

March 4, 2015

Ryan J. Muldoon, Attorney
WHMB, P.C. Attorney and Counselors at Law
11 Court Street
Auburn, NY, 13021

Re: Clinical Alcohol Assessment for Leonard Whiffen

Dear Mr. Muldoon:

I performed a Clinical Alcohol Assessment for Mr. Whiffen in reference to his assault and resisting arrest charges in Cayuga County which included an alcohol test with a BAC of .26. This assessment included the administration of: a Michigan Alcohol Screening Test (MAST), an Alcohol Use Disorder Identification Test (AUDIT), an anxiety/depression screening, a 50 minute clinical interview by telephone and a collateral interview of his wife of 9 years. The following items provide a summary of the screening results, my diagnostic opinion and professional recommendations:

MAST: score=2 *NEGATIVE SCREEN*; no direct indication of problem alcohol use/ 2 points were for DUI history over 16 years prior

AUDIT: score = 1 / *NEGATIVE SCREEN*; scores above 8 indicate hazardous use, above 13 indicates moderate to severe disorder present

DSM/Other Substance Related Concerns: denies subtle indicators of problem alcohol use including pattern of mild hangovers, 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

Anxiety/Depression Screening: no clinically significant concerns reported

Substance Related Legal History Reported: reported a DUI at 18 years of age and 21 years of age (over 16 years prior)

Clinical Interview/Summary: Mr. Whiffen's written screenings provided no indication of an alcohol use disorder. He reported his normal use of alcohol as 2-3 drinks on 1 or less occasions per week. He also reported that his consumption was no different if attending a special event or celebration. Mr. Whiffen and I discussed his legal incident and general use of alcohol at length. He acknowledged misuse/abuse of alcohol as a young adult (hence 2 DUIs) but stated that right before his daughter was born he made substantial changes in his his lifestyle which included reducing his alcohol use. Since then he denied frequent or heavy drinking but did acknowledge this single overuse of alcohol that lead to the incident, ER visit and assault on those who were trying to assist him. I also questioned his wife about his general use of alcohol and the incident. Her report of his general habits surrounding use of alcohol was consistent with his even though I spontaneously interviewed her without Mr. Whiffen having a chance to corroborate facts with her. Though this incident is certainly concerning I am of the clinical impression that it was uncharacteristic for Mr. Whiffen to drink in such a manner

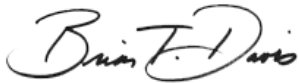
that would produce a high test BAC. Ultimately, I was unable to find the incident or her overall history and presentation indicative of someone experiencing DSM 5 alcohol use disorder symptoms.

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

Treatment Recommendations: I have no further professional treatment recommendations for Mr. Whiffen at this time. If the court has additional factual information indicating a pattern of heavy alcohol use in the last 24 months I would be happy to review it and update this assessment. If Mr. Whiffen incurs another negative consequence (legal or otherwise) as a result of any alcohol use I recommend he seek further evaluation and follow all treatment recommendations.

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

Sincerely,



Brian Davis, LISW-S, SAP
cc: Leonard Whiffen

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.