

25 August, 2015

Jeffery Stefancic, Associate Dean of Students
Purdue Polytechnic Institute
Schleman Hall D50
475 Stadium Mall Dr.
West LaFayette, IN 47907

Re: Clinical Alcohol Assessment for Chris Bunka

Dear Dean Stefancic:

I performed a Clinical Alcohol Assessment for Mr. Bunka in reference to his disorderly conduct ticket in Tippecanoe County. This assessment included the administration of:

- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- A General anxiety/depression screening
- A 55 minute clinical interview by telephone
- A collateral interview with Mr. Bunka's girlfriend Katie Z.

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

MAST: score = 0/ *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screening appeared valid upon verbal review)

AUDIT: score = 0 / *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: denies subtle indicators of problem alcohol use including pattern of mild hangovers, pattern of 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

Present Use Status: 1-2 drinks (beer or wine) on 2-4 occasions per month, no indications or signs or suspicion of purposeful efforts to reduce use from a pattern of problem use at any time in his life

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. Bunka'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 1-2 standard drinks on 0-1 occasions per week and reported no difference in his consumption amount if attending a special event or celebration.

We also discussed Mr. Bunka's disorderly conduct incident, the police report (potentially high BAC reading) and associated emergency room visit at length. He has also consulted with his physician about the incident since it involved a head injury and memory loss. The incident is difficult to explain as a pattern of abusing alcohol in light of the following: he reports being a student in good standing with the school up to this point, has a good driving and legal record free of any alcohol related charges, and has a stable history of service in the military.

I also conducted a telephone interview with his girlfriend of 18 months to gauge any sense of discrepancy in his reported alcohol use or to see if she had concerns. Her report came across as credible and reasonable, and without conflicting evidence, hesitation or other non-verbal cues that she was covering a problem for him.

Ultimately I did not find enough clinical evidence to warrant a DSM-5 alcohol use disorder. Furthermore, Mr. Bunka impressed me as being acutely aware of proactive measures to avoid future risk if he is ever consuming alcohol (e.g. never consuming alcohol remotely close to taking medication, not drinking more than 2 drinks in one setting, having others present with him whom he knows well). Given these conclusions I have no professional treatment recommendations for him at this time.

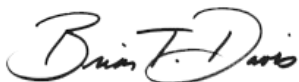
DSM 5 DIAGNOSIS in reference to substances: V71.09 (none found)

Treatment Recommendations: If Mr. Bunka ever has another negative event associated with use of alcohol, especially a physical reaction or memory impairment, it is recommended he seek further evaluation and follow all treatment recommendations.

If the school possesses additional information about Mr. Bunka's alcohol use which may be valuable to my assessing his condition, upon request I would be happy to review it and update my diagnostic opinion and recommendations.

Thank you for the opportunity to assist you and Mr. Bunka in this important matter.

Sincerely,



Brian T. Davis, LISW-S, SAP
cc: Christopher Bunka

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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.