

June 21, 2016

David P. Rieser, Attorney  
502 South 3rd Street  
Columbus, OH 43215-5702

**Re: Clinical Alcohol and Drug Assessment for Lynsey M. Vogelpohl  
(DOB – 12/16/1987)**

Dear Mr. Reiser:

I performed a Clinical Alcohol and Drug Assessment for Ms. Vogelpohl in reference to her OVI (August 2015) charge in Franklin County. This assessment included a 60-minute in-person clinical interview, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- A Drug Abuse Screening Test (DAST-10)
- A general anxiety/depression screening

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

**MAST:** score = 2 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use, confirm impression in clinical interview

**AUDIT:** score = 3 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 13 or more in women, indicate *moderate to severe* disorder present, cross-check results in clinical interview

**DAST 10:** score = 4 / scores of 1-2 = low level concern, 3-5 moderate concern, 6-8 substantial problem use, 9-10 severe problem use

**Alcohol & Substance Use Risk Factors:**

*Concerns/Risks*

- ☐ previous legal history – denies legal history prior to current OVI charge
- ☒ severity of incident – high test BAC (.24)
- ☒ anxiety/depression/mental health – reports anxiety and depressive symptom history with psychiatrist treating and monitoring successfully/ good rapport built
- ☒ other substance use – opioids (early remission), cannabis (early remission)
- ☒ family history – 4 family members identified with problem alcohol or sub. use
- ☐ prior treatment history – NA
- ☐ peer influences– NA
- ☐ work environment – NA

- ☒ contraindicated prescription use – NA
- ☐ general health problems – NA
- ☐ current family stress – NA

*Summary - 5 of 11 concerns, mitigate concerns with clinical recommendations*

**Clinical Interview/Summary:**

ALCOHOL – Ms. Vogelpohl’s written screenings and clinical interview provided no confirmed positive diagnosis for of an alcohol use disorder but a number of risks were noted around any choice to use alcohol (see above). She stated that she has not been drinking alcohol and was open to therapeutic recommendations to mitigate concerns about having future problems with any substances, alcohol or otherwise.

NON-PRESCRIPTION DRUG – Ms. Vogelpohl acknowledged regular use of her “drug of choice”, marijuana, from her late teens up until about one month ago. Her use of marijuana has been consistent enough to create some mild to moderate withdrawal symptoms since she decided to stop using it (irritability, insomnia and increased anxiety). She was open to therapeutic recommendations to help achieve a lifestyle free of marijuana use. She denies any history of experimentation or I will provide detailed recommendations below.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Ms. Vogelpohl acknowledged that in 2014-15 she used to use opioid painkillers on a regular basis without a prescription. This period lasted for about one year until her boyfriend died from an overdose. She reports that she abruptly stopped using them (Aug. 2015) and has not had any desire to use them since. She described withdrawal symptoms and information indicating at least a moderate opioid use disorder that appears to be in early remission (reports 10 months no use).

Ms. Vogelpohl denied experimentation or misuse of other prescription drugs including stimulants, sleeping medications, barbiturates or benzodiazepines.

SUMMARY – Ms. Vogelpohl has an apparent history of mixed substance abuse but also reports a desire, motivation and behavioral steps towards a sober lifestyle. She attends NA meetings regularly and reports that she has engaged with her psychiatrist about problems with drug use and utilized his services for more than 15 minute med checkups (therapy sessions). She agreed with my suggestions to engage more resources for sobriety and requested a referral to a professional therapist in addition to the support she gets from her psychiatrist.

**DSM-5 DIAGNOSIS in Reference to Substances:** F11.20 (moderate opioid use disorder – early full remission); F 12.20 (moderate cannabis use disorder – early partial remission);

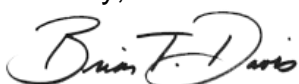
### Treatment Recommendations:

- 1) Alcohol and Drug Education – 9 hrs. of Ohio Health's Drug/Alcohol Awareness Series (Riverside Methodist Hospital contact 614-566-3700);
- 2) AA, 12 Step or Smart Recovery Meeting Attendance – 2-3 sessions per week, provide proof of attendance to probation department;
- 3) Outpatient Counseling – engage with a professional substance abuse counselor on a regular basis (minimum of 2 sessions per month);
- 4) Continue services with current psychiatrist – Dr. Jame Girvin, meet regularly and keep informed of progress with sobriety and recovery in addition to all other treatment;
- 5) Abstinence from alcohol – recommend abstaining from all alcohol use during time in therapy and discuss minimum period (e.g. 1 year or more), any consideration of resuming alcohol use should be done only in consultation with a psychiatrist and substance abuse professional with possible recommendations to extend period of alcohol abstinence beyond one year;
- 6) If sobriety is compromised – it is likely that an increased level of treatment will be recommended (e.g. IOP, Inpatient, residential treatment, etc.);
- 7) Drug Testing – random drug screens at the direction of probation department or treating therapist.

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

Sincerely,



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

**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.