

September 22, 2015

Daniel OConnor
191 Yorktown R.
Woolwich Township, New Jersey
08085

Re: Clinical Alcohol and Drug Assessment for Daniel OConnor

Dear Mr. OConnor:

I performed a Clinical Alcohol and Drug Assessment for you as you are bidding for construction work and wish to alleviate any concerns about a potential drug or alcohol problem based on previous DUI convictions in Gloucester County. This assessment included the administration of:

- A Michigan Alcohol Screening Test (MAST)
- A Drug Abuse Screening Test (DAST)
- A general anxiety/depression screening
- A full clinical interview by videoconference

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 (screening appeared valid and both positive points were in relation to having had 2 DUI charges nine years ago)

DAST: score = 0 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screening appeared valid)

DSM/Other Substance Related Concerns: denies subtle indicators of problem alcohol or drug use including pattern of mild hangovers, mild memory loss after use, repeat use to relieve emotional or work stress, previous treatment, conflict with significant others during or shortly after use of alcohol, guilt or regret associated with use

Present Use Status: reported you have not been drinking alcohol since 2007, no other prescription drugs of abuse or illicit drug use

Anxiety/Depression Screening: no clinically significant concerns reported

Substance Related Legal History Reported: May 3, 2006 DUI and December 21, 2006 DUI (both in New Jersey)

Clinical Interview/Summary:

ALCOHOL – Your written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). You reported that you have been abstinent from alcohol for the past 8+years since your education and penalties that occurred in 2007 as a result of 2 DUI convictions that occurred in 2006.

You acknowledged that you began drinking rum after a complicated business and employment situation turned out poorly in 2006. This was not daily drinking or to extreme amounts but was irresponsible and you were “turning your brain” off or what some would call “self-medicating” in response to the business problems you were having.

The court required that you perform 100+ hours of community service, attend a 16 week substance education program (3 hours per class), pay court fines and then be observed in a separate alcohol/drug program for a 3 day period. You briefly attended Alcoholics Anonymous. After your court consequences were complete you decided to abstain from alcohol altogether as you would much rather be working and productive, which has been a theme in your life.

We spoke about your use of alcohol earlier in your life. From the age of 18-26 you drank alcohol similar to your peers but did not use drugs. During that time you did not experience legal, relational, health or any other negative consequences from drinking. Around the age of 26 you had a baby on the way, were married, and wanted to live a responsible life so you drank even less going forward. You reported that your drinking was very controlled and moderate and without negative consequences until you responded poorly to your personal career crisis by drinking more in 2006, which lead to your DUI convictions.

Throughout this interview I gained the clinical impression that you are not a user or abuser of drugs or alcohol and that you are highly motivated towards business and financial success. You see alcohol and drug use as a sign of weakness and as something which would hamper your ability to think clearly, work hard and relate well to customers.

While this assessment was based on self-report I found no outstanding clinical reasons to suspect you were fabricating that you are sober.

ILLICIT DRUG – You acknowledged minimal (3 uses) experimentation with marijuana 40 years ago (age 18) but did not continue with any type of marijuana experimentation or use. You reported that after laughing for 15 minutes you would simply pass out and that you didn’t see any benefit in it. Similarly you reported that street drug use of any other kind did not appeal to you as you were interested in being productive, making a living and enjoying the fruits of the same.

I did not detect any sense of hesitation, minimization or non-verbal clues that you were covering up a street drug use problem of any kind.

PRESCRIPTION DRUG – You denied any (entire lifespan to date) recreational use of prescription medications which are prone to abuse including stimulant/ADD medications, narcotic painkiller medications, anxiolytics and sleeping medications. You acknowledged having had one painkiller prescription after having a tooth pulled about 25 years ago. You stated that you took one or two of them, used no more, and have not had a prescription for narcotic pain medication since then. You also denied any prescriptions for sleep aids, ADHD (stimulant medications), anxiety or drugs which are prone to abuse. You also denied any use of prescription drugs without a doctor's prescription.

The interview did not reveal hesitation, discrepancy with your written screenings or other non-verbal signs of minimization or covering a prescription drug use problem.

Documentation:

You provided me with verification of your identity by way of a New Jersey state driver's license (with photo) and by videoconference. You also provided me with a copy of the Gloucester County Intoxicated Driver Program's verification letter stating that you have satisfied all the requirements from the 2006 DUI convictions. It states that you have "no further obligations at this time".

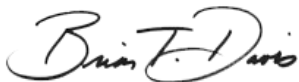
If the person you submit this report to possesses additional information about your use of drugs or alcohol that might aid in the accuracy of this assessment I would be happy to review it and consider any appropriate modifications or amendments to the present report.

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

Treatment Recommendations: Having found no indications, signs or symptoms of a DSM-5 drug or alcohol use disorder since your choice to abstain from alcohol in 2007 and up to the present, I have no further professional recommendations for you.

Thank you for the opportunity to assist you and any concerned parties in this important matter.

Sincerely,



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

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.