

November 23, 2015

Bill Sherry, Attorney  
Sherry Law Office  
4855 Dominica Way  
Apple Valley, MN 55124

**Re: Clinical Alcohol Assessment for James Whelan**

Dear Mr. Sherry,

I performed a Clinical Alcohol Assessment for Mr. Whelan in reference to his DUI charge in Hennipen County. This assessment included a full clinical interview by telephone, and the administration of:

- 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:

**MAST:** score = 1 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screening appeared valid)

**AUDIT:** score = 3 / *NEGATIVE SCREEN*; scores of 8 or more indicate hazardous use, scores of 15 or more (men) indicates moderate to severe disorder present (respondent appeared to provide forthright responses to questions)

**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

**Present Use Status:** reduced frequency and quantity of alcohol consumption in response to this legal charge

**Anxiety/Depression Screening:** no clinically significant concerns reported

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

**Clinical Interview/Summary:** Mr. Whelan's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported his normal use of alcohol before this charge as 2-3 drinks on 2-4 occasions per month. He

also acknowledged use of 3-5 drinks on 4 special occasions (weddings, birthdays, etc.) per year.

Mr. Whelan and I discussed his DUI incident and general use of alcohol at length. I was unable to find him meeting DSM-5 signs and symptoms of an alcohol use disorder. Furthermore the interview did not reveal hesitation, discrepancies or suspicion of under-reported use of alcohol; and he has a plan to avoid any impaired driving in the future.

Mr. Whelan has proactively attended a MADD Victim Impact Panel and can provide proof of completion to the court. I believe this was an appropriate and sufficient intervention for him given the circumstances and I have no further professional recommendations for him at this time.

If the court possesses additional information about Mr. Whelan's use of alcohol or drugs that might aid in the accuracy of this assessment I would be happy to review it and consider any appropriate modifications or amendments to the present report.

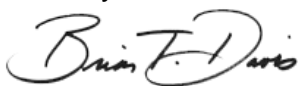
**DSM 5-DIAGNOSIS in reference to substances:** Z03.89 (suspected substance use condition not found)

**Treatment Recommendations:**

- 1) Attend a local MADD – Victim Impact Panel;
- 2) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Whelan seek further evaluation and follow all treatment recommendations.

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

Sincerely,



Brian T. Davis, LISW-S, SAP  
LIC# I-7948  
cc: James Whelan

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**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.