

July 20, 2015

Laura Parsons, P.O.  
375 South High Street 8<sup>th</sup> Floor  
Columbus, OH 43215

**Re: Clinical Alcohol Assessment for Alyssa Hurt**

Dear Ms. Parsons:

I performed a Clinical Alcohol Assessment for Ms. Hurt in reference to her OVI charge in May of 2015 in Franklin County. This assessment included the administration of:

- Michigan Alcohol Screening Test (MAST)
- Alcohol Use Disorder Identification Test (AUDIT)
- General anxiety/depression screening
- Clinical interview by telephone

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

**MAST:** *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screening appeared valid)

**AUDIT:** score = 1 / *NEGATIVE SCREEN*; scores above 8 indicate hazardous use, above 13 indicates moderate to severe disorder present (respondent appeared to provide forthright responses to questions)

**DSM/Other Substance Related Concerns:** clinical interview revealed 0 of 11 DSM 5 alcohol related symptoms found. denies subtle indicators of problem alcohol use including pattern of mild hangovers, mild memory loss after use, repeat use to relieve emotional or work stress, previous treatment, conflict with significant others during or shortly after use of alcohol, guilt or regret associated with use

**Anxiety/Depression Screening:** Ms. Hurt does experience some anxiety-related symptoms that are regulated by prescribed anti-anxiety medications. No current mental health crisis indicated.

**Substance Related Legal History Reported:** prior OVI charge in August of 2014

**Clinical Interview/Summary:** Ms. Hurt's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). She reported her normal use of alcohol as 1-2 drinks on weekends only. She also acknowledged use of 2-4 drinks on special occasions (weddings, birthdays, etc.) or on about 3-6 occasions per year. Ms. Hurt and I discussed her most recent OVI incident as well as her past OVI in

2014 at length. My clinical impression is that Ms. Hurt's fear of any legal ramifications played a large part in her refusing a breath test in the 2014 charge. Ms. Hurt and I also discussed the factors that were present the evening of her May, 2015 incident. Ms. Hurt states that she had not consumed *any alcohol* on the evening of these charges, but had taken prescribed medications for ongoing seasonal allergies, anxiety and sleep difficulties prior to driving. She states that she was tired as a result, but did not feel impaired. Ms. Hurt did describe a lengthy legal process regarding her first OVI conviction as well as the concern that this would create long-term negative consequences to her professionally.

Ms. Hurt was non-defensive and consistent in the clinical interview. In my best clinical judgment it seems very plausible that Ms. Hurt was indeed simply under the influence of her allergy medications and not under the influence of alcohol or drugs. I am well aware that individuals with a prior OVI/DUI charge are often fearful of providing breath and blood tests to an officer even when it might be to their benefit to do so. If you possess additional information that strongly suggest that on the night of her recent OVI charge, Ms. Hurt was actually consuming alcohol or drugs other than her allergy medicine (or any other indications of problem substance use) I would be happy to review it and consider any appropriate amendments to the present report.

**CONCLUSION** - After a careful interview and consideration of the whole picture in my best clinical judgement I did not gain the impression that she truly meets criteria for a DSM alcohol use disorder. Further, she will be attending a Victim Impact Panel, has successfully completed a 72 hour DIP, and has served jail time. At this time I believe these are sufficient interventions for her.

**DSM 5 DIAGNOSIS in reference to substances:** V71.09 (none found)

**Treatment Recommendations:**

- 1) If another legal offense or negative consequence is incurred as a result of any alcohol use it is likely that an increased level of treatment will be recommended (e.g. IOP, Inpatient, residential treatment, etc.)

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

Sincerely,



Anita McLeod, LCSW, SAP  
cc: Alyssa Hurt

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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.