

June 9, 2016

Jon J. Saia, Attorney  
The Law Offices of Saia & Piatt Inc.  
713 South Front Street  
Columbus, OH 43206-1013

**Re: Clinical Alcohol and Drug Assessment for Kelli Lenker (DOB – 09/17/1974)**

Dear Mr. Saia:

I performed a Clinical Alcohol and Drug Assessment for Ms. Lenker in reference to her 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)
- A Drug Use Disorder Identification Test (DUDIT)
- A general anxiety/depression screening
- A 12 panel urine drug screen

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

**MAST:** score = 1 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use, mitigate concerns with clinical recommendations

**DUDIT:** score = 0 / *NEGATIVE SCREEN*; scores of 2 or more (female) suggest presence of mild or moderate condition, 25 or more indicate high likelihood of a severe disorder present

**Alcohol or Substance Use Risk Factors:**

*Concerns/Risks*

- ☐ previous legal history – denies prior history
- ☒ severity of incident – OVI involved possible drug/alcohol interaction
- ☐ anxiety/depression/mental health – NA
- ☐ illicit substance use – denies
- ☐ family history – none reported
- ☐ prior treatment history – NA
- ☐ peer influences– NA
- ☐ work environment – NA
- ☒ contraindicated prescription use – possible alcohol interaction w/ Rx
- ☐ general health problems – NA
- ☒ current family stress – NA

*Summary - 3 of 11 concerns, mitigate concern with clinical recommendations*

**DSM - 5 Substance Use Symptoms:**

- ☐ Use beyond intention – denies any problem
- ☐ Persistent desire or unsuccessful efforts to reduce/quit use - denies
- ☐ Substantial time spent obtaining, using, or recovering from use – none found
- ☐ Strong craving/desire – no indications from interview
- ☐ Failure to fulfill a major role (work, home, school) – denies symptom
- ☐ Use despite recurrent social/interpersonal problems – none found
- ☐ Important social, occupational, recreational activities relinquished - NA
- ☒ Physically hazardous use – possible interaction between Rx and alcohol
- ☐ Continued use despite knowledge of contra physical or psychological condition  
not enough information available to ascertain
- ☐ Tolerance – no indications
- ☐ Withdrawal symptoms – denies any history

*Summary - 1 of 11 symptoms, does not meet threshold for “mild substance use disorder”*

**12 Panel Urine Drug Screening:** negative for 10 illicit substances tested , positive for 2 prescribed drugs (barbiturate & benzodiazepine)

**Clinical Interview/Summary:**

ALCOHOL – Ms. Lenker’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 glasses of wine on 2 occasions per week. She also acknowledged use of 2-4 drinks on about special occasions (weddings, birthdays, etc.) per year. She reported no difference in the amount consumed if she was attending a special event or celebration.

Ms. Lenker and I discussed her OVI incident and general use of alcohol at length. While I did not find her meeting DSM-5 alcohol use disorder criteria I did note the risks and concerns associated with use of alcohol and certain medications he has a prescription for. Accordingly, I am including some preventative recommendations in the remainder of this report.

NON-PRESCRIPTION DRUG – Ms. Lenker acknowledged one experimental use of marijuana while in college but stated she had no interest in using it after that as she “definitely did not like the experience”. She denied history of use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. I did not find any clear indications that Ms. Lenker uses non-prescription/illicit drugs.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Ms. Lenker reported that she has had prescriptions for medications which are subject to abuse or mood altering affects by some users. Two such prescriptions use include benzodiazepines and barbiturates. Ms. Lenker, however denies using (or abusing) these medications without a prescription or outside the parameter of her physician’s prescription.

SUMMARY - While I was unable to find Ms. Lenker overtly meeting criteria for an alcohol or drug use disorder I did note that her use of alcohol simultaneously with a barbiturate or benzodiazepine puts her at risk for being overly sedated. It is not uncommon for individuals to inadvertently or unintentionally put themselves at risk in this way. Regardless, medical professionals are in agreement that simultaneous use not only slows down reaction time and alertness but it may also greatly affect basic functions such as breathing and heart rate. Recommendations provided will focus on increasing awareness of the risks of substances that depress the central nervous system and the exacerbating effects of using these medications while consuming alcohol.

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

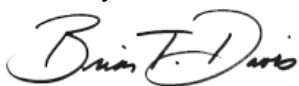
**Treatment Recommendations:**

- 1) Outpatient Counseling – 2-3 outpatient sessions with a professional substance abuse counselor after completion of recommendation #1; update recommendations or discharge as appropriate;
- 2) If another negative consequence is incurred as a result of any alcohol use it is recommended Ms. Lenker seek further evaluation and follow all treatment recommendations.

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

Sincerely,



Brian T. Davis, LISW-S, SAP  
LIC# I-7948  
cc: Kelli Lenker

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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.