

September 8, 2016

Kurt Olson, PO Delaware County Municipal Court Probation 70 N. Union Street Delaware, Ohio 43015

Re: Clinical Alcohol Assessment for Amber Herbster (DOB – 08/26/1975)

Dear Mr. Olson:

I performed a Clinical Alcohol Assessment for Ms. Herbster in reference to her April 2015 OVI charge in Delaware County. This assessment included a 60-minute 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: scores indicated an overall *low probability* of a moderate to severe alcohol use disorder; screening covered a lifetime frame of reference and was valid

MAST: score = 2 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screen relative to lifetime use of alcohol)

AUDIT: score = 6 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 13 or more in women indicate *moderate to severe* disorder present (screen relative to use of alcohol within the past 24 months)

Alcohol Use Risk Factors:

□ severity of incident – NA
□ anxiety/depression/mental health – NA
☐ general health issues – NA
□ exposure to trauma – NA
□ use of liquor – NA
□ other substance use – NA
□ contraindicated prescription use – NA
☐ family history – none reported
□ prior treatment history – NA
☑ negative peer influence – previous peer group activities focused primarily around alcohol
consumption
□ at-risk work environment – NA

☐ current s	stress (relati	ional work	etc.) - NA

Summary - 2 of 13 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary:

ALCOHOL – Ms. Herbster'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 before her April 2015 charge as 2-3 drinks on 2-3 occasions per week. Over the past year she has reduced her alcohol use to 1-2 drinks on 2-4 occasions per month. She reported no difference in the amount consumed over the past year if she was attending a special event or celebration.

Ms. Herbster and I discussed her April 2015 OVI incident, her general use of alcohol, her participation in a 3-day Driver Intervention Program and subsequent changes she made to her alcohol use over the past year. Ms. Herbster's clinical interview revealed past symptoms of recurrent alcohol use beyond intention and recurrent alcohol use in hazardous situations. However, I did not find evidence of her meeting DSM-5 criteria for an alcohol use disorder over the past year.

SUMMARY – At present Ms. Herbster does not meet DSM-5 criteria for an alcohol use disorder.

DSM-5 DIAGNOSIS in Reference to Substances: F10.10 alcohol use disorder, mild, in sustained remission

Treatment Recommendations:

Having found no basis for a current DSM-5 alcohol use disorder, I have no further clinical recommendations for Ms. Herbster at this time.

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

Sincerely,

Ryan P. Smith MSW, LISW-S, LICDC, SAP

SW Lic. #I.1000155-S, CD Lic. #101182

cc: Amber Herbster

Ryan P. Snith



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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.

