

November 9, 2016

Dennis William McNamara, Attorney
88 East Broad Street, Suite 1350
Columbus, OH 43215-3506

Re: Clinical Alcohol Assessment for Beth A. Higgins (DOB – 02/12/1958)

Dear Mr. McNamara:

I performed a Clinical Alcohol Assessment for Ms. Higgins in reference to her July 2016 OVI charge in Franklin County. This assessment included a 45-minute clinical interview, and the administration of:

- Substance Abuse Subtle Screening Inventory (SASSI-3)
- A Michigan Alcohol Screening Test (MAST)
- A general anxiety/depression screening

The following items provide a summary of the screening results, my diagnostic opinion, and professional recommendations:

SASSI-3: symptom score of 6 indicative of a mild substance use disorder, mitigate concern with clinical recommendations

MAST: POSITIVE SCREENING; direct and indirect indication of a present alcohol use disorder, mitigate concern with clinical recommendations (screen relative to lifetime use of alcohol)

Clinical Interview/Summary: Ms. Higgins' written screenings provided clear indication of an alcohol use disorder. She was forthcoming in her clinical interview and acknowledged 5 lifetime OVI's (the most recent being in 2002) while sharing information that signified the presence of 5 problem alcohol use disorder symptoms (see below). While Ms. Higgins does not have a history of daily alcohol use, she has a prominent historical drinking pattern that exceeds what the NIAAA considers to be "low-risk" for women.

Ms. Higgins reported that she has not drank since her OVI in July and has attended at least 75 AA meetings since this time. Given her history, an inpatient level of care may be warranted; however, because she reports no cravings and has been attending AA regularly with success, I find it clinically reasonable for her to seek care at an outpatient level of care until further notice. It is imperative that she receive professional support in addition to peer support she has been getting if she wants to make a sustained recovery.

DSM-5 Alcohol Use Disorder 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 contraindicated physical or psychological condition
- ☒ Tolerance
- ☐ Withdrawal symptoms

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

DSM-5 DIAGNOSIS in Reference to Substances: F10.20 Moderate Alcohol Use Disorder

Treatment Recommendations:

- 1) Abstinence – abstaining from all alcohol use permanently, any consideration of resuming alcohol use should be done only in consultation with a physician and substance abuse professional;
- 2) Outpatient Counseling – 9 months of outpatient sessions with a professional substance abuse and mental health counselor; follow-up provider to determine frequency of sessions and should update recommendations as appropriate;
- 3) Attend a local Victim Impact Panel – MADD (Mothers Against Drunk Driving), 5900 Roche Dr. #250 Columbus, OH 43229, Phone - 614.885.6233, email - oh.state@madd.org;
- 4) EtG and Drug Testing – random drug and/or EtG screens at the direction of follow-up counselor;
- 5) AA or Smart Recovery Meeting Attendance – 3 sessions per week (minimum), any changes to frequency of meetings must be approved by follow-up counselor, duration of meeting attendance is also at counselor discretion, signatures for meeting attendance must be obtained;
- 6) Monitoring – 9 months of monitoring with same counselor after initial counseling completed, meeting frequency at discretion of counselor;
- 7) If abstinence is compromised – it is likely that an increased level of treatment will be recommended (e.g. IOP, Inpatient, residential treatment, etc.).

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

Sincerely,



Trevor C. Davis, CDCA

Certificate # 150427

Reviewed by Brian T. Davis, LISW-S, SAP LIC# I-7948

cc: Beth A. Higgins

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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.