

March 16, 2016

Cleve M. Johnson, Attorney at Law
The Law Office of Cleve M. Johnson
495 South High Street, Suite 400
Columbus, Ohio 43215-5058

Re: Clinical Alcohol Assessment for Jeanette M. Langley (DOB – 10/26/1970)

Dear Mr. Johnson:

I performed a Clinical Alcohol Assessment for Ms. Langley in reference to her OVI charge in Delaware County (3/4/16). This assessment included a 50-minute in-person 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 = 1 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use

AUDIT: score = 5 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 13 or more in women indicate the presence of *moderate to severe* disorder

Alcohol Use Risk Factors:

Concerns/Risks

- legal history – denies previous history
- family history – 3 blood related relatives
- anxiety/depression – slight risk
- NIAAA/NIH low risk guidelines – does not exceed
- other substance use – NA
- prior treatment history – NA
- peer influences – NA
- work environment – NA
- contraindicated prescription use – NA
- general health problems – NA
- current family stress – NA
- elevated BAC - .15 / moderate concern

Summary – 3 of 12 concerns = see *Clinical Interview Summary*

Anxiety/Depression Screening: mild depressive symptoms; no clinical mental health crisis at time of interview

Clinical Interview/Summary: Ms. Langley'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 before this charge as 2-3 drinks on 0-1 occasions per week. She also acknowledged use of 2-4 drinks on 3-4 special occasions per year (weddings, birthdays, etc.). Since her OVI charge occurred she has not used alcohol.

Ms. Langley and I discussed her OVI incident and general use of alcohol at length. I was unable to find a recurring pattern of any DSM-5 symptoms which would indicate the presence of a bona fide alcohol use disorder. However, I noted three areas of risk with regard to alcohol use (see above) which warrant some preventative recommendations that are detailed below.

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

Preventative Treatment Recommendations:

- 1) Preventative Education – 9 hrs. of Ohio Health's Drug/Alcohol Awareness Series (Riverside Methodist Hospital contact 614-566-3700);
- 2) Outpatient Counseling – 2 outpatient sessions with a professional substance abuse counselor preferably after 1-2 classes in the Ohio Health series, followed by an update of recommendations or discharge as appropriate;
- 3) If another negative consequence is incurred as a result of any alcohol use, it is recommended that Ms. Langley seek further evaluation and follow all treatment recommendations.

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

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: Jeanette M. Langley

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.