

November 5, 2015

Samuel H. Shamansky Attorney at Law 523 South 3rd Street Columbus, Ohio 43215

Re: Clinical Alcohol Assessment for Robert Weldon

Dear Mr. Shamansky,

I performed a Clinical Alcohol Assessment for Mr. Weldon in reference to his *resisting arrest*, *theft*, and *disorderly conduct* charges in Franklin County on October 31, 2015. This assessment included 50 minute in-person clinical interview 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 = 5 / several problem symptoms identified, but raw score is mitigated by peer setting and overweighting of score due to number of items of concern directly related to family relationships; see clinical interview for further clarification

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

Alcohol Use Risks/ Symptoms: some family history, has experienced memory loss with use, peer/college use environment

Present Use Status: presently not using alcohol, indefinite/unclear about resuming use

Anxiety/Depression Screening: no mental health crisis reported, mild to moderate intermittent anxiety symptoms related to school stress for the past 18 months

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

Clinical Interview/Summary: Mr. Weldon's written screenings provided suggestions of a mild to moderate alcohol use disorder. He reported his normal use of alcohol before this charge as 2-3 drinks on 2-3 occasions per week. He also acknowledged use of 8-10

drinks on a limited number of celebratory social occasions (weddings, birthdays, etc., less than 5 occasions).

Mr. Weldon and I discussed his October 31 incident and general use of alcohol at length. At the time of our appointment he seemed cognizant that he may have some inherited predisposition to problem-drinking and he had intact insight about the potentially disastrous consequences of ever using alcohol to the point of blacking-out again.

Ultimately I was able to find him meeting two DSM-5 alcohol use disorder symptoms (minimum of "mild alcohol use disorder") and discussed education and counseling as next steps to provide further assessment and avoidance of future consequences. Mr. Weldon struck me as someone possessing the needed insight and internal motivation to comply with these recommendations and not requiring enrollment in an Intensive Outpatient Program at this time.

If the court possesses additional information about Mr. Weldon's use of 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: F10.10 (mild alcohol use disorder rule out moderate alcohol use disorder)

Treatment Recommendations:

- 1) <u>Preventative Education</u> recommend 9 hours of Ohio Health's Drug/Alcohol Awareness Series (Riverside Methodist Hospital contact 614-566-3700);
- 2) Counseling recommend outpatient sessions with a professional substance abuse counselor who also treats anxiety disorders; recommend 2 sessions per month minimum for 6 months and set new duration and frequency with counselor after 6 months;
- 3) Physician consult inform primary care doctor of this evaluation and any subsequent treatment;
- 4) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Weldon seek further evaluation and follow all treatment updated treatment recommendations, likely to include referral to an Intensive Outpatient Program.



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

Sincerely,

Brian T. Davis, LISW-S, SAP

LIC# I-7948

cc: Robert Weldon

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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.

