

June 13, 2016

Michael T. Cox, Attorney  
Cox Law Office, LLC  
4930 Reed Road, Suite 200  
Columbus, OH 43220

**Re: Clinical Alcohol and Drug Assessment for Todd A. Holstlaw  
(DOB – 07/16/1968)**

Dear Mr. Cox:

I performed a Clinical Alcohol and Drug Assessment for Mr. Holstlaw in reference to his September 2015 loss of physical control charge in Madison County. This assessment included a 60-minute in-person 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 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:

**SASSI-3:** scores indicated an overall *low probability* of a moderate to severe substance use disorder; client's DEF score (defensiveness) was elevated beyond the norm which increases the likelihood of a missed moderate to severe substance use disorder diagnosis but may also reflect situational factors; screening had a lifetime frame of reference

**MAST:** score = 1 / *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 15 or more in men indicates *moderate to severe* disorder present

**DUDIT:** score = 0 / *NEGATIVE SCREEN*; scores of 6 or more indicate problematic use ("mild-moderate"), scores of 6 or more (male) suggest presence of mild or moderate condition, 25 or more indicate high likelihood of a severe disorder present

**Substance Use Risk Factors:**

- family history = N/A
- prior substance-related legal charges = N/A

- early onset substance use = N/A
- prior substance use treatment = N/A
- peer influences = N/A
- work environment = N/A
- contraindicated prescription use = alcohol use not recommended with present Rx
- anxiety or depression symptoms = N/A
- general health problems = Seizure disorder NOS; History of TBI
- current family stress = low to moderate

**Substance Use Risk profile** = low; see recommendations to mitigate risk profile

**Present Use Status:** presently not using alcohol; reports minimal alcohol use within the past 2 years;

**Anxiety/Depression Screening:** no clinically significant concerns reported

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

**Clinical Interview/Summary:**

ALCOHOL - Mr. Holstlaw's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He denied consuming alcohol on a regular basis within the past two years due to contraindications with anti-seizure medications following a traumatic brain injury in December 2013 in which he was hit by a drunk driver. In specific Mr. Holstlaw estimated that he had consumed 2 or 3 glasses of wine in total over the past 24 months.

Mr. Holstlaw and I discussed his prior use of alcohol at length, and I did not find any evidence that Mr. Holstlaw has ever met full DSM-5 criteria for an alcohol use disorder. At present I am advising that he continue his present abstinence from alcohol due to contraindications with his medical condition and his prescribed medications.

ILLICIT DRUG – Mr. Holstlaw experimentation with or using any illicit substance categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Mr. Holstlaw report suspect of minimization or deception.

PRESCRIPTION DRUG – Mr. Holstlaw denied engaging in any recreational use of prescription medications which are prone to abuse including stimulant/ADD medications, narcotic painkiller medications, and anxiolytics and sleeping medications. The interview did not reveal hesitation, discrepancy with his written screenings or other non-verbal signs of minimization or covering a prescription drug use problem.

I also reviewed Mr. Holstlaw's present medication review, his toxicology report collected on 09/03/2015, a toxicology review performed by Dr. Robert J. Belloto, Jr., PhD, and a summary of his ongoing treatment plan by his primary care physician, Dr. Andrew

Kowalewsky, DO. All of these documents appear to support my conclusions that Mr. Holstlaw does not meet criteria for a substance use disorder by DSM-5 criteria.

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

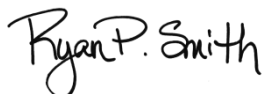
**Treatment Recommendations:**

- 1) Abstinence – recommend abstaining from all alcohol use permanently or until released from medical care by primary care physician; any consideration of resuming alcohol use should be done only in consultation with a physician;
- 2) Physician consult – maintain present medical treatment plan as reported by Dr. Andrew Kowalewsky, DO;
- 3) If another negative consequence is incurred as a result of any alcohol or other substance use, it is recommended Mr. Holstlaw seek any updated evaluation with a substance abuse professional and a consultation with his primary care physician.

If the court possesses additional information about Mr. Holstlaw'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, Mr. Holstlaw, and yourself in this important matter.

Sincerely,



Ryan P. Smith MSW, LISW-S, LICDC, SAP  
SW Lic. #1.1000155-S, CD Lic. #101182  
cc: Todd A. Holstlaw

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**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.