

October 11, 2016

Will Nesbitt, Attorney at Law
The Koffel Law Firm
1801 Watermark Drive
Suite 350
Columbus, Ohio 43215

Re: Clinical Alcohol Assessment for Candee Holdrieth (DOB – 12/02/1961)

Dear Mr. Nesbitt:

I performed a Clinical Alcohol Assessment for Ms. Holdrieth in reference to her August 2016 attempted theft charge 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 *low probability* of a moderate to severe alcohol use disorder; respondent's DEF score (defensiveness) was elevated beyond the norm which increases the likelihood of a missed moderate to severe alcohol use disorder diagnosis but may also reflect situational factors; lifetime frame of reference;

MAST: score = 7 / *POSITIVE SCREEN*; screening provided clear indications of problem alcohol use, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

AUDIT: score = 1 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 13 or more in women indicate *moderate to severe* disorder present (screen relative to use of alcohol within the past 24 months)

Alcohol Use Risk Factors:

- ☒ legal history – June 2013 OVI
- ☐ severity of incident – NA
- ☒ anxiety/depression/mental health – mild anxiety and depressive symptoms
- ☐ general health issues – NA
- ☐ exposure to trauma – NA
- ☐ use of liquor – NA

- ☐ other substance use – NA
- ☐ contraindicated prescription use – NA
- ☐ family history – none reported
- ☒ prior treatment history – inpatient treatment at Cornerstone of Recovery in TN; 2013
- ☐ negative peer influence – NA
- ☐ at-risk work environment – NA
- ☐ current stress (relational, work, etc.) – NA

Summary - 3 of 13 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary:

ALCOHOL – Ms. Holdrieth's written screenings provided indication of an alcohol use disorder. She reported her normal use of alcohol from 2011 to 2013 as 3-5 drinks on 3-4 occasions per week. She reported her alcohol use was her attempt to cope with relational distress and family-related bereavement. Following her June 2013 OVI, Ms. Holdrieth entered inpatient treatment with Cornerstone of Recovery in Tennessee. Ms. Holdrieth was involved in professional treatment for 10 months before returning to Columbus, Ohio. Since that time, she has been participating in regular AA meetings and more recently Ala-non meetings.

Ms. Holdrieth and I discussed her August 2016 incident at length. She denied suggestions that alcohol played a role in the alleged incident. When questioned about her alcohol use over the past two years, Ms. Holdrieth reported having consumed one wine cooler with her sister. Her clinical interview did not reveal any preoccupation with alcohol use, loss of control, or continued use despite negative impact to health or role functioning. While I did not find her meeting DSM-5 alcohol use disorder criteria I did note the above identified risk factors. Accordingly, I am including some preventative recommendations in the remainder of this report.

DSM-5 Alcohol Use Symptoms (2011-2013):

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

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

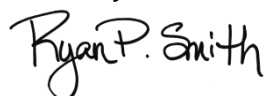
Treatment Recommendations:

- 1) AA, Ala-non, 12 Step or Smart Recovery Meeting Attendance – 2-3 sessions per month and provide proof of attendance as requested;
- 2) Mindfulness based Support Group, recommend attending Mental Health of Franklin County's Living Well group; meets first and third Thursday of every month at 5329 N. High St, Ste. A, Columbus, OH 43214; contact Jessica Starr, 614-285-6204
- 3) Abstinence – abstaining from all alcohol use permanently; any consideration of resuming alcohol use should be done only in consultation with a physician and substance abuse professional;
- 4) If unable to maintain abstinence – recommend Ms. Holdrieth consult with mental health and/or substance abuse professionals regarding additional treatment and support (temporary abstinence period, Intensive Outpatient Program, 12 step meeting attendance, etc.).

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

Sincerely,



Ryan P. Smith MSW, LISW-S, LICDC, SAP
SW Lic. #I.1000155-S, CD Lic. #101182
cc: Candee Holdrieth

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.