard drinks. In my best clinical judgment and using DSM-5 criteria for alcohol use disorders, I was unable to find the incident or her overall history and presentation indicative of someone presently experiencing DSM 5 alcohol use disorder symptoms. Ms. de Goede and I discussed criteria for low risk problem alcohol use as iterated by the World Health Organization as a reference point to avoid any future negative consequences in regards to her use of alcohol.

At present I do not find Ms. de Goede meeting DSM-5 criteria for an alcohol use disorder.

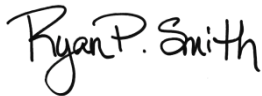
**DSM 5 DIAGNOSIS in reference to substances:** z03.89 suspected substance use disorder not found

**Treatment Recommendations:**

- 1) There are no clinical recommendations at this time.
- 2) If another negative consequence is incurred as a result of any alcohol use within the next 12 months, it is recommended Ms. de Goede seeks an updated evaluation and follow all treatment recommendations.

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

Sincerely,



Ryan Smith, LISW-S, LICDC, SAP  
SW Lic. # I.1000155-S, CD Lic. # 101182  
cc: Kathleen Angelika de Goede

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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.