

June 1, 2016

Scott A. Fierman, Attorney
The Law Offices of Scott A. Fierman
5432 Mayfield Road, Suite 102
Lyndhurst, OH 44124-2930

Re: Clinical Alcohol Assessment for Jennifer A. Carey (DOB – 07/09/1989)

Dear Mr. Fierman:

I performed a Clinical Alcohol Assessment for Mrs. Carey in reference to her May 2016 OVI charge in Cuyahoga County. This assessment included a 40-minute clinical interview by telephone, and the administration of:

- 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:

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

AUDIT: score = 1 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, whereas scores of 13 or more in women indicate a *moderate to severe* disorder may be present (relative to current use)

Alcohol Use Risk Factors:

- ☐ previous legal history – denies prior history
- ☒ severity of incident – car accident
- ☐ anxiety/depression/mental health – NA
- ☐ general health problems – NA
- ☐ contraindicated prescription use – takes synthroid med only
- ☐ regular use of liquor – NA
- ☐ other substance use – NA
- ☒ family history – 3 known blood relatives
- ☐ prior treatment history – NA
- ☐ negative peer influences– NA
- ☐ work environment – NA
- ☐ current stress (work-related, relational, etc.) – NA
- ☐ poor academics – 3.2 GPA

Summary - 2 of 13 concerns (low-risk profile)

Clinical Interview/Summary:

Mrs. Carey'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 beers on average of one occasion per month. She reported no difference in the amount she drank if she was attending a special event or celebration.

Mrs. Carey and I discussed her OVI incident and general use of alcohol at length. In my best clinical judgment, I did not find her meeting any DSM-5 alcohol use disorder criteria. Furthermore, she was articulate of her reasons for not drinking in excess (too busy as a mother and student, lack of desire) and the interview did not reveal discrepancy or signs of minimization. Her alcohol use patterns are well within the NIAAA standards for female low risk drinkers and the incident at hand appears to be an aberration of her typical pattern of responsible alcohol use (cited deprivation of sleep and lowered awareness as a result to be the differentiating factor).

DSM-5 Alcohol Use Symptoms:

- ☐ Use beyond intention
- ☐ Persistent desire or unsuccessful efforts to reduce/quit use
- ☐ Substantial time spent obtaining, using, or recovering from use
- ☐ Strong craving/desire
- ☐ Failure to fulfill a major role (work, home, school)
- ☐ Use despite recurrent social/interpersonal problems
- ☐ Important social, occupational, recreational activities relinquished
- ☐ Physically hazardous use
- ☐ Continued use despite knowledge of contra physical or psychological condition
- ☐ Tolerance
- ☐ Withdrawal symptoms

Summary - 0 of 11 symptoms (Mild 2-3 | Moderate 4-5 | Severe 6+)

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

Treatment Recommendations: Having found no basis for a DSM-5 alcohol use disorder and because of her low-risk profile, I have no further recommendations for Mrs. Carey at this time outside of anything the court will be requiring of her (if anything).

If you or the court possess additional information about Mrs. Carey's use of alcohol 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, Mrs. Carey, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA

Cert.# 150427

Reviewed by Ryan Smith, MSW, LISW-S, LICDC, SAP

cc: Jennifer A. Carey

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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.