

August 11, 2015

The Honorable Paul M. Herbert
Franklin County Municipal Court
375 S. High St.
Columbus, OH 43215

Re: Clinical Alcohol and Drug Assessment for Robert Fonte

Dear Judge Herbert:

I performed a Clinical Alcohol and Drug Assessment for Mr. Fonte in reference to his OVI (drug) charge in Franklin County. This assessment included the administration of:

- A Michigan Alcohol Screening Test (MAST)
- A Drug Abuse Screening Test (DAST)
- A General anxiety/depression screening
- 50 minute clinical interview

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)

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

DSM/Other Substance Related Concerns: denies subtle indicators of problem alcohol or substance 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: OVI five years ago

Clinical Interview/Summary:

ALCOHOL - Mr. Fonte's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported no frequent or weekly use of alcohol, but acknowledged use of 1-2 beers on a few special occasions each year. He stated that he has drank 1-2 beers on 3 occasions in 2015 and on 5 occasions or less in 2014.

Mr. Fonte stated that his OVI arrest was related to suspicion he was impaired from his anti-anxiety medicine and not alcohol. He also stated that he was not asked to provide a breath or blood sample related to alcohol as the officer did not suspect he was under the influence of alcohol.

We discussed his OVI incident from 5 years ago and he made no excuses for his behavior. His general demeanor appeared open and non-defensive and did not leave me with the clinical impression that he was under-reporting his use of alcohol. Ultimately, I was unable to find the OVI incident or his overall history and presentation indicative of someone experiencing DSM 5 alcohol use disorder symptoms.

ILLICIT DRUG USE – Mr. Fonte acknowledged recreational use of marijuana in college but noted that he eventually could only tolerate small doses as it created feelings of “paranoia”. He acknowledged that in recent years he has on rare occasions taken a hit from a passing joint at a concert but denied purchasing or acquiring it for any regular use. He also denied experimentation or use of all other illicit substance categories including: stimulants, hallucinogens, inhalants, opiates, etc. I found no part of Mr. Fonte’s report suspect of minimization or falsification regarding illicit drug use and did not find him meeting criteria for any DSM-5 illicit drug use disorder.

PRESCRIPTION DRUG USE– Mr. Fonte had a prescription for Xanax for a 3 month period. He shared with me that the prescription was in his car when he was charged with OVI In January of the present year, but he denied recreational use or abuse of the same. Subsequent to this charge he discontinued the prescription and has found that regular exercise provides him with a better way to manage anxiety symptoms.

Mr. Fonte was open with me about other prescriptions he has had for brief periods in his life and which are potential drugs of abuse. He briefly used a narcotic painkiller after a high school knee injury requiring surgery. He denied any history of recreational use, abuse or on-going signs of opioid dependence. He also was prescribed a stimulant as an adolescent but eventually did not need the medicine anymore and discontinued it in his teenage years. He also denied recreational use or abuse of his stimulant medication.

Mr. Fonte denied any recreational use or abuse of all other prescription medications which are prone to abuse including sedatives and sleep aids. The interview did not reveal hesitation, discrepancy with his written screenings or other non-verbal signs of minimization or covering a prescription drug use problem.

If the court possesses additional information about Mr. Fonte’s use of any substance I would be happy to review it and consider any appropriate modifications or amendments to the present report.

Mr. Fonte has recently completed a 72 hour Driver Intervention Program and was articulate about his motives and reasoning to avoid all risk of impaired driving in the

future. To this end he even noted twice that sleep deprivation will impair anyone's driving ability.

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

Treatment Recommendations: Since I found no indications of a recent or current DSM-5 alcohol or drug use disorder, and Mr. Fonte appears to have meaningfully completed a DIP program I have no further recommendations for him at this time. If he incurs another negative consequence associated with any substance use I recommend that he obtain additional evaluation and follow all treatment recommendations.

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

Sincerely,



Brian T. Davis, LISW-S, SAP
cc: Robert Fonte

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.