

August 19, 2016

Robert A. Novelle Jr., Attorney
1127 S. Manheim Rd. Suite 314
Westchester, Illinois 60154

Re: Clinical Alcohol Assessment for Aron M. Banike (DOB – 05/22/1989)

Dear Mr. Novelle:

I performed a Clinical Alcohol Assessment for Aron Banike in reference to his DUI charge in Cook County. This assessment included a 45-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, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

AUDIT: score = 1 / *NEGATIVE SCREEN*; scores of 8 or more indicate potential *hazardous use*, whereas scores of 15 or more in men indicate a *moderate to severe* disorder may be present (screen predominantly relative to use of current use of alcohol)

Alcohol Use Risk Factors:

- ☒ legal history – previous underage drinking charge at age of 17 (reports not drinking)
- ☒ severity of incident – .14 BAC
- ☐ anxiety/depression/mental health – NA
- ☐ general health issues – NA
- ☐ exposure to trauma – NA
- ☐ regular use of liquor – NA
- ☐ other substance use – NA
- ☐ contraindicated prescription use – NA

- ☐ family history – none reported
- ☐ prior treatment history – previous assessment following underage drinking charge (court mandated)
- ☐ negative peer influence – NA
- ☐ at-risk work environment – NA
- ☒ current stress (relational, work, financial, etc.) – none reported; 3-year relationship ended in “January or February”

Summary - 3 of 13 concerns, mitigate concern with treatment recommendation

Clinical Interview/Summary: Mr. Banike’s written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported his normal use of alcohol before this charge as 1-2 beers on 1-2 occasions per a month.

Mr. Banike and I discussed his legal charge and general use of alcohol at length. I did not find him meeting DSM-5 alcohol use disorder criteria and his normal drinking habits appear to be within the NIAAA recommendations for men’s low-risk drinking. I did note the risks and concerns associated with his specific situation and accordingly, I am including a preventative recommendation in the remainder of this report as a measure of proactivity.

DSM-5 Alcohol Use Symptoms:

Repetitive/Recurrent...

- ☐ 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 contraindicated physical or psychological condition
- ☐ Tolerance
- ☐ Withdrawal symptoms

Summary - 0 of 11 symptoms (Mild 2-3 | Moderate 4-5 | Severe 6+)

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

Treatment Recommendation: Attend another local MADD or Victim Impact Panel – local meetings can be found by visiting www.madd.org.

If you or the court possess additional information about Mr. Banike'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 court, Mr. Banike, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA

Cert.# 150427

Reviewed by Ryan Smith, MSW, LISW-S, LICDC, SAP

SW Lic. #I.1000155-S; #101182

cc: Aron M. Banike

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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.