

, 2014

Joe REgs, Attorney
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Re: Clinical Alcohol Assessment for

Dear **Mr./Ms.:**

I performed a Clinical Alcohol **and Drug** Assessment for **Mr./Ms. _____** in reference to **his/her** pending **OVI** charge in **xyz** county. This assessment included the administration of: a Substance Abuse Subtle Screening Inventory (SASSI-3), a Michigan Alcohol Screening Test (MAST), a Drug Abuse Screening Test (DAST), an Alcohol Use Disorder Identification Test (AUDIT), an anxiety/depression screening, and a **50** minute face-to-face **videoconferenced** clinical interview. The following are my findings and recommendations:

Substance(s) of Concern: **delete this entire line if for alcohol only**

MAST: score = __; no direct or indirect indication of problem alcohol use

DAST: score = __;

AUDIT: score = ____; scores above 8 indicate hazardous use, above 13 indicates moderate to severe disorder present

DSM/Other Substance Related Concerns:

Denies:

Acknowledges:

Meets x of 11 DSM 5 alcohol use symptoms: tolerance, hazardous use **cautious in following language** denies subtle indicators of problem alcohol use including mild hangovers, mild memory loss after use, repeat use to relieve emotional or work stress, previous legal consequences, previous treatment, conflict with significant others during or shortly after use of alcohol, guilt or regret associated with use

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: **Mr./Ms. _____**'s written screenings provided no indication of an alcohol use disorder. **He** reported **his** normal use of alcohol as _____ drinks on _____ occasions per week. **He** also acknowledged use of _____ drinks on special occasions (weddings, birthdays, etc.) on about _____ occasions per month / year. We discussed **Mr. _____** DUI incident at length // We discussed both of her DUI incidents at length but I was unable to find her presentation indicative of someone experiencing DSM 5 alcohol use disorder symptoms. **She/he** reported a loss of interest in drinking alcohol since her second OVI. Nevertheless, because of her age, two related charges, and the common occurrence of individuals resuming alcohol use

after legal consequences recede; I am recommending some preventative alcohol education.
and I _____ Treatment recommendations will focus on _____

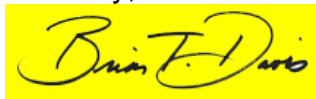
DSM 5 DIAGNOSIS in reference to substances: V71.09 (none found)

Treatment Recommendations:

- 1) Preventative Education, recommend 9 hrs. of Ohio Health's Drug/Alcohol Awareness Series (Riverside Methodist Hospital contact 614-566-3700);
- 2) Counseling, recommend 5-8 outpatient sessions with a professional substance abuse counselor; update recommendations at session five;
- 3) Prevention Planning, recommend 5 sessions with a substance abuse professional; frequency of once per month
- 4) Monitoring, recommend 6 months of monitoring with same counselor after initial counseling completed, meeting frequency at discretion of counselor;J;klj;lkj;l
- 5) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Ms. _____ seek an increased level of treatment or extended outpatient substance abuse counseling as appropriate;
- 6) Abstinence
- 7) Drug Testing., recommend;
- 8) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. _____ seek further evaluation and follow all treatment recommendations.

Thank you for the opportunity to assist the court, Mr. Ms._____, and yourself in this in this important matter.

Sincerely,



Anita McLeod, LCSW, SAP

cc: _____

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