

October 4, 2014

Rob Olson, Attorney
318 W. Main Street
Walla Walla, Washington 99362

Re: Clinical Alcohol Assessment for Charolette Loffredo

Dear Mr. Olson:

I performed a Clinical Alcohol Assessment for Ms. Loffredo in reference to her pending DUI charge in Walla Walla County. This assessment included the administration of: a Michigan Alcohol Screening Test (MAST), an Alcohol Use Disorder Identification Test (AUDIT), an anxiety/depression screening, and a clinical phone interview. The following are my findings and recommendations:

MAST: score = 2 / *negative screen*; no direct or indirect indication of problem alcohol use

AUDIT: score = 1 / *risk level = Zone 1*; Zone 1 scores refer to low risk drinking or abstinence

DSM/Other Substance Related Concerns: denies subtle indicators of problem alcohol use including mild hangovers, mild memory loss after use, repeat use to relieve emotional or work stress, previous legal consequences, previous treatment, conflict with significant others during or shortly after use of alcohol, guilt or regret associated with use; clinical interview revealed 0 of 11 DSM 5 symptoms present

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: Ms. Loffredo's written screenings provided no indication of an alcohol use disorder of any kind (mild, moderate or severe). She reported her normal use of alcohol as 1-2 drinks, 1 time per month or less. She also acknowledged use of 1-2 drinks on special occasions (weddings, birthdays, etc.) We discussed Ms. Loffredo's DUI incident at length as well as her general habits surrounding alcohol, whether at home or socially. She was non-defensive in her demeanor, and the interview did not reveal inconsistencies or discrepancies in written or verbal form. My clinical impression is that she does not meet criteria for someone experiencing a DSM 5 alcohol use disorder and it is quite possible that her DUI incident represents an aberration in her normally moderate and low risk use of alcohol. For preventative purposes going forward, I am recommending basic driver safety/alcohol education and some brief follow up sessions with a substance abuse professional.

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

Treatment Recommendations:

- 1) Preventative Education, recommend a local Wellness Driver Intervention Program or online alcohol education course;
- 2) Counseling, recommend 1-2 outpatient sessions with a professional substance professional after completion of recommendation #1;
- 3) If another negative consequence is incurred as a result of any alcohol use it is recommended Ms. Loffredo seek further evaluation and follow all treatment recommendations.

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

Sincerely,



Anita McLeod, LCSW, SAP
cc: Charlotte Loffredo

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.