

July 11, 2016

Ben Bazylak 8585 Sienna Springs Blvd # 927 Missouri City, Texas 77459

Re: Clinical Alcohol Assessment for Benjamin M. Bazylak (DOB – 07/28/1960)

To whom it may concern:

I performed a Clinical Alcohol Assessment for Mr. Bazylak in reference to his license suspension in Colorado. 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 = 7 / *POSITIVE SCREEN*; direct and indirect indication of problem alcohol use (screen relative to lifetime use of alcohol)

AUDIT: score = 0 / NEGATIVE SCREEN; scores of 8 or more indicate hazardous use, whereas scores of 15 or more in men indicate a moderate to severe disorder may be present (screen relative to current use of alcohol)

Alcohol Use Risk Factors:

□ legal history – 3 lifetime alcohol-related driving offenses in the state of Colorado	
spanning from 1998-2000 (the highest BAC of which was .15)	
□ anxiety/depression/mental health – NA	
☐ general health issues – NA	
□ exposure to trauma – NA	
☐ use of liquor – NA	
□ other substance use – NA	
□ contraindicated prescription use – NA	
☐ family history – one distant blood relative	

☐ prior treatment history – no history prior to state-mandated level II and I treatment
i.e. successful completion of state IOP program (AA meeting attendance, education
individual and group therapy completed immediately following his most recent DUI)
□ negative peer influence – NA
□ at-risk work environment – NA
□ current stress (relational, work, etc.) – managed stress; quantified this as "4-5" on a scale of 1-10
Summary - 0 of 12 concerns outstanding, no concern to be mitigated with clinical recommendations
Past DSM-5 Alcohol Use Symptoms:
☐ Use beyond intention
☐ Persistent desire or unsuccessful efforts to reduce/quit use
Substantial time spent obtaining, using, or recovering from use
☐ Strong craving/desire
☐ Failure to fulfill a major role (work, home, school)
☐ Use despite recurrent social/interpersonal problems
☐ Important social, occupational, recreational activities relinquished
□ Physically hazardous use
☐ Continued use despite knowledge of physical or psychological condition
☐ Tolerance
☐ Withdrawal symptoms

Summary - 2 of 11 symptoms (**Mild** 2-3 | Moderate 4-5 | Severe 6+)

Clinical Interview/Summary: Mr. Bazylak's written screenings provided some indication of a previous alcohol use disorder. He was open in the clinical interview and shared information indicating 2 problem alcohol use symptoms (see above). While Mr. Bazylak did not have a history of daily alcohol use prior to treatment, he did appear to have considerable difficulty consuming beer within the men's NIAAA guidelines for low-risk drinking in addition to abstaining from driving after drinking. Since the completion of his Colorado state program, he has held a valid state driver's license in the state of Texas without any further complications suggesting problem alcohol use.

DSM-5 DIAGNOSIS in Reference to Substances: F10.10 Mild Alcohol Use Disorder (Full Remission)



Treatment Recommendations: Having found no basis for alcohol use disorder risks or an active DSM-5 alcohol use disorder, I have no further recommendations for Mr. Bazylak at this time.

If the state possesses any additional information about Mr. Bazylak'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 state of Colorado, Mr. Bazylak, and yourself in this important matter.

Sincerely,

Trevor C. Davis, CDCA

Cert.# 150427

Reviewed by Brian T. Davis, LISW-S, SAP LIC# I-7948

cc: Benjamin M. Bazylak

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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.

