

April 29, 2014

Joe Roush, PO
City of Upper Arlington
3600 Tremont Road
Upper Arlington, OH 43220

Re: Clinical Alcohol and Drug Assessment for

Dear Mr. Roush,

I performed a Clinical Alcohol and Drug Assessment for Mr. Brunton in reference to his diversion program as a result of February 4, 2014 drug charges. This assessment included the administration of: a SASSI-3, a MAST, a DAST, an anxiety/depression screening, and a clinical interview. The following are my findings and recommendations:

Substance(s) of Concern: screened for all substances, marijuana primary

SASSI-3: scores indicate a likelihood of a substance use disorder at a moderate to severe level; clinical interview needed to make determination

MAST: score = 2; raw score not indicative of an overt alcohol use disorder

DAST: score = 6; scores greater than “6” suggest mild to moderate substance use disorder

Anxiety/Depression Screening: reported history of intermittent mild to moderate anxiety symptoms since 4th grade (panic, insomnia), some mild to moderate depression but denies severe depression or mental health crisis for the last 5-6 years

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

Clinical Interview/Summary: Mr. Brunton’s written screenings provided indication of a high likelihood of a substance use disorder at some level. He was forthright in the clinical interview regarding experimental use of a wide variety of illicit substances, alcohol, and primarily the use of cannabis. To date, he has experienced relatively few negative consequences from his perspective. He struck me as someone who is very intelligent and generally “high functioning” regardless of his use and experimentation with a wide variety of substances. I discussed with him that being intelligent and competent academically and athletically can introduce inherent risks if one is also choosing to use substances (the “invincibility factor” in early stages of use of substances). Nevertheless I found him meeting enough criteria for a mild cannabis disorder at a minimum. He reported that he ceased use of all substances after his arrest (Feb. 4, 2014) and anticipates cooperating with his diversion requirement to remain abstinent. He also stated that he has been providing drug tests to verify this (first test positive). My clinical recommendation will focus on means to encourage contemplation of his upcoming freshman year at the University of Cincinnati; helping him consider his options, choices, and risks in regards to substance use in that environment.

DSM 5 DIAGNOSIS in reference to substances: 305.20 mild cannabis use disorder; rule out additional substance diagnoses during outpatient counseling

Treatment Recommendations:

- 1) Outpatient Counseling, meet with a substance abuse professional every other week; reassess treatment recommendation after 5 sessions; increase or reduce frequency of sessions or recommend additional education and/or support as appropriate ;
- 2) Depression/Anxiety, integrate into the Outpatient Counseling ongoing discussion of symptoms, education and coping with depression/anxiety regardless of intensity of symptoms at present;
- 3) Drug Testing., client to sign release with Joe Roush, PO, to inform substance abuse professional if a positive drug test occurs;
- 4) Refer to local Intensive Outpatient Program if substance use is occurring during diversion period.

Mr. Brunton has signed a release to communicate the results of this assessment to you. Feel free to contact me should you have any additional questions about this assessment.

Sincerely,



Brian Davis, LISW-S, SAP
cc: Bo Brunton

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