

December 5, 2015

James A. Katz Jr, Esq.
451 West Linden Street
Allentown, PA 18102

Re: Clinical Alcohol Assessment for Gwyneth Greenleaf

Dear Mr. Katz:

I performed a Clinical Alcohol Assessment for Ms. Greenleaf in reference to her DUI charge in Lehigh County in October of 2015. 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 (screening appeared valid)

AUDIT: score = 2 / *NEGATIVE SCREEN*; scores of 8 or more indicate hazardous use, of 13 or more (women) indicates moderate to severe disorder present (respondent appeared to provide forthright responses to questions)

DSM/Other Substance Related Concerns: clinical interview revealed 0 of 11 DSM 5 substance related concerns 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

Present Use Status: presently not using alcohol

Anxiety/Depression Screening: Ms. Greenleaf indicates that she is currently being treated for depressive symptoms.

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

Clinical Interview/Summary: Ms. Greenleaf'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 before this charge as 1-2 drinks on 1 or less occasions per week.

Ms. Greenleaf and I discussed her DUI incident and general use of alcohol at length. She denied using alcohol since her charges but states that she may choose to drink at some future date while using a zero-tolerance policy with reference to drinking and driving. In my best clinical judgment I was unable to find the incident or her overall history and presentation indicative of someone experiencing DSM 5 alcohol use disorder symptoms. Although her clinical interview and written screenings do not indicate an alcohol use disorder, I am noting some items of concern and recommendations below.

Ms. Greenleaf indicated that she recently suffered the death of her husband and has had understandable difficulty adjusting to life without him after 38 years of marriage. Ms. Greenleaf states that she sees her psychiatrist on a weekly basis. However, I do believe that some adjunct counseling to specifically address ongoing grief, learn some valuable coping/distress tolerance skills, and gain some emotional regulation strategies would be the most effective way for her to avoid alcohol related incidents going forward.

Additionally, Ms. Greenleaf stated that she does have a seizure history and has had previous car accidents as a result. She stated that she broke her arm from the impact of the car accident leading to her October 2015 charges. I recommend that she continue to see her primary care physician to continue to monitor this issue for best outcomes regarding her physical safety. Finally, my recommendation is for Ms. Greenleaf to engage in some alcohol education (local or online alcohol class). I believe that some education around how much she can drink with minimized risk in the future should she choose to resume alcohol use at any time would be helpful to her.

DSM 5-DIAGNOSIS in reference to substances: Z03.89 (suspected substance use condition not found)

Treatment Recommendations:

- 1) Alcohol & Drug Education – recommend 12 hrs. of alcohol/drug education including either of the following – local class (hospital, treatment center or community facility), online alcohol/drug education course;
- 2) Counseling – recommend 5-6 outpatient sessions with a professional substance abuse counselor, update recommendations at session 5 or discharge;
- 3) Physician consult – inform primary care physician of symptoms regarding seizure disorder and obtain appropriate recommendations;
- 4) Psychiatrist- continue to see psychiatrist for depressive symptoms and ongoing continuity of care;
- 5) If another negative consequence is incurred as a result of any alcohol use it is recommended Ms. Greenleaf seek an increased level of treatment or extended outpatient substance abuse counseling as appropriate.

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

Sincerely,



Anita McLeod, LCSW, SAP
LIC # 079668-1
cc: Gwyneth Greenleaf

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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.