

March 6, 2016

Brandon D. Minde, Attorney
Dughi, Hewit & Domalewski, P.C
340 North Avenue
Cranford, NJ 07016

Re: Clinical Alcohol Assessment for Jake Paytas (DOB: 5/21/96)

Dear Mr. Minde:

I performed a *Clinical Alcohol and Anger Management* Assessment for Mr. Paytas in reference to his criminal trespassing and vandalism May 2016 charges in Union County. This assessment included a 60-minute clinical interview by videoconference, and the administration of:

Alcohol Assessment Instruments

- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorders Test (AUDIT)
- A general anxiety/depression screening

Impulse/ Anger Control Instruments

- A Beck Depression Inventory
- An Anger Control Inventory

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

ALCOHOL ASSESSMENT

MAST: *NEGATIVE SCREEN*; no direct indication of problem alcohol use across lifespan

AUDIT: score = 6 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 15 or more in men indicates *moderate to severe* disorder present

Anxiety/Depression Screening: no clinically significant concerns reported

Alcohol/Substance Use Risk Factors:
Concerns/Risks

- legal history – denies previous history
- anxiety – NA
- other substance use – NA
- family history – NA
- prior treatment history – NA

- peer influences– mild to moderate risk
 - work environment – NA
 - contraindicated prescription use – NA
 - general health problems – NA
 - current family stress – NA
- Summary: 1 of 10 concerns = low risk profile

Clinical Interview/Summary: (ALCOHOL) Mr. Paytas' written screenings no indication of an alcohol use disorder. He reported his normal use of alcohol as 4-6 drinks on 2-3 occasions per week. He also acknowledged use of 6-8 drinks on 5-6 special occasions (weddings, birthdays, etc.) per year.

Mr. Paytas and I discussed the pertinent details of the events which occurred the day he was charged as well as his general use of alcohol at length. Mr. Paytas denied that he was intoxicated on the evening he was charged and also denied any involvement in the destruction of property. However, he readily admitted that he was trespassing on private property. I did find Mr. Paytas to be forthcoming regarding his underage drinking behaviors and we did discuss the dangers of this should he continue to drink. Mr. Paytas was able to discuss the consequences he has suffered as a result of his charges and seems to have gained some significant insight into the dangers of continued use. I am in full support of the court's requirement (conditional proposal) that he complete an underage drinking class. My clinical opinion is that once Mr. Paytas has completed his conditional proposal requirements, he will not be a high risk for future alcohol-related incidents. Further, his articulation that he plans on focusing on his educational goals and surrounding himself with healthy peer relationships should further solidify his maturity and reduce his risk level.

DSM-5 DIAGNOSES relative to alcohol use disorders: Z03.89 (suspected mental condition not found)

ANGER MANAGEMENT ASSESSMENT

Beck Depression Inventory: Score = 0; no chronic or acute depression symptoms or indications

Anger Control Inventory: *NEGATIVE SCREEN* normal responses to situations which might provoke feelings of frustration or anger

Clinical Interview/Summary: (ANGER MANAGEMENT) Mr. Paytas' written screenings provided no indication a disruptive, impulse control, or social conduct disorder. He appeared to be at ease and non-defensive in the clinical interview as we discussed the incident which lead to him being charged with criminal trespassing and vandalism. My clinical impression is that he was involved in an unhealthy peer relationship. He indicated that he has ended this friendship and feels that he has other healthy peers as well as positive supports in his life. I did not get the sense that he has global chronic unresolved conflicts or loss of control with regard to angry or abnormal impulses.

DSM-5 DIAGNOSES relative to anger management/impulse control disorders:
Z03.89 (suspected mental condition not found)

Summary Treatment Recommendations:

It is my understanding that Mr. Paytas' conditional proposal for his charges include the following conditions:

1. Remain arrest free for duration of 1 year
2. Complete an underage drinking class
3. Complete 30 hours of community service
4. Make monetary restitution for damages
5. Have no interaction with victims of the trespassing/vandalism
6. Stay off victim's property
7. Complete an alcohol and anger management assessment

Additionally, I am recommending that he abstain from all alcohol use until he is of legal drinking age.

Since I found no indications of a DSM-5 alcohol use disorder or a DSM-5 disruptive, impulse control or social conduct disorder, and because I find the above conditional proposal to be sufficient related to Mr. Paytas' charges, I have no further professional recommendations at this time.

If Mr. Paytas experiences repeated destructive episodes, altercations or involvement with law enforcement or any other legal charge it is recommended that he seek further professional evaluation and follow all treatment recommendations. Likewise, if Mr. Paytas incurs any negative consequences from use of alcohol after he is of legal age to consume alcohol it is recommended he seek further evaluation and follow all treatment recommendations. If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Paytas seek further evaluation and follow all treatment recommendations.

If the court possesses additional information about Mr. Paytas which might impact the outcome of this assessment I would be happy to review it and consider any appropriate modifications or amendments to the present report.

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

Sincerely,



Anita McLeod, LCSW, SAP

LIC # 079668-1
cc: Jake Paytas

Diagnostic Conclusions / Limitations: Directions Counseling Group provides Clinical Alcohol and Clinical Anger Management assessments based on objective and standardized screenings and interviewing methods. Conclusions made are to the best of the professional's ability with data on hand at the time of the assessment. Expanded assessments which involve extensive background research, collateral information and third party verification can be provided as an additional service upon request.

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