

May 9, 2016

Gary W. Pendleton, Attorney
301 East Tabernacle Street, Suite 207
Saint George, UT 84770-7135

Re: Clinical Alcohol Assessment for Samuel A. Hardy (DOB - 07/10/1980)

Mr. Pendleton:

I performed a Clinical Alcohol Assessment for Mr. Hardy in reference to his November 2014 DUI charge in St. George County, Washington. In addition to our 55-minute clinical interview conducted via telephone, this assessment included the administration of:

- A MAST (Michigan Alcohol Screening Test)
- An AUDIT (Alcohol Use Disorder Identification Test)
- A general anxiety/depression screening

The following items provide a summary of the screening results, my diagnostic opinion, and professional recommendations:

MAST: score = 20 / *POSITIVE SCREEN*; scores of 2-3 are suggestive of problem alcohol use whereas scores of 5 or more may be indicative of alcoholism (screen is relative to lifetime use of alcohol)

AUDIT: score = 0 / *NEGATIVE SCREEN*; 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 (screen is relative to current use of alcohol)

Alcohol Use Risk Factors:

- ☒ legal history – jailed for 7 lifetime offenses, prior DUI in 2006 (unsure of BAC)
- ☐ severity of incident – .1 BAC
- ☐ anxiety/depression/mental health – NA
- ☐ general health issues – NA
- ☐ exposure to trauma – NA
- ☐ use of liquor – prior to sobriety, none current
- ☒ other substance use – regular use of tobacco, use of meth amphetamine as a teen, past cocaine (use for approximately 2 years following divorce)
- ☐ contraindicated use of prescription medication – NA
- ☒ family history – 3 blood relatives
- ☒ prior treatment history – education
- ☐ negative peer influence – NA
- ☐ at-risk work environment – no liquor license

☒ current stress (relational, work, environmental) – NA

Summary - 5 of 13 concerns, mitigate concern with clinical recommendations

Present Use Status: use of alcohol one occasion (“New Year’s”) in the past 11 months

Clinical Interview/Summary: Mr. Hardy’s written screenings provided indication of an alcohol use disorder. He reported his normal use of alcohol before this charge as 40 drinks (approximately 30 beers and 10 shots of 80 proof alcohol) on 4-5 occasions per week. These habits were not exceeded in times of special occasion or celebration.

Mr. Hardy and I discussed his DUI incident and general use of alcohol at length. He was articulate of his commitment to sobriety and we discussed the reinforcing elements, as he understands them, in place that will hopefully keep him on this path. Though I feel confident that Mr. Hardy’s problem alcohol use is behind him, I am recommending that he complete some preventative counseling to help ensure he avoid relapse. His therapy should be focused on relapse prevention and will hopefully provide him with additional tools for maintaining the healthy choices he has already made.

DSM-5 Alcohol Use Symptoms:

- ☒ Use beyond intention
- ☒ Persistent desire or unsuccessful efforts to reduce/quit use
- ☒ Substantial time spent obtaining, using, or recovering from use
- ☒ Strong craving/desire
- ☒ Failure to fulfill a major role (work, home, school)
- ☒ Use despite recurrent social/interpersonal problems
- ☒ Important social, occupational, recreational activities relinquished
- ☒ Physically hazardous use
- ☐ Continued use despite knowledge of contra physical or psychological condition
- ☒ Tolerance
- ☐ Withdrawal symptoms

Summary - 9 of 11 symptoms (Mild 2-3 | Moderate 4-5 | **Severe 6+**)

DSM-5 DIAGNOSIS in reference to substances: F10.20 - Severe Alcohol Use Disorder (Early Remission)

Treatment Recommendations:

- 1) Prevention Planning, recommend a minimum of 4 sessions with a substance abuse professional; frequency of once per month;

- 2) Abstinence, recommend abstaining from all alcohol use permanently, any consideration of resuming alcohol use should be done only in consultation with a physician and substance abuse professional;
- 3) If another negative consequence is incurred as a result of any alcohol use OR if sobriety is compromised, it is likely that an increased level of treatment will be recommended (e.g. IOP, Inpatient, residential treatment, etc.)

If you possess any additional information about Mr. Hardy'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 the court, Mr. Hardy, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA

Cert.# 150427

Supervision received from Brian T. Davis, LISW-S, SAP LIC# I-7948

cc: Samuel A. Hardy

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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.