

February 4, 2016

Angelo Belli, Probation Officer
Franklin County Municipal Court Probation
375 S. High Street 8th Floor
Columbus, Ohio 43215

Re: Clinical Alcohol Assessment for Jennifer Koss (DOB – 12/26/1966)

Dear Mr. Belli:

I performed a Clinical Alcohol Assessment for Ms. Koss in reference to her December 2015 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: screening indicated a *high probability* of a moderate to severe alcohol use disorder; scores were positive for rules #3 & 7; screening had a lifetime frame of reference

MAST: score = 15 / *NEGATIVE SCREEN*; screening indicated severe problem alcohol use; screening had a lifetime frame of reference

AUDIT: score =14 / *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: Ms. Koss reported a family history of problem alcohol, prior failed attempts to control her alcohol use, and being hospitalized due to her alcohol use

Present Use Status: presently not using alcohol; planning on maintaining present abstinence from alcohol indefinitely

Anxiety/Depression Screening: no clinically significant concerns reported

Substance Related Legal History Reported: reported receiving an alcohol-related legal charge in May 2011 and then in October 2014

Clinical Interview/Summary: Ms. Koss' written screenings provided clear indications of a severe alcohol use disorder. She reported her normal use of alcohol before her October 2014 OVI charge as 4-6 mixed drinks on 4-6 occasions per week. Ms. Koss reported that her December 2015 OVI charge was the result of a relapse to alcohol use after a period of abstinence following her October 2014 OVI charge.

Ms. Koss and I discussed her OVI incident as well as the general pattern of her alcohol use prior to her October 2014 charge. She acknowledged previously receiving intensive outpatient treatment through OSU's Talbot hall and inpatient treatment through Parkside in Gahanna, Ohio as well as attending AA meeting for social support. Her clinical interview revealed recurrent alcohol use beyond intention, failed attempts to reduce or control alcohol use, tolerance, continued alcohol use despite medical consequences, preoccupation with alcohol use, and continued use despite negative consequences to occupational and interpersonal functioning.

At present Ms. Koss is reporting abstinence from alcohol since December 25, 2015. She is presently engaged in weekly outpatient counseling through LAPP in Licking County and attending daily AA meetings.

DSM-5 DIAGNOSIS in Reference to Substances: F10.20 Alcohol use disorder, severe

Treatment Recommendations:

- 1) Outpatient Counseling – recommend continuation of weekly outpatient substance use counseling with LAPP counselor; frequency of counseling may be tapered at counselor's discretion; minimum duration of counseling for 12 months;
- 2) AA, recommend daily AA meetings (90 in 90 days); frequency may be reduced after initial three months to 3x weekly for a minimum of 12 months; attendance at AA meetings may be increased at counselor's or court's discretion;
- 3) Monitoring – recommend 12 months of monitoring with same counselor after initial counseling completed, meeting frequency at discretion of counselor;
- 4) Abstinence – recommend abstaining from all alcohol use permanently; any resumption of alcohol use should result in an updated evaluation where a higher level of care is assessed;
- 5) Primary Care Provider consult – for continuity of care, inform primary care practitioner of the results of this assessment and obtain appropriate medical recommendations and/or medication consultation;
- 6) If unable to maintain abstinence – recommend Ms. Koss consult with mental health and/or substance abuse professionals regarding additional treatment and support (residential treatment, medication consultation, increased social support recovery meetings, etc.).

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

Sincerely,



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

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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.