

July 16, 2016

Edward Walneck, Attorney 123 N. San Francisco St. Flagstaff, AZ 86001

Re: Clinical Alcohol Assessment for Brooke A. Lopez (DOB – 04/04/1992)

Dear Mr. Walneck:

I performed a Clinical Alcohol Assessment for Ms. Lopez regarding her positive Etg alcohol tests from June to July of 2016. 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 = 2 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use, mitigate concerns with clinical recommendations

**AUDIT:** score = 3 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 13 or more in women indicate *moderate to severe* disorder present; mitigate concerns with clinical recommendations

## **Alcohol Use Risk Factors:**

Concerns/Risks
☐ previous legal history – denies prior history
☐ severity of incident – no incident reported
☐ anxiety/depression/mental health – NA
□ prior treatment history – currently attending IOP for opiate addiction
□ peer influences– NA
□ work environment – NA
□ contraindicated prescription use – NA
☐ general health problems – NA
□ current family stress – NA
Summary - 3 of 11 concerns, mitigate concern with clinical recommendations

## Clinical Interview/Summary:

Ms. Lopez's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). She reported her normal use of alcohol as 1-2 drinks on 1 occasions per week. She also acknowledged use of 3-4 drinks on 8 special occasions (weddings, birthdays, etc.) per year

Ms. Lopez did share with me that she has a history of opiate addiction with her last use being December of 2013. She and I discussed the inherent risks associated with the use of alcohol for anyone with an addiction history as well as her family history of addiction. Ms. Lopez stated that she is currently enrolled in the intensive outpatient opiate program at Southwest Behavioral Services. She became a patient of Southwest in January of 2014 and is continuing to participate in monthly outpatient counseling as well as monthly drug testing. Ms. Lopez was agreeable to letting her current care providers see the contents of this assessment for her continuity of care and states that they are aware of her current level of alcohol use. Because I was unable to find her meeting any criteria for an DSM-5 alcohol use disorder, I have no further treatment recommendations. However, I am recommending that Ms. Lopez stay under the care of her current treatment providers until which time she is successfully discharged. If at any point Ms. Lopez is unable to maintain a moderate and low-risk approach to alcohol use, I recommend she obtain additional peer supports (AA, NA, Smart Recovery) and return to the care of her professional substance abuse providers for further assessment and the appropriate level of treatment.

**DSM-5 DIAGNOSIS in Reference to Substances**: F11.20 (Moderate Opioid Use Disorder) in sustained full remission

## **Treatment Recommendations:**

1) If unable to maintain a moderate and low-risk level of alcohol use, it is recommended that Ms. Lopez consult with mental health and/or substance abuse professionals regarding additional treatment and support (temporary abstinence period, Intensive Outpatient Program, 12 step meeting attendance, etc.).

If you or the court possess additional information about Ms. Lopez's use of alcohol that might impact the outcome of this assessment, I would be happy to review it and consider appropriate modifications or amendments to the present report.

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

Sincerely,

Anita McLeod, LCSW, SAP

LIC # 079668-1

## cc: Brooke A. Lopez

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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.

