

August 25, 2016

Steve Downing, Probation Officer
Franklin County Municipal Court
375 South High Street
Columbus, Ohio 43215-4520

Re: Clinical Alcohol Assessment for Elizabeth A. Hamilton (DOB – 01/27/1965)

Dear Mr. Downing:

I performed a Clinical Alcohol Assessment for Ms. Hamilton in reference to her February 2016 OVI charge in Franklin County. This assessment included a 50-minute 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 = 9 / *POSITIVE SCREEN*; direct indications of problem alcohol use, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

AUDIT: score = 8 / *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 charge in 2006
- ☒ severity of incident – resumption of alcohol use after period of sobriety
- ☐ anxiety/depression/mental health – NA
- ☐ general health issues – NA
- ☐ exposure to trauma – NA
- ☐ use of liquor – NA
- ☐ other substance use – NA
- ☐ contraindicated prescription use – NA
- ☒ family history – significant history of problem drinking in family
- ☒ prior treatment history – inpatient and intensive outpatient treatment
- ☒ negative peer influence – single peer has been factor in all relapses
- ☐ at-risk work environment – NA

☐ current stress (relational, work, etc.) – NA

Summary – 5 of 13 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary:

ALCOHOL – Ms. Hamilton's written screenings provided clear indications of a severe alcohol use disorder. Ms. Hamilton shared that she relapsed after having several years of sobriety from alcohol use after reconnecting with a negative peer influence. She shared that she experienced a similar experience in 2012 also with the same individual. She was open in the clinical interview and shared information indicating 8 problem alcohol use symptoms (see below).

Ms. Hamilton reported that she has remained abstinent from all alcohol use since receiving her charge in February. She is presently attending 1-2x weekly AA meetings. I am providing additional recommendations below to assist her in mitigating the likelihood of any future alcohol resumption.

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

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

Treatment Recommendations:

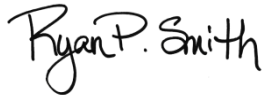
- 1) AA, 12 Step or Smart Recovery Meeting Attendance – 2 sessions per week and provide proof of attendance to probation department;
- 2) Outpatient Counseling/Relapse Prevention Planning – 6-8 outpatient sessions with a professional substance abuse counselor; update recommendations or discharge as appropriate;

- 3) If abstinence is compromised – it is likely that an increased level of treatment will be clinically necessary.

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

Sincerely,



Ryan P. Smith MSW, LISW-S, LICDC, SAP
SW Lic. #1.1000155-S, CD Lic. #101182
cc: Elizabeth A. Hamilton

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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.