

March 1, 2016

Jay Leshner, Attorney at law
Leshner Law
336 S. High Street
Columbus, Ohio 43215

Re: Clinical Alcohol and Drug Assessment for Luke Davis (DOB – 06/10/1990)

Dear Mr. Leshner:

I performed a Clinical Alcohol Assessment for Ms. Mohamed in reference to her September 2015 OVI charge in Franklin County. This assessment included a 50-minute in-person clinical interview, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- A Substance Abuse Subtle Screening Inventory (SASSI-3)
- A general anxiety/depression screening
- A 10 panel urine drug screen

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

MAST: score = 2 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use; all positive scores related to two lifetime alcohol-related legal charges; lifetime frame of reference

AUDIT: score = 3 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 13 or more in women indicates *moderate to severe* disorder present; screening had a past 12 months frame of reference

Alcohol Use Risk Factors:

- 1 prior alcohol-related legal charge; January 2012
- drink of choice is a mixed drink which is hard to quantify amount consumed
- occasional binge use pattern of alcohol consumption

Present Use Status: presently not using alcohol

Anxiety/Depression Screening: no clinically significant concerns reported

Substance Related Legal History Reported: prior alcohol-related legal charge in January 2012; could not recall BAC

Clinical Interview/Summary:

ALCOHOL – Ms. Mohamed's written screenings provided no indications of an alcohol use disorder at any level (mild, moderate or severe). She reported her normal use of alcohol prior to this charge as 2-4 drinks on 5-6 occasions per year. She denied engaging in a weekly or monthly pattern of alcohol consumption. Ms. Mohamed's alcohol use appears to revolve entirely around social events and special celebrations (e.g. holidays and birthdays).

Ms. Mohamed and I discussed her September 2015 and January 2012 OVI incidents and her history of alcohol consumption. Her clinical interview did not reveal signs of a tolerance or withdrawal condition to alcohol nor did I find that Ms. Mohamed is or has experiencing a strong desire to drink. She did report consuming alcohol in hazardous situations and several instances of use beyond intention within the past year. While Ms. Mohamed is not presently engaging in alcohol use, she did state that she was unsure as to how long she was going to maintain her present abstinence. In light of the positive DSM-5 symptoms, I am providing recommendations for brief counseling to help Ms. Mohamed weigh the benefits of resuming alcohol use and gaining skills to moderate her alcohol consumption if she chooses to resume alcohol use.

DSM-5 DIAGNOSIS in Reference to Substances: F10.10 alcohol use disorder, mild

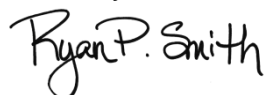
Treatment Recommendations:

- 1) Prevention Planning – recommend 6 sessions with a substance abuse professional; sessions should focus on increasing her overall level of self-awareness and on obtaining skills that will help moderate any future alcohol use;
- 2) If another negative consequence is incurred as a result of any alcohol use it is recommended that Ms. Mohamed seek an updated evaluation where increased level of treatment or extended outpatient substance abuse counseling is considered.

If the court possesses additional information about Ms. Mohamed'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. Mohamed, and yourself in this important matter.

Sincerely,



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

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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.