

February 13, 2015

Joseph A. Simon  
Simon & Geherin, PLLC  
1310 South Main Street, Suite 11  
Ann Arbor, MI 48104

**Re: Clinical Alcohol and Drug Assessment for Bryan Delsack**

Dear Mr. Simon:

I performed a Clinical Alcohol Assessment for Mr. Delsack in reference to his Disorderly Conduct and Assault charges in Washtenaw County. This assessment included the administration of: a Michigan Alcohol Screening Test (MAST), a Drug Abuse Screening Test (DAST), an anxiety/depression screening, and a 55 minute clinical interview by telephone. The following items provide a summary of the screening results, my diagnostic opinion and professional recommendations:

**MAST:** score=3 / *NEGATIVE SCREEN*; no direct indication of problem alcohol use but merits further exploration in a detailed clinical interview

**DAST:** score = 0 / *NEGATIVE SCREEN*; no direct or indirect indication of use of illicit substances

**Anxiety/Depression Screening:** has been experiencing moderate anxiety and depressive symptoms as a result of the September 2014 incident and subsequent charges, denies suicidal thoughts or history of same

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

**Clinical Interview/Summary:**

**ALCOHOL** - Mr. Delsack's written screenings provided some indication of a possible DSM 5 alcohol use disorder at the mild to moderate level at some time in his life. Prior to the incident he was using alcohol on about 4 occasions per week and reaching significant impairment (5-7 drinks) on about one occasion per week. Otherwise he could be satisfied with just one drink. We explored the details of the incident including how he arrived at a .3 BAC and judgment concerns surrounding that incident.

Since the incident he has found he has lost interest in alcohol and finds it repulsive. He seems to have made a very strong psychological association between alcohol consumption and his very embarrassing and anxiety producing interaction with the medical personnel that restrained him and took him to the hospital. Mr. Delsack probably met criteria for a DSM 5 mild alcohol use disorder in the past. My present clinical concern for him centers more on his resolution of the anxiety producing symptoms from this incident. He has received treatment for panic attacks and has seen improvement but still experiences insomnia, bad dreams and some other unwanted anxiety producing thoughts and symptoms.

ILLICIT SUBSTANCES – Mr. Delsack denied experimentation or use of any substances in his written screenings and clinical interview other than alcohol. I did not find discrepancies or contradiction that created a suspicion or clinical impression that he is using or has a history of illicit substance use.

I am providing clinical recommendations (detail below) to provide preventative education with regards to alcohol as well as a forum for Mr. Delsack to process the incident with a professional. This recommendation is made with the hope of reducing his anxiety/depression symptoms to a baseline and also provide a platform to further discuss how Mr. Delsack is going to interact with alcohol after the current circumstances subside.

Mr. Delsack's overall presentation was appropriately engaged and non-defensive throughout our interview. In my best clinical judgment he appears to have gained substantial personal insight and healthy motivation to avoid repeating the type of impairment or behavior which he engaged in last September.

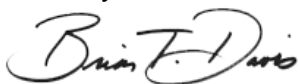
**DSM 5 DIAGNOSIS in reference to substances:** 305.00 / mild alcohol use disorder, early full remission

**Treatment Recommendations:**

- 1) Preventative Education, recommend a 5-10 hour basic alcohol course; if unable to access a university resource see *online alcohol course.com* or *logancourtclasses.com*;
- 2) Counseling, recommend 3-6 outpatient sessions with a professional substance abuse counselor; update recommendations at session three, defer to the professionals judgment about whether any subsequent sessions are warranted;
- 3) Physician consult, inform primary care doctor of anxiety and depressive symptoms and obtain appropriate recommendations;
- 4) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Delsack seek further evaluation and follow all treatment recommendations.

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

Sincerely,



Brian Davis, LISW-S, SAP  
cc: Bryan Delsack

**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.