

January 25, 2016

David Paul Rieser, Attorney
Two Miranova Place, Ste. 710
Columbus, OH 43215

Re: Clinical Alcohol Assessment for Kristen Raye Easterday (DOB – 12/02/1979)

Dear Mr. Rieser,

I performed a Clinical Alcohol Assessment for Ms. Easterday in reference to her OVI charge in Franklin County. This assessment included a 10-minute in-person clinical interview, 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 = 3 / *INCONCLUSIVE SCREEN*; 2 of 3 points related to DUI history without BAC information, seek clarification in clinical interview

AUDIT: score = 3 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 13 or more in women, scores of 15 or more in men indicates *moderate to severe* disorder present

Alcohol Use Risk Factors:

Concerns

- 2012 prior DUI charge – reduced to physical control
- anxiety – mild to moderate anxiety

No Concern

- family history
- prior treatment history
- peer influences
- work environment
- contraindicated prescription use
- general health problems
- current family stress

Anxiety/Depression Screening: mild anxiety reported with panic attacks, no immediate crisis, recommend resuming treatment with therapist

Clinical Interview/Summary: Ms. Easterday'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 1-3 drinks on 2-3 occasions per week. She also stated there was no change in her use if she was attending a special function of celebration.

Ms. Easterday and I discussed her OVI incident and general use of alcohol at length. Her OVI charges, while concerning, do not provide enough insight or data to conclude she has an alcohol disorder. She did meet the DSM-5 "hazardous use" criterion but failed to meet a second criterion that would indicate "mild alcohol use disorder". I noted two specific risks under the relevant section above and am accordingly recommending that she not only complete the 72 hour DIP but resume her therapy with her established therapist, Steve Gugleilmi, LPCC-S.

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

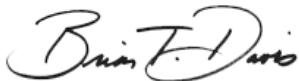
Treatment Recommendations:

- 1) Complete a 72 hour Driver Intervention Program;
- 2) Resume Outpatient Counseling – 2 outpatient sessions per month minimum with Steve Gugleilmi, LPCC-S; share this report with therapist, include discussion of anxiety and alcohol use as a preventative measure against future problem alcohol use;
- 3) If another negative consequence is incurred as a result of any alcohol use it is likely that an increased level of treatment will be recommended (e.g. IOP, Inpatient, residential treatment, etc.).

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

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: Kristen Raye Easterday

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information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client. Drug abuse patient records are also protected under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.R.R parts 160 & 165. (These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.)

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.