

February 4, 2016

Oleg Fastovsky, Attorney
Kadish & Fastovsky Attorneys at Law, LLC
401 E. Pratt Street, Suite 2332
Baltimore, MD 21202

Re: Clinical Alcohol Assessment for Zachery Dale Boersema (DOB – 01/24/1993)

Dear Mr. Fastovsky,

I performed a Clinical Alcohol Assessment for Mr. Boersema in reference to his *attempted DUI* charge in Washington County. This assessment included a full 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 (screening appeared valid)

AUDIT: score = 2 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 15 or more in men indicate *moderate to severe* disorder present (respondent appeared to provide forthright responses to questions)

Alcohol Use Risk Factors:

Concerns

- 2013 prior DUI conviction
- age/peer influences

No Concern

- family history (NA)
- prior treatment history (AA attendance but not formal treatment)
- work environment (NA)
- contraindicated prescription use (NA)
- general health problems (NA)
- current family stress (NA)

Present Use Status: presently not using alcohol, proactively abstaining, “it is not worth the trouble it has caused me”

Anxiety/Depression Screening: no clinically significant concerns reported

Substance Related Legal History Reported: DUI in Michigan approx. 2 years ago

Clinical Interview/Summary: Mr. Boersema's written screenings provided only one of 11 signs/symptoms of an alcohol use disorder, which is insufficient for a DSM-5 diagnosis. He reported his normal use of alcohol before this charge as 1-2 drinks on 2-4 occasions per month. He also acknowledged use of 2-4 drinks on infrequent special occasions (weddings, birthdays, etc.).

Mr. Boersema and I discussed his attempted DUI (Jan. 2016), his previous DUI incident, and general use of alcohol at length. He seemed genuinely cognizant of his own "irresponsible" choices. He attended AA for several months subsequent to his first DUI charge. He stated that he didn't drink during that time "out of respect for the other guys in the group" and seemed to have made a genuine bond with the members. He also noted a number of tangible benefits from the time of not drinking. Now that he has incurred a second DUI related charge, he has concluded that drinking "is not worth the trouble" and that he wants a better future, especially in terms of his own employment. He stated that regardless of my recommendations he is returning to AA on a regular basis (3 meetings per week) and is willing to demonstrate a long term commitment to these meetings and abstaining from alcohol during any probationary period the court deems appropriate. While I only found him meeting one of the DSM-5 alcohol use disorder, due to his DUI history I agreed with his self-assessment and am providing detailed recommendations for him below.

DSM-5 DIAGNOSIS in Reference to Substances: Z03.89 (suspected substance use condition not found/ 2 or more symptoms required to justify a diagnosis)

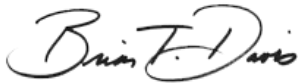
Treatment Recommendations:

- 1) Alcohol & Drug Education – recommend 8 hrs. of alcohol/drug education including a combination of any of the following – local alcohol education class (hospital, treatment center or community facility), MADD VIP, online alcohol or drug education course;
- 2) Abstinence – recommend abstaining from all alcohol use for 2 year minimum, any consideration of resuming alcohol use should be done only in consultation with a physician and a substance abuse professional;
- 3) AA, 12 Step or Smart Recovery Meeting Attendance – recommend 3 sessions per week and provide proof of attendance to probation department;
- 4) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Boersema seek further evaluation and follow all treatment recommendations.

If the court possesses additional information about Mr. Boersema's use of alcohol that 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. Boersema, and yourself in this important matter.

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: Zachery Dale Boersema

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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.