

July 8, 2014

Jerry H. Steiner, Esquire
Steiner Law Office, P.C.
1210 South Main Street
Pleasantville, NJ 08232

Re: Clinical Alcohol Assessment for Ben Melman

Dear Mr. Steiner:

I performed a Clinical Alcohol Assessment for Mr. Melman in reference to his pending city ordinance violation (May 24, 2014). This assessment included the administration of: a Michigan Alcohol Screening Test (MAST), an Alcohol Use Disorder Identification Test (AUDIT), an anxiety/depression screening, and a 50 minute face-to-face videoconferenced clinical interview. The following are my findings and recommendations:

MAST: score =2; no direct or indirect indication of problem alcohol use

AUDIT: score = 3; scores above 8 indicate hazardous use, above 13 indicates moderate to severe disorder present

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 legal consequences, previous assessments/education/treatment, conflict with significant others during or shortly after use of alcohol, guilt or regret associated with use; clinical interview found 0 of 11 DSM 5 alcohol use disorder symptoms present

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

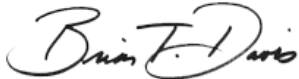
Clinical Interview/Summary: Mr. Merman's written screenings provided no indication of an alcohol use disorder of any kind. He reported his normal use of alcohol as 2-3 drinks on 2-3 occasions per week. He also acknowledged use (less than monthly) of 3-5 drinks on special occasions (weddings, birthdays, etc.). We discussed Mr. Melman's legal violation at length as well as his general use of alcohol. Ultimately, I was unable to find this incident (or other history reported) to contain sufficient indications of a present DSM 5 alcohol use disorder of any kind. A portion of the clinical interview was used for preventative purposes; discussing signs and symptoms of a clinical alcohol use disorder with Mr. Melman. He appeared to be openly engaged in all portions of our clinical interview and discussion.

DSM 5 DIAGNOSIS in reference to substances: V71.09 (no diagnosis)

Treatment Recommendations: I found Mr. Melman's description of his alcohol use to be generally open and consistent without discrepancies or suspicion of his minimizing problem symptoms that would indicate an alcohol use disorder or high risk use. Consequently, I have no further professional recommendations for him at this time.

Thank you for the opportunity to assist you in this important matter. If I can be of additional assistance, don't hesitate to contact me.

Sincerely,



Brian Davis, LISW-S, SAP
cc: Ben Melman

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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.