

February 29, 2016

Grand County Combined Courts
Grand County Judicial Center
307 Moffat Avenue
PO Box 192
Hot Sulphur Springs, CO 80451

Re: Clinical Alcohol Assessment for William Robert Bassett (DOB - 11/21/1957)

To whom it may concern,

I performed a Clinical Alcohol Assessment for Mr. Bassett in reference to his January 2015 DUI charge in Grand County, Colorado. In addition to our 55-minute clinical interview conducted via telephone, this assessment included 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 indication of problem alcohol use (this screen is relative to a life-long time frame)

AUDIT: score = 3 / *NEGATIVE SCREEN*; scores of 8 or more indicate hazardous use, whereas scores of 15 or more indicates moderate to severe disorder present (scores are relative to current use)

Present Use Status: presently not using alcohol

Alcohol Use Risk Factors:

- legal history – DUI in 2013 (BAC of .153); DUI in 2015 (BAC of .124)
- anxiety and depression – N/A; symptoms of circumstantial depression following his divorce 9 years ago
- other substance use - N/A
- contraindicated prescription use – N/A; Mr. Bassett was prescribed a sleep aid as recommended by a doctor for instances of jetlag and has discontinued his use of this medication in an effort to keep sobriety stable – reports use of this medication played a major role in current offense
- family history of substance abuse – parents, siblings, grandparents, aunts and uncles
- trauma – history of clinically significant physical and other forms of trauma during childhood, “several car and snowmobiling accidents”

- prior treatment history – Intensive Outpatient Program around the time of his divorce
- peer influences – N/A
- work environment – N/A quantified his average day's work stress level as a 3 (on a 1 to 10 scale); some exposure to alcohol in business (would previously keep alcohol at 2nd home for guests/clients, no longer does this)
- general health problems – N/A; regular use of prescribed medication for gout, blood pressure, and cholesterol; sees a regular primary care physician
- current family stress – N/A

Summary: 4 of 11 concerns = moderate risk profile

Clinical Interview/Summary: Mr. Bassett's written screenings provided no current indication of an alcohol use disorder at any level (mild, moderate or severe). He reported his normal use of alcohol before his DUI in 2013 as 1-3 drinks on a couple of occasions per week. He also asserted that these habits did not change in times of celebration (holidays, birthdays).

Mr. Bassett and I discussed his DUI incident and general use of alcohol at length. He was articulate about maintaining sobriety since his first DUI in 2013 and presented his 2015 incident as resulting from extenuating circumstances. Mr. Bassett stated that he had ingested his prescribed sleeping aid prior to driving and attributed his erratic behaviors to the side-effects of his medication. This medication does have well-documented side effects that may cause behavioral disturbances including, but not limited to, anterograde amnesia. While it is not possible to ascertain with any certainty what impaired Mr. Bassett's behavior, it is certainly very plausible that his medication could have produced some impact. In any case, after a thorough review of Mr. Bassett's overall history, I was unable to find his overall history and presentation indicative of someone experiencing enough DSM-5 alcohol use disorder symptoms for diagnosis.

With the concerns I've identified in his risk profile, a recommendation of substance use education and relapse prevention planning appear to be warranted; however, I understand that to date he has been compliant with the following interventions: 6 months of alcohol monitoring through ankle device, 30 months of random screening for alcohol without complication, completion of group therapy and alcohol education requirements, 12 months of interlock device (ongoing). Furthermore, I understand that he has provided the court with 35 written testimonies assuring his abstinence since his first DUI in 2013. While I do have some reservations about minimization in the description of his past drinking habits, I feel that he has completed more than what should be clinically required of him. I have no further recommendations for him at this time.

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

If you possess any additional information about Mr. Bassett's use of alcohol that may 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, Mr. Bassett, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA

Cert.# 150427

cc: William Robert Bassett

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.