

February 26, 2016

Colorado Division of Motor Vehicles  
1881 Pierce St.  
Lakewood, Colorado 80214

**Re: Clinical Alcohol Assessment for Patrick Halsey (DOB - 12/21/1995)**

To whom it may concern,

I performed a Clinical Alcohol Assessment for Mr. Halsey in reference to his 2010 DUI charge that was incurred on Oct. 15 in Boulder County, CO. In addition to our 60-minute clinical interview, this assessment included the administration of:

- A Substance Abuse Subtle Screening Inventory (SASSI-3)
- 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:

**SASSI-3:** answers provided were on an entire-life basis and were indicative of high probability substance abuse

**MAST:** score = 7 POSITIVE SCREEN; scores of 5 or more are suggestive of problem drinking – this screen represents a life-long perspective

**AUDIT:** score = 2 / *NEGATIVE SCREEN*; screened according to current alcohol use - scores of 8 or more indicate hazardous use whereas scores of 15 or more in men indicate a moderate to severe disorder may be present

**Alcohol Use Risk Factors:**

*Concerns/Risks*

- legal history - denies previous history (breathalyzer refused in incident presently being considered)
- other substance use - in remission; received varied treatment (inpatient, intensive-outpatient, etc.) in Utah primarily over the course of his last 2 years of high school
- contraindicated prescription use - N/A (currently prescribed Vivitrol and 2 sleeping aids as directed under the care of a psychiatrist)

- anxiety/depression - no current symptoms reported (misdiagnosed bipolar disorder several years ago when in detox; Mr. Halsey's psychiatrist has taken him off medications within the past year and this has been of benefit)
- family history - denies knowledge of problem substance use
- peer influences - reports a very stable social circle, very well connected within support group
- at-risk work environment - N/A (not currently employed)
- general health problems - history of night terrors
- current family stress - nothing of clinical concern reported

**Summary:** 2 of 9 concerns reported = low risk profile

**Clinical Interview/Summary:** Mr. Halsey'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 achieving sobriety as 1-4 drinks on 2-3 occasions a week. He also acknowledged a pattern of alcohol use of up to 6 drinks on special occasions (birthdays, holidays) on a less than monthly basis. Mr. Halsey acknowledged a history of hangovers but denied any pattern of blackouts.

Mr. Halsey and I discussed his DUI incident and general use of alcohol at length. He denies using alcohol in any capacity for approximately 6 months and is actively involved in 12-step meetings 6 days a week. To ensure that Mr. Halsey is able to have continued success and sustain his intentions for life-long sobriety, I have provided a few prevention-focused measures that he has been recommended to complete prior to having his license reinstated.

**DSM-5 DIAGNOSIS in reference to alcohol:** F10.10 Mild Alcohol Disorder - Early Remission

#### **Treatment Recommendations:**

- 1) Prevention Planning, recommending a minimum of 4 sessions with a substance abuse professional over the next 60 days OR a minimum of 3 over the next 90 days (recommendation assumes sobriety and final meeting must be within 10 days of the relative time frame);
- 2) 12-Step Support, continued support group attendance for at least 4 days a week until duration of treatment is up (signatures for proof of attendance must be collected);

- 3) Abstinence, recommending continued abstinence from all alcohol use permanently, any consideration of resuming alcohol use should be done only in consultation with a physician and substance abuse professional;
- 4) If another negative consequence is incurred as a result of any alcohol use it is likely that an increased level of treatment will be recommended (e.g. IOP, Inpatient, residential treatment, etc.) If sobriety is not maintained, follow-up provider is to assist in further treatment planning.

If you possess any additional information about Mr. Halsey's use of alcohol that may impact the outcome of this assessment, I would be happy to review it and consider appropriate modifications or amendments to the present report. Thank you for the opportunity to assist Mr. Halsey and the state of Colorado.

Sincerely,



Trevor C. Davis, CDCA

Cert.# 150427

cc: Patrick Halsey

**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.