

March 9, 2016

Douglas A. Funkhouser, Attorney
Funkhouser Law
765 South High Street
Columbus, OH 43206

**Re: Clinical Alcohol and Drug Assessment for Leah Slater Schwalbe
(DOB – 07/23/1981)**

Dear Mr. Funkhouser:

I performed a Clinical Alcohol and Drug Assessment for Ms. Schwalbe in reference to her OVI, possession, and paraphernalia charges in Franklin County (March 2016). This assessment included a 65-minute in-person clinical interview, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- A Drug Use Disorder Identification Test (DUDIT)
- A 10 panel urine drug screen
- A general anxiety/depression screening

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

MAST: score = 3 / *NEGATIVE SCREEN*; raw score suggests some problematic alcohol use, screen further in clinical interview

DUDIT: score = 3 / *NEGATIVE SCREEN*; scores of 2 or more (female) suggest presence of mild or moderate condition (screen further in clinical interview), 25 or more indicate high likelihood of a severe disorder present

Alcohol Substance Use Risk Factors:

Concerns/Risks

- legal history – March 2014 (OVI, possession/marijuana)
- anxiety/depression – moderate symptoms for both/ managed under physician care
no apparent mental health crisis
- other substance use – NA
- family history – none reported
- prior treatment history – 72 hr. Driver Intervention Program 2014
- peer influences – NA
- work environment – NA
- contraindicated prescription use – denies alcohol/drug interactions/ potential concern
- general health problems – see depression/anxiety items below
- current family stress – NA

Summary –4-5 of 10 items / moderate risk profile

10 Panel Urine Drug Screening: normal temp., no outstanding collection concerns
Negative for 7 substances – cocaine, , methamphetamine, methadone, MDMA, Opiates, PCP, Barbiturates
Positive for 2 Prescriptions: – Amphetamine, Benzodiazepines
Positive for 1 Non-prescription – THC/cannabis

Clinical Interview/Summary:

ALCOHOL - Ms. Schwalbe's written screenings provided some indications of problem alcohol use. She reported her normal use of alcohol as 2-3 drinks on 2-3 occasions per week. She also acknowledged use of 2-4 drinks on 4-6 special occasions (weddings, birthdays, etc.) per year and 2-3 occasions per year of using 4-6 drinks.

Ms. Schwalbe and I discussed her OVI incident and general use of alcohol at length. She recognized that having 2 similar charges in a 2-year period showed some problems in her judgement around use of alcohol. Further I noted that her use of 4 or more drinks on certain occasions, even if limited, elevates her risks. Though she seems to be cognizant to avoid interactions between the use of alcohol and her prescription medications, it nevertheless introduces additional risk, as does the using alcohol (more than 1-2 drinks) when one is undergoing treatment for anxiety or depression.

Since Ms. Schwalbe has some complications with anxiety and depression and she has had good results in the past using individual therapy, I am initially recommending that she engage with a certified or licensed substance abuse professional. In this context she can obtain more evaluation and map out a long-term health plan.

NON-PRESCRIPTION DRUG – Ms. Schwalbe denied heavy or regular use of marijuana but acknowledged periodic use which is reflected in her positive THC test and the impaired driving history which included discovery of marijuana and/or paraphernalia (but no chemical tests). She was very concerned about this impacting her future employability in a field that she loves. As a result, she was adamant about quitting, saying, "it is definitely not worth it anymore." I was unable to find her meeting DSM-5 cannabis use disorder symptoms but wholeheartedly agree that it is in her best interests to stop using marijuana. She appears to be highly motivated to do so and can begin to make headway on this immediately as she engages a therapist.

Ms. Schwalbe denied recreationally use or dependence upon other non-prescription drugs including: cocaine, stimulants, opioids, hallucinogens, or inhalants.

PRESCRIPTION DRUG – Ms. Schwalbe reported use of the following medications as only as directed by her physician and without abuse or recreational use:

- Painkiller medication as needed for migraine headaches (1-2 day occasional use as needed)
- Anxiolytic use daily – for anxiety diagnosis
- Antidepressant – daily for depression diagnosis
- Stimulant use daily for attention deficit diagnosis

SUMMARY – Ms. Schwalbe meets criteria for mild alcohol use disorder at a minimum. Her situation is further complicated by anxiety and depressive conditions. In spite of the anxiety and depression diagnoses, she appears to be highly motivated to work no self-improvement goals at this time. I am advising that she engage with a professional therapist who is competent in treating substance use disorders, anxiety disorders and depressive disorders.

DSM-5 DIAGNOSIS in Reference to Substances: F10.10 mild alcohol use disorder (rule out moderate alcohol use disorder)

Treatment Recommendations:

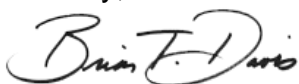
Having found no basis for a DSM-5 alcohol or drug use disorder I have no further recommendations for Ms. Schwalbe at this time.

- 1) Preventative Education – 9 hrs. of Ohio Health’s Drug/Alcohol Awareness Series (Riverside Methodist Hospital contact 614-566-3700);
- 2) Outpatient Counseling – 1 session per week with a professional substance abuse counselor who also is competent in the treatment of anxiety and depressive disorders;
- 3) Additional Resources to Utilize as Needed and on the Advice of Primary Therapist
 - AA/ Smart Recovery or other support group
 - Intensive Outpatient Program (recommend Cornerstone of Recovery – 614-889-0000);
- 4) Physician consult – for continuity of care, inform primary care doctor of the results of this assessment and obtain appropriate medical recommendations;
- 5) Drug Testing – random drug screens at the direction of therapist.

If you or the court possess additional information about Ms. Schwalbe’s use of alcohol or drugs 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. Schwalbe, and yourself in this important matter.

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: Leah Slater Schwalbe

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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.