

March 25, 2016

William H. Nesbitt, Attorney
The Koffel Law Firm
1801 Watermark Drive, Suite 350
Columbus, OH 43215-7033

Re: Clinical Alcohol Assessment for Emily Elizabeth Kohrs (DOB – 01/28/1991)

Dear Mr. Nesbitt:

I performed a Clinical Alcohol Assessment for Ms. Kohrs in reference to her physical control charge in Franklin County (11/15/2015). This assessment included a 40-minute clinical interview by videoconference, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- A general anxiety/depression screening
- A review of the prosecution discovery documents and video for 11/15/15 OVI charge

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

MAST: score = 2 / *NEGATIVE SCREEN*; no direct indication of alcohol use diagnosis, clarify reasons for score of “2” and mitigate with clinical recommendations

AUDIT: score = 0 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 13 or more in women *moderate to severe* disorder present

Alcohol Use Risk Factors:

Concerns/Risks

- legal history – 5/2013 OVI (high test)
- anxiety/depression – NA
- other substance use – NA
- family history – 2 blood related family members with history
- prior treatment history – NA
- peer influences – NA
- work environment – NA
- contraindicated prescription use – NA
- general health problems – NA
- current family stress – NA

Summary - 2 of 10 concerns/ mitigate with clinical recommendations

Anxiety/Depression Screening: no clinically significant concerns reported

Clinical Interview/Summary: Ms. Kohrs' written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). She reported her normal use of alcohol before this charge as 1-2 drinks on 0-1 occasions per week.

Ms. Kohrs and I discussed her OVI incident, general use of alcohol, and I reviewed the discovery documents and arrest video provided by her attorney, including two officer reports.

While I did not find sufficient evidence to make a DSM-5 alcohol use disorder diagnosis, I have some concerns about risks related to Ms. Kohr's use of alcohol (see above). Accordingly, I am making recommendations I believe are appropriate to mitigate those concerns going forward.

DSM-5 DIAGNOSIS in Reference to Substances: Z03.89 (suspected substance use condition not found)

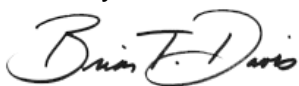
Treatment Recommendations:

- 1) Attend a local MADD – Victim Impact Panel; 5900 Roche Dr. #250 Columbus, OH 43229, Phone - 614.885.6233 email - oh.state@madd.org;
- 2) Outpatient Counseling – 3 outpatient sessions with a professional substance abuse counselor after completion of recommendations 1; update recommendations at conclusion of session or discharge as appropriate;
- 3) If another negative consequence is incurred as a result of any alcohol use it is recommended Ms. Kohrs seek an increased level of treatment or extended outpatient substance abuse counseling as appropriate.

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

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: Emily Elizabeth Kohrs

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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.