

March 17, 2015

Arizona Motor Vehicle Division PO Box 2100 Phoenix, AZ 85001-2100

Re: Clinical Alcohol and Drug Assessment for April Mower

Dear Arizona Motor Vehicle Representative:

I performed a Clinical Alcohol and Drug Assessment for Ms. Mower in reference to her prior charges in the state of Arizona. This assessment included the administration of: a Michigan Alcohol Screening Test (MAST), an Alcohol Use Disorder Identification Test (AUDIT), an anxiety/depression screening, and a 50 minute clinical interview by telephone. The following items provide a summary of the screening results, my diagnostic opinion and professional recommendations:

Substance(s) of Concern: evaluated for alcohol and all illicit substances; narcotics and benzodiazepines primary

MAST: *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use **AUDIT:** score = 0 / *NEGATIVE SCREEN*; scores above 8 indicate hazardous use, above 13 indicates moderate to severe disorder present

DAST: score = 0 / NEGATIVE SCREEN; no direct or indirect indication of problem drug or alcohol use

DSM/Other Substance Related Concerns: clinical interview revealed *0 of 11* DSM 5 alcohol or drug related concerns present

Substance Related Legal History Reported: acknowledges DUI charges in 2001, 2004 and 2010.

Clinical Interview/Summary:

ALCOHOL: Ms. Mower's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). She reported that prior to her charges in 2010, she was a moderate drinker. Her written screenings did not reveal indications of a current alcohol abuse diagnosis. However, Ms. Mower has chosen to remain abstinent from alcohol for the last 2 years with no plan to resume use as an ongoing preventative measure because of her history of drug abuse.

DRUG USE: Ms. Mower and I discussed her drug abuse history at length as well as the factors that led to her legal charges. Ms. Mower did indicate that she began to abuse prescription medications prior to her 2001 DUI charge while being treated for a herniated disc in her back. She stated that her subsequent charges were all related to prescription drug abuse. Ms. Mower did engage in residential and intensive outpatient treatment as a result of her charges and has maintained her sobriety since 2010. She did engage in a Suboxone treatment program that allowed her to safely stop all use of narcotic pain related medications as well as benzodiazepines. Consequently, I was

unable to find any current DSM 5 drug or alcohol diagnosis. Rather my findings are Ms. Mower is in sustained full remission of drugs and alcohol.

DSM 5 DIAGNOSIS in reference to substances: 304.80 (Polysubstance Dependence in sustained full remission

Treatment Recommendations: After examination of Ms. Mower's written screenings and a thorough clinical interview I am of the opinion to a reasonable degree of clinical certainty that she is not someone currently manifesting signs and symptoms of a DSM 5 alcohol or drug use disorder, rather she is in sustained full remission of all substances. Accordingly, I have no additional professional recommendations for her at this time.

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

Sincerely,

Anita McLeod, LCSW, SAP

cc: April Mower

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.

