

July 21, 2016

Jeff Marjaran, Director of Student Conduct
550 Lincoln Tower
1800 Cannon Drive
Columbus, Ohio 43210

Re: Clinical Alcohol Assessment for Vivek Seelamneni (DOB – 07/24/1995)

Dear Mr. Marjaran:

I performed a Clinical Alcohol Assessment for Mr. Seelamneni in reference to his January 2016 violation of student conduct at the Ohio State University. This assessment included a 50-minute clinical interview, and the administration of:

- A Substance Abuse Subtle Screening Inventory (SASSI-3)
- 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:

SASSI-3: overall scores indicated a *high probability* of a moderate to severe alcohol use disorder; scores were negative for rules #1-8 and positive for rule #9; screening was valid and covered a lifetime frame of reference

MAST: score = 1 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use, mitigate concerns with clinical recommendations (screen relative to lifetime use of alcohol)

AUDIT: score = 10 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, whereas scores of 15 or more in men indicate a *moderate to severe* disorder may be present, mitigate concerns with clinical recommendations (screen relative to use of alcohol within the past 24 months)

Alcohol Use Risk Factors:

- ☐ legal history – denies previous history
- ☐ severity of incident – NA
- ☐ anxiety/depression/mental health – NA
- ☐ general health issues – NA
- ☐ exposure to trauma – NA
- ☒ use of liquor – occasional
- ☒ other substance use – cannabis

- ☐ contraindicated prescription use – NA
- ☐ family history – none reported
- ☐ prior treatment history – NA
- ☒ negative peer influence – peers engage in binge alcohol use
- ☐ at-risk work environment – NA
- ☐ current stress (relational, work, etc.) – NA
- ☐ poor academics – NA

Summary - 3 of 13 concerns, mitigate concern with clinical recommendations

Clinical Interview/Summary:

ALCOHOL – Mr. Seelamneni's written screenings provided some indications of an alcohol use disorder at a mild level of severity. He was open in the clinical interview and shared information indicating 2 problem alcohol use symptoms (see above). While Mr. Seelamneni does not have a history of daily alcohol use or other indicators of a severe alcohol use disorder, he does appear to have difficulty controlling his consumption once he is in a social setting that includes drinking. He reported his typical use of alcohol over the past two years as 4-6 standard drinks on 2-3 occasions per week. He also acknowledged use of 7-10 standard drinks on special occasions which happen on average 6-8 times per year.

DSM-5 Alcohol Use Symptoms:

- ☒ Recurrent use beyond intention
- ☐ Persistent desire or unsuccessful efforts to reduce/quit use
- ☐ Substantial time spent obtaining, using, or recovering from use
- ☐ Strong craving/desire
- ☐ Recurrent failure to fulfill a major role (work, home, school)
- ☐ Continued use despite recurrent social/interpersonal problems
- ☐ Important social, occupational, recreational activities relinquished
- ☐ Recurrent physically hazardous use
- ☐ Continued use despite knowledge of contraindicated physical or psychological condition
- ☒ Tolerance
- ☐ Withdrawal symptoms

Summary - 2 of 11 symptoms (Mild 2-3 | Moderate 4-5. Severe 6+)

DSM-5 DIAGNOSIS in Reference to Substances: F10.10 alcohol use disorder, mild.

Treatment Recommendations:

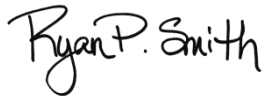
- 1) Outpatient Counseling – 6-8 outpatient sessions with a professional substance abuse counselor; counseling may be provided through The Ohio State University's Younkin Success Center;

- 2) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Seelamneni seek an increased level of treatment or extended outpatient substance abuse counseling as appropriate.

If you possess additional information about Mr. Seelamneni's use of alcohol that might impact the outcome of this assessment, I would be happy to review it and consider appropriate modifications or amendments to the present report.

Thank you for the opportunity to assist The Ohio State University, Mr. Seelamneni and yourself in this important matter.

Sincerely,



Ryan P. Smith MSW, LISW-S, LICDC, SAP
SW Lic. #I.1000155-S, CD Lic. #101182
cc: Vivek Seelamneni

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.