

March 1, 2016

Ben Luftman and Dan Sabol, Attorneys at Law
Luftman, Heck & Associates, LLP
580 E. Rich St.
Columbus, OH 43215-5335

Re: Clinical Alcohol Assessment for Wendy Giselle Imhoff (DOB – 01/09/1969)

Dear Mr. Luftman and Mr. Sabol,

I performed a Clinical Alcohol Assessment for Ms. Imhoff in reference to her January 2, 2016 OVI charge in Franklin County. This assessment included a 60-minute in-person 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 *high probability* of a moderate to severe substance use disorder; scores were positive for rules #3-7 and negative for rules #1, 2, 8, and 9; screening had a lifetime frame of reference

MAST: score = 15 / *POSITIVE SCREEN*; screening indicated multiple direct and indirect indications of problem alcohol use; screening had a lifetime frame of reference

AUDIT: score =14 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 13 or more in women indicates *moderate to severe* disorder present; screening had a past 12 months frame of reference

Alcohol Use Risk Factors:

- extensive family history of problem alcohol use
- 4 prior DUI charges
- multiple instances of alcohol-related memory impairment
- prior completion of a women's substance use treatment program
- social isolation from primary social supports
- recurrent use of alcohol to relieve emotional distress

Present Use Status: presently not using alcohol; desires to maintain present abstinence indefinitely

Anxiety/Depression Screening: indications of depression and anxiety; recommend ongoing evaluation to rule out major depressive disorder and generalized anxiety disorder

Substance Related Legal History Reported: prior alcohol-related legal charge in May 2005 (BAC of .21), June 2006, July 2007 and December 2010

Clinical Interview/Summary: Ms. Imhoff's written screenings provided clear and overt indications of a severe alcohol use disorder. She reported her normal use of alcohol prior to this charge as 2-4 standard drinks on 5-6 occasions per week. She also acknowledged use of more than 4 standard drinks on a less than monthly frequency.

Ms. Imhoff and I discussed her January 2016 OVI incident, her previous alcohol-related legal charges and her general use of alcohol. She stated that she wanted to receive help to gain sobriety from alcohol and had been researching alcohol-related treatment programs prior to our interview. Her clinical interview revealed signs of tolerance, recurrent use beyond intention, use in physically hazardous situations, loss of control of alcohol use, cravings, and use despite negative impact to her role functioning. Mr. Imhoff reported that she had previously abstained from alcohol use after attending a prior substance use treatment program. I am providing recommendations to assist Ms. Imhoff in obtaining help necessary to gain and maintain abstinence from alcohol.

DSM-5 DIAGNOSIS in Reference to Substances: F10.20 alcohol use disorder, severe

Treatment Recommendations:

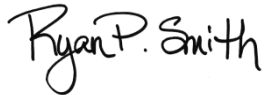
- 1) Complete an Intensive Outpatient Program – (recommend Cornerstone of Recovery 614-889-0000);
- 2) Outpatient Counseling – after completion of item #1, recommend meeting on a twice monthly basis with a professional counselor who has both behavioral health and substance use treatment in his/her scope of practice; overall session frequency and duration at counselor discretion;
- 3) AA/Social Support – recommend minimum of 1x weekly AA, NA, SMART Recovery or other social support meeting attendance after completion of item #1; total duration of attendance is a minimum of 24 months;
- 4) Abstinence – recommend abstaining from all alcohol use permanently; any resumption of alcohol use should be met with an updated evaluation and an increase in level of care;
- 5) If unable to maintain abstinence – Ms. Imhoff is advised to consult with mental health and/or substance abuse professionals regarding additional treatment and

support (inpatient or residential treatment, medication management consultation, increased social support involvement, etc.)

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

Sincerely,



Ryan P. Smith MSW, LISW-S, LICDC, SAP
SW Lic. #1.1000155-S, CD Lic. #101182
cc: Wendy Giselle Imhoff

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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.