

October 12, 2015

Brian DeCarolus, Attorney  
45 Exchange Blvd., Suite 275  
Rochester, NY 14614

**Re: Clinical Alcohol Assessment for Gary Mast**

Dear Mr. DeCarolus,

I performed a Clinical Alcohol Assessment for Mr. Gary Mast in reference to his *domestic violence* charge on October 4th of 2015 in Monroe County. This assessment included the administration of:

- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- 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 = 7 / *POSITIVE SCREEN*; some direct indication of problem alcohol use within the last three years (screening appeared valid)

**AUDIT:** score = 16 / *POSITIVE 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)

**DSM/Other Substance Related Concerns:** clinical interview revealed 5 of 11 DSM 5 substance related symptoms found.

**Present Use Status:** reports abstaining from alcohol since the October 4, 2015 incident.

**Anxiety/Depression Screening:** reports some depressive symptoms, no acute symptoms or crisis indicated

**Substance Related Legal History Reported:** denies any previous history of alcohol or substance related arrests/legal charges

**Clinical Interview/Summary:** Mr. Mast's written screenings provided some indication of a moderate to severe alcohol use disorder. He reported his normal use of alcohol before this charge as 8-10 drinks on 3-4 occasions per week. He also acknowledged use of 10-12 drinks on 2-3 special occasions (weddings, birthdays, etc.) per year.

Mr. Mast and I discussed his *domestic violence* incident and general use of alcohol at length. He indicated that he does not have a clear recollection of the events that transpired on the evening of his charges. However, he did admit to drinking heavily with his girlfriend that evening. Mr. Mast indicated that he began drinking heavily approximately three years ago following a significant loss and subsequent increase in psychosocial stressors. I found him to be forthcoming throughout the interview and found no indicators of falsification or minimization. Mr. Mast seems to have some insight into the significance of his increase in alcohol use in the last three years and admits that those close to him have stated concern for his well-being. Although Mr. Mast indicates that he has abstained from alcohol since the incident, my clinical opinion is that he is in need of intensive outpatient treatment to maintain ongoing sobriety.

Additionally, some integrative counseling services should help him address depressive symptoms, ongoing concerns and stressors that if left untreated may increase his risk of future alcohol related incidents. Finally, AA attendance is recommended for ongoing support and prevention planning purposes going forward.

**DSM 5 DIAGNOSIS in reference to substances:** 303.90 Moderate to Severe Alcohol use Disorder

**Treatment Recommendations:**

- 1) Complete an Intensive Outpatient Program, recommend local IOP attendance with successful completion;
- 2) Outpatient Therapy, to address depressive symptoms and develop coping skills regardless of intensity of symptoms present;
- 3) Abstinence, recommend abstaining from all alcohol use for 1 year minimum, any consideration of resuming alcohol use should be done only in consultation with a physician and substance abuse professional;
- 4) Support Group Attendance, recommend AA or other community 12 step recovery model attendance with consideration of obtaining a sponsor.

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

Sincerely,



Anita McLeod, LCSW, SAP  
cc: Gary Mast

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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.