

November 15, 2016

Keith Schneider, Attorney at Law
Maguire & Schneider LLP
1650 Lake Shore Drive
Suite 150
Columbus, Ohio 43204

Re: Clinical Alcohol Assessment for Stephanie Bowers (DOB – 11/17/1988)

Dear Mr. Schneider:

I performed a Clinical Alcohol Assessment for Ms. Bowers in reference to her July 2015 OVI charge in Franklin County. This assessment included a 50-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: no scores indicative of an alcohol use disorder at any level (mild, moderate, or severe); screening was valid and covered a lifetime frame of reference;

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

AUDIT: score = 2 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 13 or more in women indicate *moderate to severe* disorder present, mitigate concerns with clinical recommendations (screen relative to use of alcohol within the past 24 months)

Alcohol Use Risk Factors:

- ☒ legal history – previous alcohol-related legal charge in 08/2008 BAC of .07
- ☐ severity of incident – NA
- ☒ anxiety/depression/mental health – mild difficulties with anxiety
- ☐ 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 – NA
- ☐ at-risk work environment – NA
- ☐ current stress (relational, work, etc.) – NA

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

Clinical Interview/Summary:

ALCOHOL – Ms. Bowers' 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 this charge as 1-3 drinks on 1-2 occasions per week. She also acknowledged use of 5 drinks on 2-3 special occasions (weddings, birthdays, holidays, etc.) per year.

Ms. Bowers and I discussed her 2008 and 2015 OVI incidents and her general use of alcohol at length. Ms. Bowers' clinical interview did not reveal any positive DSM-5 symptoms. She has already completed a 72-hour driver intervention program through Maryhaven's MESA program. Since her charge she has reduced her overall frequency and intensity of alcohol use and appears to have maintained a reduced alcohol use over the past 12 months. At present, I do not find evidence that Ms. Bowers meets 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)

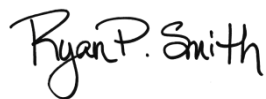
Treatment Recommendations:

Having found no basis for a DSM-5 alcohol use disorder, I have no further recommendations for Ms. Bowers at this time. If any other negative consequence is incurred as a result of any alcohol use over the next two years, it is recommended that Ms. Bowers seek further evaluation and follow any and all treatment recommendations.

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

Sincerely,



Ryan P. Smith MSW, LISW-S, LICDC, SAP
SW Lic. #I.1000155-S, CD Lic. #101182
cc: Stephanie Bowers

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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.