

July 29, 2016

Shawn Dominy, Attorney at Law
1900 Polaris Parkway
Columbus, Ohio 43240

Re: Clinical Alcohol Assessment for Eric Holschuh (DOB – 09/28/1978)

Dear Mr. Dominy:

I performed a Clinical Alcohol Assessment for Mr. Holschuh in reference to his May 2016 assault and OVI charges in Franklin County. This assessment included a 60-minute 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 *high probability* of a moderate to severe alcohol use disorder; scores were positive for rule #7; screening had a lifetime frame of reference;

MAST: score = 12 / *POSITIVE SCREEN*; screening had both direct or indirect indication of problem alcohol use; mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

AUDIT: score = 21 / *POSITIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 15 or more in men 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 – prior June 2010 OVI charge
- ☒ severity of incident – severe alcohol-related impairment
- ☒ anxiety/depression/mental health – history of lifelong anxious distress
- ☐ general health issues – NA
- ☐ exposure to trauma – NA
- ☐ use of liquor – NA
- ☒ alcohol of choice – prefers higher blood alcohol content beers (e.g. India Pale Ales)
- ☐ contraindicated prescription use – NA

- ☒ family history – history of problem alcohol use on paternal side
- ☐ prior treatment history – NA
- ☐ negative peer influence – NA
- ☐ at-risk work environment – NA
- ☐ current stress (relational, work, etc.) – NA

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

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

Clinical Interview/Summary:

ALCOHOL – Mr. Holschuch's written screenings provided clear indications of an alcohol use disorder at a moderate to severe level. He was open in the clinical interview and shared information indicating 7 problem alcohol use symptoms (see above). While Mr. Holschuch does not have a history of daily alcohol use, he does appear to have a recent history of experiencing difficulty in controlling his alcohol use once begun.

Mr. Holschuch shared that he has abstained from alcohol use since receiving his May 20, 2016 charge. He has also initiated attending local AA meetings. Mr. Holschuch expressed his desire to maintain his present abstinence from alcohol indefinitely and was receptive to the below recommendations.

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

Treatment Recommendations:

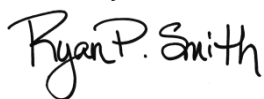
- 1) Alcohol & Drug Education – 12 hrs. of alcohol/drug education including a combination of any of the following – local class (hospital, treatment center, or community facility), AA/NA, MADD VIP, online alcohol or drug education course;

- 2) AA, 12 Step or Smart Recovery Meeting Attendance – 1 sessions per week and provide proof of attendance to probation department;
- 3) Outpatient Counseling – 15 outpatient sessions with a professional substance abuse counselor; update recommendations or discharge as appropriate;
- 4) Monitoring – 6 months of monitoring with same counselor after initial counseling completed, meeting frequency at discretion of counselor;
- 5) Abstinence – abstaining from all alcohol use permanently; any resumption of alcohol use within the next year would change these recommendations to enrollment in an Intensive Outpatient Treatment program;
- 6) Physician consult – for continuity of care, inform primary care doctor of the results of this assessment and obtain appropriate medical recommendations;
- 7) If unable to maintain abstinence – recommended that Mr. Holschuch consult with mental health and/or substance abuse professionals regarding additional treatment and support (Intensive Outpatient Program, inpatient treatment, residential, etc.).

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

Sincerely,



Ryan P. Smith MSW, LISW-S, LICDC, SAP
SW Lic. #1.1000155-S, CD Lic. #101182
cc: Eric Holschuch

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.