

January 14, 2016

Joshua C. Smith, Attorney
Albert A. Altamore & Associates, P.C.
308 West State Street, Suite 420
Rockford, IL 61101

**Re: Clinical Alcohol Assessment for Lawrence H. St. John
(DOB: 12/25/84)**

Dear Mr. Smith,

I performed a Clinical Alcohol Assessment for Mr. St. John in reference to his DUI charge on March 3, 2015 in Winnebago County. This assessment included a 50 minute clinical interview by telephone, and the administration of:

- 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:

MAST: score = 13 / *POSITIVE SCREEN*; some direct indication of problem alcohol use in the past 10+ years (screening appeared valid)

AUDIT: score = 10 / *POSITIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 15 or more in men indicates *moderate to severe* disorder present (respondent appeared to provide forthright responses to questions)

DSM/Other Substance Related Concerns:

- clinical interview revealed *4 of 11* DSM-5 substance related symptoms (tolerance, use beyond intention, etc., etc.)

Present Use Status: respondent states that he has remained abstinent from all alcohol use since DUI incident occurred

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. St. John's written screenings provided indication of a moderate alcohol use disorder. He reported his normal use of alcohol before this charge

as 2-3 drinks on 2-3 occasions per week. He also acknowledged use of 3-5 drinks on 12 special occasions (weddings, birthdays, etc.) per year.

Mr. St. John and I discussed his DUI incident and general use of alcohol at length as well as the pertinent details present on the night he was charged. He admitted that he had been feeling distress related to pressure at his job and issues in his marriage and began drinking alone at a movie theatre the night he was charged. He then admitted that he continued to drink after he left the movie theatre and then drove home where he blacked out before ending up in his neighbor's yard. Mr. St. John admitted that he does have a prior history of drinking when feeling stressed, however feels that this evening was an extreme case. I found Mr. St. John to be forthcoming and honest regarding the amount of alcohol he drank on the evening he was charged and found no inconsistencies or discrepancies during his clinical interview.

My clinical findings indicate that Mr. Conyers is in need of alcohol treatment. He does have a significant history of alcohol abuse as well as a prior treatment history. In addition Mr. Conyers admits that he has a family history of alcohol abuse and that those close to him have expressed concern regarding his overuse of alcohol. Because Mr. St. John would like to permanently abstain from alcohol, I believe he would be best served in a supportive environment where he can learn some valuable skills of distress tolerance and emotional regulation to avoid any future alcohol related issues. Accordingly, I am recommending that he be admitted to an Intensive Outpatient Program as well as engage weekly in a local peer supported self-help group (AA, NA, Smart Recovery, etc.). This should provide Mr. Conyers with the best possible outcomes to avoid any alcohol related legal issues going forward as well as support him in his goal of ongoing sobriety.

It is my understanding that Mr. St. John has also been ordered to attend a Victim Impact Panel. I agree with the court's decision regarding this and find this to be an appropriate and much needed addition to the treatment plan I am detailing below.

DSM-5 DIAGNOSIS in reference to substances: 303.90 (Moderate Alcohol Use Disorder)

Treatment Recommendations:

- 1) Attend a local MADD – Victim Impact Panel;
- 2) Complete an Intensive Outpatient Program – recommend attendance at a local program with monthly proof of attendance provided to the court;
- 3) Abstinence – recommend abstaining from all alcohol use permanently;
- 4) Physician consult – for continuity of care, inform primary care doctor of the results of this assessment and obtain appropriate medical recommendations;

- 5) If another negative consequence is incurred as a result of any alcohol use it is likely that an increased level of treatment will be recommended (e.g. Inpatient, residential treatment, etc.);
- 6) Self-help support group – Weekly attendance at a local peer supported self-help group (e.g. AA, NA, Smart Recovery).

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

Sincerely,



Anita McLeod, LCSW, SAP
LIC # 079668-1
cc: Lawrence H. St. John

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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.