DIRECTIONS
COUNSELING GROUP

January 11, 2016

Paula Brown, Attorney at Law
Kravitz, Brown & Dortch, LLC
65 East State Street, Suite 200
Columbus, Ohio 43215

Re: Clinical Alcohol Assessment for Emma Mihocik

Dear Ms. Brown:

I performed a Clinical Alcohol Assessment for Ms. Mihocik in reference to her October 2015 felonious assault charge in Franklin County. This assessment included 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
- 50 minute in-person clinical interview

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

SASSI-3: scores indicated a *high* probability of a moderate to severe alcohol use disorder; scores were positive for rules #1, 3, and 7; screening covered a lifetime frame of reference

MAST: score = 9 / *POSITIVE SCREEN*; screening provided clear and direct indications of problem drinking; screening that the respondent does not feel she is a normal drinker, has experienced history of alcohol-related memory impairment, and been in physical altercations shortly after consuming alcohol among other positive items; screening covered a lifetime frame of reference

AUDIT: score = 27 / *NEGATIVE SCREEN*; scores of 8 or more indicate hazardous use, scores of 13 or more indicates moderate to severe disorder present; respondent appeared to provide forthright responses to questions; screening referenced the past 12 months

DSM/Other Substance Related Concerns: acknowledged other indicators of problem alcohol use including experiencing: pattern of mild to moderate hangovers, repetitive *en bloc* memory loss after alcohol use, recurrent use of alcohol to relieve emotional or work stress, conflict with significant others during or shortly after use of alcohol, guilt or regret associated with use; primary social supports regularly consume alcohol to excess; family history of alcohol use disorders

Present Use Status / DSM-5 symptoms: has decreased quantity and frequency of alcohol use since charge though continuing alcohol use at present; has met 7 of 11 DSM-5 alcohol use disorder symptoms in the 12 months

Anxiety/Depression Screening: reported history of anxiety and depressive symptoms; long-term ex-boyfriend died unexpectedly in May 2015; recently prescribed Celexa (citalopram) to address possible mood disorders

Substance Related Legal History Reported: denies any previous history of alcohol or substance related arrests/legal charges

Clinical Interview/Summary: Ms. Mihocik's written screenings provided clear and overt indications of a severe alcohol use disorder. She reported her normal use of alcohol on a typical day of drinking before this charge as 2-4 drinks on 1-2 occasions per week. She also acknowledged use of alcohol beyond 6 drinks on average 2-3 times per month. Ms. Mihocik expressed a lack of understanding as to why she can control her alcohol use on some occasions and not at other times. Specifically, she reported that she does not drink liquor often but that when she does she experiences a severe loss of control and will drink to a level of severe intoxication.

Ms. Mihocik began drinking alcohol at age 14, at which time her typical pattern was 2-3 drinks on Friday and Saturday evenings. Most of her peers at that time were 2 years older than her and so her alcohol use decreased when they graduated in such that she rarely consumed alcohol during her junior and senior year of high school. Ms. Mihocik did report that her alcohol use increased "a lot" upon graduation due to increased availability and access to alcohol.

Ms. Mihocik's clinical interview revealed sufficient positive symptoms to warrant a severe alcohol use disorder: recurrent use beyond intention, substantial time spent consuming alcohol, continued use despite failure to fulfill major role obligations (work, home), continued use despite interpersonal problems, recurrent use in physically hazardous situations, continued use despite psychological difficulties, and evidence of tolerance. Ms. Mihocik also reported experiencing a history of alcohol-related "black outs" in that she could recall 3-4 instances in high school and had assumed such experiences were a normal part of alcohol use. She did not report experiencing cravings or strong desire to drink, and I did not find signs of a withdrawal syndrome. In addition Ms. Mihocik does appear to have positive goals for the future, is currently receiving psychological care from Dr. Christine Charyton, PhD, and working with her primary care physician for medication management.

I reviewed my clinical impressions and recommendations with Ms. Mihocik, and she was open and receptive to receiving treatment. While she does not appear to have clear insight into the severity of her alcohol use, Ms. Mihocik did express her desire to receive help so that she could find adaptive ways to deal with difficult psychological experiences and work towards having the life she wants.

DSM 5 DIAGNOSIS in reference to substances: Alcohol use disorder, severe F10.20

Treatment Recommendations:

1) Complete an Intensive Outpatient Program, (recommend Cornerstone of Recovery 614-889-0000);

2) Follow-up counseling, following successful completion of IOP, recommend meeting with a professional counselor on a weekly to biweekly basis for minimum of 6 months to address mood disorder and/or issues of grief;

3) Monitoring, recommend additional 6 months of monitoring with same counselor after initial counseling completed, meeting frequency at discretion of counselor;

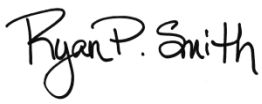
4) Abstinence, recommend abstaining from all alcohol use for 3 years as a minimum; any consideration of resuming alcohol use should be done only in consultation with a physician and substance abuse professional;

5) Physician consult, inform primary care doctor of anxiety and depressive symptoms and obtain appropriate recommendations;

6) If unable to maintain abstinence from alcohol, Ms. Mihocik is advised to consult with mental health and/or substance abuse professionals regarding additional treatment and support (inpatient treatment, residential, detox services, medication-assisted treatment, etc.).

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

Sincerely,



Ryan Smith, LISW-S, LICDC, SAP
SW Lic. # I.1000155-S, CD Lic. # 101182
cc: Emma Mihocik

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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.

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