

June 13, 2016

Jersey City Municipal Court
Probation Department
Lewis S. McRae Justice Complex, 365 Summit Ave
Jersey City, NJ 07306

Re: Clinical Alcohol and Drug Assessment for Brian M. Basho (DOB – 01/23/1987)

Dear Probation Officer:

I performed a Clinical Alcohol and Drug Assessment for Mr. Basho in reference to his disorderly conduct charge in Monmouth County. This assessment included a clinical interview, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- A Drug Abuse Screening Test (DAST)
- A general anxiety/depression screening

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

MAST: score = 1 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use, single item of concern was regarding this current disorderly conduct charge

AUDIT: score = 0 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 15 or more in men indicate *moderate to severe* disorder present, mitigate concerns with clinical recommendations

DAST: score = 0 / *NEGATIVE SCREEN*

Alcohol & Substance Use Risk Factors:

Concerns/Risks

- ☐ previous legal history – denies prior history
- ☐ severity of incident – non-severe disorderly conduct without hospitalization or emergency medical personnel
- ☐ anxiety/depression/mental health – reports no history of any mental health concerns
- ☐ other substance use – NA
- ☐ family history – denies any direct family history
- ☐ prior treatment history – NA
- ☐ peer influences– NA
- ☐ work environment – NA
- ☐ contraindicated prescription use – no major prescriptions for over 24 months

- ☐ general health problems – good health
 - ☐ current family stress – NA
- Summary - 0 of 11 concerns*

DSM - 5 Alcohol or Drug Use Symptoms:

- ☐ Use beyond intention – not found
- ☐ Persistent desire or unsuccessful efforts to reduce/quit use – one single decision to stop alcohol which has apparently been successful
- ☐ Substantial time spent obtaining, using, or recovering from use – no pattern found, interview reveals 3 hangovers in his lifetime/not sufficient to meet this criteria
- ☐ Strong craving/desire – not found
- ☐ Failure to fulfill a major role (work, home, school) – succeeding at work and denies any incidents related to work
- ☐ Use despite recurrent social/interpersonal problems – denies any history
- ☐ Important social, occupational, recreational activities relinquished – denies any
- ☐ Physically hazardous use – does not drink and drive or have other reported high-risk use
- ☐ Continued use despite knowledge of contra physical or psychological condition - NA
- ☐ Tolerance - not found
- ☐ Withdrawal symptoms – no psychological or physical symptoms found in written screenings or clinical interview

Summary - 0 of 11 symptoms found

Clinical Interview/Summary:

ALCOHOL – Mr. Basho'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 2-3 drinks on 0-1 occasions per week. He also acknowledged use of 1-2 drinks on 1-2 special occasions (weddings, birthdays, etc.) per year.

Mr. Basho and I discussed his disorderly conduct incident and general use of alcohol at length. I was unable to find Mr. Basho exceeding NIH or NIAAA low-risk drinking guidelines, prior legal history, negative impact to his relationships, career or health. He reported that drinking has "never been important to him" and after this unpleasant incident he has simply stopped drinking altogether. In my best clinical judgement, I did not find a basis to diagnose him with an alcohol use disorder.

NON-PRESCRIPTION DRUG – Mr. Basho denied experimentation or use of all non-prescription substance use categories including: cannabis, stimulants, hallucinogens, inhalants, opiates, sedatives. He denies any legal history with the same. I found no part of Mr. Basho's report about non-prescription drug use suspect of minimization or deception.

PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED – Mr. Basho reported that his only use of prescription medications (which are subject to abuse) in his lifetime was

that of a narcotic painkiller after removal of his wisdom teeth when he was 22 years old. He reported using these for one day and then discontinued them. He denied all use of narcotic painkillers experimentally, recreationally or otherwise. Likewise, Mr. Basho denied any recreational or use of other prescription medications which are prone to abuse including stimulant/ADD medications, narcotic painkiller medications, and anxiolytics and sleeping medications. The interview did not reveal hesitation, discrepancy with his written screenings, or other non-verbal signs of minimization or covering a prescription drug use problem.

SUMMARY – Mr. Basho’s written screenings and clinical interview did not reveal or provided subtle indications of an alcohol or drug use problem. Furthermore, he appears to be gainfully employed, productive, and pursuing personal and professional goals at this time.

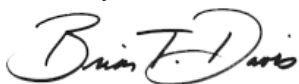
DSM-5 DIAGNOSIS in Reference to Substances: Z03.89 (suspected substance use condition not found)

Treatment Recommendations: Having found no basis for a DSM-5 alcohol or drug use disorder I have no further recommendations for Mr. Basho at this time.

If you or the court possess additional information about Mr. Basho’s use of alcohol or drugs 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. Basho, and yourself in this important matter.

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: Brian M. Basho

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.