

March 29, 2016

Benjamin L. Luftman, Attorney at Law
Luftman, Heck & Associates, LLP
580 East Rich Street
Columbus, OH 43215-5335

Re: Clinical Alcohol Assessment for Colleen E. Sexton (DOB – 09/20/1970)

Dear Mr. Luftman:

I performed a Clinical Alcohol Assessment for Ms. Sexton in reference to her February 2016 OVI charge in Franklin County. This assessment included a 50-minute in-person 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: scores indicated an overall *low probability* of a moderate to severe alcohol use disorder diagnosis; screening had a lifetime frame of reference and did not flag for further screening to rule out a mild alcohol use disorder;

MAST: score = 2 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use;

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

Alcohol Use Risk Factors:

- family history = N/A
- prior DUI charges = prior OVI charge in 2009
- early onset of alcohol use = N/A
- prior alcohol use treatment = N/A
- peer influences = N/A
- work environment = N/A
- contraindicated prescription use = N/A
- anxiety or depression symptoms = history of depressive symptoms
- general health problems = N/A
- current family stress = N/A

Anxiety/Depression Screening: no clinically significant concerns reported; presently taking anti-depressant medication

Substance Related Legal History Reported: prior alcohol-related OVI charge in 2009

Clinical Interview/Summary: Ms. Sexton's written screenings provided no clear indications of an alcohol use disorder at any level (mild, moderate or severe). She reported her normal use of alcohol before this charge as 2-3 drinks on 1-2 occasions per month. She also acknowledged use of 3-4 drinks on special, celebratory occasions (weddings, birthdays, etc.) which she estimated occurs on or about 3-4 occasions per year.

Ms. Sexton and I discussed her February 2016 OVI incident, her previous alcohol-related legal charge, history of alcohol use, and pattern of alcohol use over the course of the last year. Her clinical interview revealed one instance of use beyond intention and one instance of alcohol use in a hazardous situation. I did not find evidence of a pattern of either behavior. I did not find evidence of other DSM-5 alcohol use disorder criteria.

I did discuss the above mentioned behaviors and one other item of concern (e.g. use of alcohol is primarily done away from home). While Ms. Sexton does not meet DSM-5 criteria for an alcohol, I am recommending some preventative education and brief outpatient counseling to assist Ms. Sexton in reducing the likelihood of any future negative consequences related to alcohol use.

DSM-5 DIAGNOSIS in Reference to Substances: Z03.89 (suspected substance use condition not found); rule out F10.10 alcohol use disorder, mild

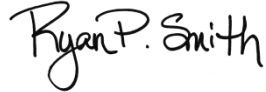
Treatment Recommendations:

- 1) Attend a local MADD – Victim Impact Panel;
- 2) Preventative Education – recommend 9 hrs. of Ohio Health's Drug/Alcohol Awareness Series (Riverside Methodist Hospital contact 614-566-3700);
- 3) Outpatient Counseling – recommend 4-6 outpatient sessions with a professional substance abuse counselor after completion of recommendation #1 and #2; update recommendations or discharge as appropriate;
- 4) If another negative consequence is incurred as a result of any alcohol use it is likely that an increased level of treatment will be necessary and recommended (e.g. IOP, Inpatient, residential treatment, etc.).

If the court possesses additional information about Ms. Sexton's use of alcohol that might impact the outcome of this assessment, I would be happy to review it and consider any appropriate modifications or amendments to the present report.

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

Sincerely,



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

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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.