

May 5, 2016

David M. Kennedy, Attorney
Mularski, Bonham, Dittmer & Phillips, LLC
107 West Johnstown Road
Gahanna, OH 43230-2714

Re: Clinical Alcohol Assessment for Cassiana Martin (DOB – 11/16/1982)

Dear Mr. Kennedy:

I performed a Clinical Alcohol Assessment for Ms. Martin in reference to her March 2016 OVI charge in Delaware County. This assessment included a 50-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 *low probability* of a moderate to severe substance use disorder; screening was valid and covered a lifetime frame of reference;

MAST: score = 4 / *POSITIVE SCREEN*; screening indicated an early to middle stage of problem drinking;

AUDIT: score = 6 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 13 or more in women indicates *moderate to severe* disorder present

Alcohol Use Risk Factors:

- family history = N/A
- prior DUI charges in 2005 and 2009
- early onset of alcohol use = N/A
- prior substance use treatment = N/A
- peer influences = binge alcohol use
- work environment = N/A
- contraindicated prescription use = N/A
- anxiety or depression symptoms = N/A
- general health problems = N/A
- current relational distress = moderate

Alcohol use risk profile = 3 of 10; moderate

Present Use Status: presently not using alcohol

Anxiety/Depression Screening: no clinically significant concerns reported

Clinical Interview/Summary: Ms. Martin's written screenings provided mixed indications of an alcohol use disorder. She reported her normal use of alcohol before this charge as 3-5 drinks on 2-3 occasions per week. Most of her regular use of alcohol appears to be 1-2 drinks (e.g. wine or beer) with dinner. She also acknowledged use of 6-8 drinks on 1-3 special occasions (weddings, birthdays, etc.) per year.

Ms. Martin and I discussed her March 2016 incident, her prior alcohol-related legal charges and her general use of alcohol at length. Her clinical interview revealed history of instances of alcohol-related memory impairment, binge consumption pattern, recurrent use beyond intention, and some indications of a tolerance condition to alcohol.

Ms. Martin also acknowledged an increased use of alcohol over the past year to cope with severe relational distress for which she is presently engaged in outpatient counseling. At present Ms. Martin meets DSM-5 criteria for a mild alcohol use disorder. I am recommending she work with a professional counselor whose scope of practice allows for treatment of substance use disorder to gain the necessary skills to moderate her alcohol use or pursue a trial period of alcohol abstinence.

DSM-5 DIAGNOSIS in Reference to Substances: F10.10 alcohol use disorder, mild

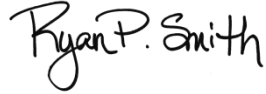
Treatment Recommendations:

- 1) Alcohol & Drug Education – recommend 12 hrs. of alcohol/drug education including a combination of any of the following – local class (hospital, treatment center or community facility), AA/NA, MADD VIP, online alcohol or drug education course;
- 2) Outpatient Counseling – recommend 6-10 outpatient sessions with a professional counselor; counseling may be performed by current counselor as long as scope of practice allows for treatment of substance use disorders; update recommendations or discharge as appropriate;
- 3) Monitoring – recommend 6 months of monitoring with same counselor after initial counseling completed, meeting frequency at discretion of counselor;
- 4) If another negative consequence is incurred as a result of any alcohol use within the next year, it is recommended Ms. Martin seek an increased level of treatment or extended outpatient substance abuse counseling as appropriate.

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

Sincerely,



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

Prohibition against Re-Disclosure: This information has been disclosed to you from records protected by Federal Confidentiality rules. The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client. Drug abuse patient records are also protected under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.R.R parts 160 & 165. (These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.)

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.