

January 29, 2016

Sheri Thonstad, Attorney  
212 Front Street  
Hood River, OR 97031

**Re: Clinical Alcohol and Drug Assessment for Jennifer J. Rulli  
DOB – 05/11/1969**

Dear Ms. Thonstad:

I performed a Clinical Alcohol and Drug Assessment for Ms. Rulli in reference to her *endangering a minor* charge in Hood River County in January of 2015. This assessment included a 65-minute clinical interview by telephone, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- A Drug Use Disorder Identification Test (DUDIT)
- A general anxiety/depression screening

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

**MAST:** score = 0 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use

**AUDIT:** score = 0 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 13 or more in women, indicate *moderate to severe* disorder present

**DUDIT:** score = 0 / *NEGATIVE SCREEN*; scores of 2 or more (female) suggest presence of *mild or moderate* condition, 25 or more indicate high likelihood of a *severe* disorder present

**DSM/Other Substance Related Concerns:** Denies subtle indicators of problem alcohol or drug use including pattern of mild hangovers, mild memory loss after use, repeat use to relieve emotional or work stress, previous treatment, conflict with significant others during or shortly after use of alcohol, guilt or regret associated with use; also denies prior legal history, alcohol or drug treatment history or contraindicated uses of medications

**Anxiety/Depression Screening:** Reports history of mild anxiety symptoms managed with self-awareness and behavioral techniques, reports no use of prescription or illicit drug or alcohol use to mitigate any symptoms, negative for signs or symptoms of a mental health crisis at the time of this assessment

**Substance Related Legal History Reported:** Denies any previous history of alcohol or substance related arrests or legal charges

**Clinical Interview/Summary:**

**ALCOHOL USE** – Ms. Rulli's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). She reported her normal use of alcohol as 1-2 drinks on 0-1 occasions per week. She reported that she does not use alcohol any differently if attending social events where drinking is taking place (weddings, birthdays, etc.).

Ms. Rulli's presentation about her use of alcohol was consistent with her written screening results. We discussed how her work history has exposed her to alcohol use in particular but she reported that she did not enjoy alcohol past controlled and moderate use. Her reporting was credible and plausible and I did not note discrepancies or suspicion that she was making an effort to cover up problem alcohol use.

**DRUG USE** – Ms. Rulli acknowledged experimentation with marijuana in college over and then on very rare occasions (with gaps of 5-10 years between uses) but denied regular or pattern use of marijuana or cannabis products. She noted that any significant dose of marijuana would create anxiety for her and was not enjoyable at all. She was articulate and credible on this point. Her last such use was 5-6 years ago. Ms. Rulli made me aware that the original endangerment charge was a result of marijuana smoke in her home when law enforcement came to her home to speak with her husband and found that minors were present in the home. She denies providing marijuana to minors on that occasion and in general. Ultimately I did not find signs, symptoms or suggestions that Ms. Rulli is a frequent user of marijuana or anything that suggested she has a DSM-5 marijuana use disorder.

Ms. Rulli denied experimentation or use of all other street drug categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Ms. Rulli's report suspect of minimization or deception with reference to use of these substances.

**PRESCRIPTION DRUG USE**– Ms. Rulli denied any recreational use of prescription medications which are prone to abuse including stimulant/ADD medications, narcotic painkiller medications, and anxiolytics and sleeping medications. Furthermore she articulated a history of being very sensitive to prescription medications. She cited a time when she was prescribed an opiate painkiller for an inner ear infection as a teenager, which resulted in a severe allergic reaction. She reported a general desire to avoid use of prescriptions altogether and has no current prescriptions.

The clinical interview did not reveal hesitation, discrepancy with the written screenings or other non-verbal signs of minimization or covering a prescription drug use problem.

SUMMARY – In consideration of the written screenings, clinical interview and lack of legal history related directly to problem use of alcohol or substances I did not find Ms. Rulli meeting criteria for a substance use disorder of any kind.

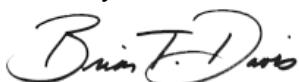
**DSM-5 DIAGNOSIS in Reference to Substances:** Z03.89 (suspected substance use condition not found)

**Treatment Recommendations:** Having found no DSM-5 drug or alcohol use disorder signs or symptoms I have no further professional recommendations for Ms. Rulli at this time.

If the court possesses additional information about Ms. Rulli's use of alcohol or drugs 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. Rulli, and yourself in this important matter.

Sincerely,



Brian T. Davis, LISW-S, SAP  
LIC# I-7948  
cc: Jennifer J. Rulli

**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.