

April 14, 2015

West Virginia DUI Unit  
350 Capital Street  
Suite 350  
Charleston, WV 25301

**Re: Clinical Alcohol Assessment for Andrew Friedle**

Dear DUI Unit Representative:

I performed a Clinical Alcohol Assessment for Mr. Friedle in reference to his DUI charge in May of 2012 in Monongalia 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 face-to-face video-conferenced clinical interview. The following items provide a summary of the screening results, my diagnostic opinion and professional recommendations:

**MAST:** screening revealed some misuse of alcohol over the past 10 years

**AUDIT:** score = 11 / *POSITIVE SCREEN*; scores above 8 indicate hazardous use, above 13 indicates moderate to severe disorder present

**DSM/Other Substance Related Concerns:** clinical interview revealed 2 DSM 5 alcohol related symptoms found; use beyond intention and use despite social/interpersonal problems

**Anxiety/Depression Screening:** long-term anxiety related symptoms reported

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

**Clinical Interview/Summary:** Mr. Friedle's written screenings provided some indication of a mild alcohol use disorder. He reported normal use of alcohol as 3-4 drinks on one occasion per month. He also acknowledged use of 3-5 drinks on special occasions (weddings, birthdays, etc.) or about 6 occasions per year. Mr. Friedle and I discussed the DUI incident and general use of alcohol at length. I found him to be forthcoming and there were no discrepancies or inconsistencies in written or verbal form. Although Mr. Friedle indicates that his drinking has decreased over the last 2-3 years, I do have some concerns due to both his written and verbal interview that I believe need more attention. Due to Mr. Friedle's acknowledgement of past binge drinking episodes, ongoing anxiety related symptoms, past drinking behaviors causing interpersonal problems and his high test DUI in 2012, my clinical opinion is that some sessions with a substance abuse counselor would provide a clearer diagnostic picture. In addition, this will provide an environment for Mr. Friedle to learn coping skills and emotional regulation strategies to prevent alcohol related incidents going forward.

**DSM 5 DIAGNOSIS in reference to substances:** Rule out: 305.00 (mild alcohol use disorder)

### Treatment Recommendations:

- 1) Counseling, recommend 6-8 outpatient sessions with a professional substance abuse counselor; update recommendations at session seven;
- 2) Physician consult, inform primary care doctor of anxiety symptoms and obtain appropriate recommendations;
- 3) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Friedle seek further evaluation and follow all treatment recommendations.

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

Sincerely,



Anita McLeod, LCSW, SAP  
cc: Andrew Friedle

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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.