

May 5, 2015

Rosemarie Selder-Paquin
Victim-Witness Advocate
Gloucester County Prosecutors Office
P.O. Box 623
Woodbury, NJ 08096

Re: Clinical Alcohol Assessment for Scott Landers

Dear Ms. Selder-Paquin:

I performed a Clinical Alcohol Assessment for Mr. Landers in reference to a *domestic violence* charge in Gloucester County in October of 2014. This assessment included the administration of:

- Michigan Alcohol Screening Test (MAST)
- Alcohol Use Disorder Identification Test (AUDIT)
- General anxiety/depression screening
- Clinical interview by telephone

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

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

AUDIT: score = 2 / *NEGATIVE SCREEN*; scores above 8 indicate hazardous use, above 13 indicates moderate to severe disorder present (screening appeared valid)

DSM/Other Substance Related Concerns: clinical interview revealed 0 of 11 DSM 5 alcohol 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

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. Landers written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported normal use of alcohol as 2-3 drinks on 1 or less occasions per week. He also acknowledged use of 2-3 drinks on special occasions (weddings, birthdays, etc.), or on about 3-4 occasions per year. Mr. Landers and I discussed his *domestic violence* incident and general use

of alcohol at length but I was unable to find the incident or his overall history and presentation indicative of someone experiencing DSM 5 alcohol use disorder symptoms. Mr. Landers indicated that on the evening of the incident he had consumed 1 beer while at dinner. My clinical opinion is that alcohol was not a factor which contributed to his charges that evening and that his drinking behaviors which are moderate in nature provide a low risk of alcohol related incidents going forward. Therefore, I have no further treatment recommendations for Mr. Landers at this time.

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

Treatment Recommendations:

- 1) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Landers seek further evaluation and follow all treatment recommendations.

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

Sincerely,



Anita McLeod, LCSW, SAP
cc: Scott Landers

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.