

August 1, 2016

Don Roberts, Attorney at Law Don W. Roberts Law Office 3962 Brown Park Drive Suite A Hilliard, Ohio 43026

Re: Clinical Alcohol Assessment for Michelle Kohler (DOB – 06/05/1973)

Dear Mr. Roberts:

I performed a Clinical Alcohol Assessment for Ms. Kohler in reference to allegations made about her use of alcohol. 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; respondent's DEF score (defensiveness) was elevated beyond the norm which increases the likelihood of a missed moderate to severe alcohol use disorder but may also reflect situational factors

MAST: score = 0 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screen relative to lifetime use of alcohol)

AUDIT: score = 1 / 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)

Alconol Use Risk Factors:
☐ legal history – denies previous history
☐ severity of incident – NA
☐ anxiety/depression/mental health – NA
☐ general health issues – No known diseases or allergies
□ exposure to trauma – NA
☐ use of liquor – NA
□ other substance use – NA

$\hfill\square$ contraindicated prescription	use – NA
☐ family history – none reporte	ed
\square prior treatment history – NA	
☐ negative peer influence – N/	4
☐ at-risk work environment – N	۱A
☐ current stress (relational, wo	ork, etc.) – NA

Summary - 0 of 13 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary:

ALCOHOL – Ms. Kohler'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 prior to these allegations as 1-2 drinks on 2-3 occasions per week. She reported no difference in the amount consumed if he/she was attending a special event or celebration.

Ms. Kohler and I discussed the allegations and her general use of alcohol at length. Her clinical interview did not reveal any positive DSM-5 criteria that would suggest the presence of an alcohol use disorder. Ms. Kohler and I reviewed the standards for low risk problem alcohol use as set forth by the World Health Organization and the National Institute of Alcoholism and Alcohol Abuse to which her recent past and present use of alcohol adheres.

SUMMARY – At present I do not find Ms. Kohler meeting DSM-5 criteria for an alcohol use disorder.

DSM-5 Alcohol Use Symptoms:

☐ Recurrent use beyond intention
☐ Persistent desire or unsuccessful efforts to reduce/quit use
☐ Substantial time spent obtaining, using, or recovering from use
☐ Strong craving/desire
☐ Recurrent failure to fulfill a major role (work, home, school)
☐ Continued use despite recurrent social/interpersonal problems
☐ Important social, occupational, recreational activities relinquished
☐ Recurrent physically hazardous use
☐ Continued use despite knowledge of contraindicated 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 I have no further recommendations for Ms. Kohler at this time.

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

Sincerely,

Ryan P. Smith MSW, LISW-S, LICDC, SAP SW Lic. #1.1000155-S, CD Lic. #101182

cc: Michelle Kohler

Ryan P. Smith

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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.

