

September 25, 2015

Town Hall of Schroon Lake
15 Leland Avenue
PO Box 578
Schroon, NY 12870

Re: Clinical Alcohol and Drug Assessment for Gary Tromblee

Dear Court Representative:

I performed a Clinical Alcohol and Drug Assessment for Mr. Tromblee in reference to his *harassment* charge in Essex County. This assessment included the administration of:

- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- A Drug Abuse Screening Test (DAST)
- A General anxiety/depression screening
- Full clinical interview by telephone

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

MAST: score = 0 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screening appeared valid)

AUDIT: score = 1 / *NEGATIVE SCREEN*; scores of 8 or more indicate hazardous use, of 13 or more (women), 15 or more (men) indicates moderate to severe disorder present (respondent appeared to provide forthright responses to questions)

DAST: score = 0 / *NEGATIVE SCREEN*; no direct or indirect indication of problem drug use (screening appeared valid)

DSM/Other Substance Related Concerns: clinical interview revealed 0 of 11 DSM 5 substance related symptoms found: denies subtle indicators of problem alcohol use including pattern of mild hangovers, mild memory loss after use, repeat use to relieve emotional or work stress, previous treatment, conflict with significant others during or shortly after use of alcohol, guilt or regret associated with use

Present Use Status: Mr. Tromblee reports that he is presently not using alcohol. He states that as a result of complications of alcohol use with his Diabetic condition, he has no plans to resume use in the future.

Anxiety/Depression Screening: no clinically significant concerns reported

Substance Related Legal History Reported: acknowledges a DWAI charge in 2014 (BAC - .04). Mr. Tromblee states that this charge was dismissed.

Clinical Interview/Summary:

ALCOHOL – Mr. Tromblee's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). Mr. Tromblee and I discussed his *harassment* charge and general use of alcohol at length. He denied drinking any alcohol on the evening of his charges. Additionally, Mr. Tromblee's use of alcohol prior to this incident fell within the limits of moderate use according to both his clinical screenings and interview results. I could find no discrepancies or inconsistencies with respect to his current and past use of alcohol. In my best clinical judgment I was unable to find the incident or his overall history and presentation indicative of someone experiencing DSM 5 alcohol use disorder symptoms.

ILLICIT DRUG – Mr. Tromblee acknowledged minimal experimentation with marijuana 20 years ago. He denied experimentation with or current use of any and all other illicit substance categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Mr. Tromblee's report suspect of minimization or falsification.

PRESCRIPTION DRUG – Mr. Tromblee denied 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.

If the court possesses additional information about Mr. Tromblee's use of drugs or alcohol that might aid in the accuracy of this assessment, I would be happy to review it and consider any appropriate modifications or amendments to the present report.

DSM 5 DIAGNOSIS in reference to substances: V71.09 (none found)

Treatment Recommendations: I have no further treatment recommendations for Mr. Tromblee at this time. If another negative consequence is incurred as a result of any drug or alcohol use, it is recommended Mr. Tromblee seek further evaluation and follow all treatment recommendations.

Thank you for the opportunity to assist Mr. Tromblee and the court in this important matter.

Sincerely,



Anita McLeod, LCSW, SAP
cc: Gary Tromblee

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.