

June 28, 2016

Jack Kuczynski
Department of Corrections
606 West Gowe Street
Kent, WA

Re: Clinical Alcohol and Drug Assessment for April Eneliko (DOB – 04/05/1980)

Dear Mr. Kuczynski:

I performed a Clinical Alcohol Assessment for Ms. Eneliko in reference to her July 2014 charges of identity theft. This assessment included a 90-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 substance use disorder; scores were positive for rules #2, 7, and 9; subscales indicated high probability of a moderate to severe substance use disorder but not in regards to alcohol consumption; screening had a lifetime frame of reference and was valid

MAST: score = 1 / *NEGATIVE SCREEN*; screening did not provide direct or indirect indications of problem alcohol use; screening had a lifetime frame of reference

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

Substance Use Risk Factors:

- ☒ legal history – previous substance-related legal charges
- ☐ severity of incident – NA
- ☒ anxiety/depression/mental health – reported receiving MH assessment which indicated presence of behavioral health condition
- ☒ general health issues – high blood pressure
- ☒ exposure to trauma – ran away at age 14; sex trafficking
- ☐ use of liquor – NA
- ☒ other substance use – prior abuse/dependence on opioids
- ☐ contraindicated prescription use – NA

- ☒ family history – family history of problem alcohol use
- ☒ prior treatment history – prior inpatient treatment, outpatient treatment & attendance at Celebrate Recovery meetings
- ☒ negative peer influence – multiple substance using peers
- ☒ at-risk work environment – exposure to illicit substances and individuals who use illicit substances
- ☒ current stress (relational, work, etc.) – moderate to high stress due to legal involvement

Summary - 10 of 13 concerns indicates high level of risk; mitigate concern with clinical recommendations

Present Use Status: presently not using alcohol or other illicit substances; desires to maintain present abstinence indefinitely

Anxiety/Depression Screening: indications of depression and anxiety; recommend ongoing evaluation to rule in or out major depressive disorder, panic disorder, and PTSD

Clinical Interview/Summary:

ALCOHOL – Ms. Eneliko's written screenings provided no indications of an alcohol use disorder at any level (mild, moderate or severe). She reported initially experimented with alcohol in her early teens. She stated that she became sick afterwards and rarely consumed alcohol afterwards. Ms. Eneliko denied consuming alcohol within the past two years and reported that she has been informed by a prison physician that she experiences allergic reactions to alcohol.

NON-PRESCRIPTION DRUG – Ms. Eneliko stated her first exposure to illicit substances was when she experimented with cocaine in her mid-teens while at a college party. She denied any subsequent use of illicit substances until she moved to Washington and became involved with an individual who coerced her into sex trafficking. She reported regularly snorting cocaine from 16-18 years old until she met her the father of her first child and quit using cocaine. Ms. Eneliko denied engaging in any drug use from age 18-25 years old due to her involvement in work and being pregnant. Then Ms. Eneliko was involved in a car accident and became dependent on opioid medications, benzodiazepines, and methadone. She shared that she was so intoxicated on her prescription medications that she received 3 DUI charges in 2009 and overdosed on benzodiazepine medications. Ms. Eneliko entered inpatient treatment in Auburn, Washington. Subsequently she spent 13 months in jail in Oregon and then 12 months in jail in Washington for her DUI charges. Ultimately she reported being sober from all illicit substances from 2012 to 2013. While in Celebrate Recovery she began a relationship with an individual who was not sober which led to a relapse to heroin and methamphetamines. Ms. Eneliko reported she has been sober from all illicit substances since July 2014 and greatly desires to engage in ongoing substance abuse services to maintain her present sobriety

SUMMARY – Ms. Eneliko’s clinical interview reveals a strong likelihood of multiple co-occurring disorders. She also has an extensive history of trauma, substance use, and a poor social support network. I am providing recommendations to assist Ms. Eneliko maintain her sobriety from all psychoactive substances and gain the necessary coping skills to adaptively deal with psychological distress.

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

DSM-5 DIAGNOSIS in Reference to Substances: F11.20 opioid use disorder, severe, in early remission; F15.20 amphetamine use disorder, severe, in early remission; F14.20 cocaine use disorder, severe, in full remission; F13.20 anxiolytic use disorder, severe, in early remission F12.20 cannabis use disorder, moderate

Treatment Recommendations:

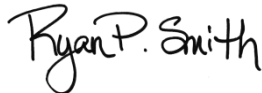
- 1) Outpatient Counseling – recommend initial biweekly outpatient counseling in a co-occurring disorders program; session frequency may be reduced to weekly at counselor’s discretion; duration of therapy should be a minimum of 2 years;
- 2) AA/Social Support – recommend minimum of 3x weekly AA, NA, SMART Recovery, Celebrate Recovery or other social support meeting attendance; total duration of attendance is a minimum of 24 months;
- 3) Abstinence – recommend abstaining from all alcohol use and illicit substance use permanently; any resumption of alcohol use or relapse to other substance use should be met with an updated evaluation and an increased level of care;
- 4) If unable to maintain abstinence – Ms. Eneliko is advised to consult with mental health and/or substance abuse professionals regarding additional treatment and

support (inpatient or residential treatment, medication management consultation, increased social support involvement, etc.)

If there is any additional information about Ms. Eneliko'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 department of corrections, Ms. Eneliko, and yourself in this important matter.

Sincerely,



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

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 and Drug 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.

