

August 17, 2015

Dmitry Balannik, Attorney
Touchstone Law Firm, LLC.
5225 Wisconsin Avenue N.W.
Washington, D.C. 20015

Re: Clinical Alcohol Assessment for Borys Mar

Dear Mr. Balannik:

I performed a Clinical Alcohol Assessment for Mr. Mar in reference to his DUI charge in Howard County in March of 2015. This assessment included the administration of:

- Michigan Alcohol Screening Test (MAST)
- Alcohol Use Disorder Identification Test (AUDIT)
- General anxiety/depression screening
- Clinical interview by telephone

The following items provide a summary of the screening results, my diagnostic opinion and professional recommendations:

MAST: *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screening appeared valid)

AUDIT: score = 3 / *NEGATIVE SCREEN*; scores of 8 or more indicate hazardous use, of 13 or more (women), 15 or more (men) indicates moderate to severe disorder present (respondent appeared to provide forthright responses to questions)

DSM/Other Substance Related Concerns: clinical interview revealed 0 of 11 DSM 5 substance related symptoms found. denies subtle indicators of problem alcohol 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

Anxiety/Depression Screening: no clinically significant concerns reported

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

Clinical Interview/Summary: Mr. Mar'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 as 2-3 drinks on 2 occasions per week. He also acknowledged use of 2-4 drinks on special occasions (weddings, birthdays, etc.) or on about 3-5 occasions per year. We discussed Mr. Mar's DUI incident at length as well as his general habits

involving alcohol. Mr. Mar was non-defensive in his demeanor and the interview did not reveal any inconsistencies or discrepancies in written or verbal form. My clinical impression is that he does not meet criteria for someone experiencing a DSM 5 alcohol use disorder and it is quite possible that his DUI incident represents an aberration in his normally moderate and low risk drinking behaviors. However, due to the charges I am recommending some alcohol education and a victim impact panel for preventative purposes going forward.

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

Treatment Recommendations:

- 1) Attend a local MADD Victim Impact Panel;
- 2) Preventative Education, recommend successful completion of a local alcohol education class;
- 3) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Mar seek further evaluation and follow all treatment recommendations.

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

Sincerely,



Anita McLeod, LCSW, SAP
cc: Borys Mar

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.