

October 4, 2016

Nicole Weddebern, PO  
Pinellas County Sherriff's Office  
14500 49<sup>th</sup> Street North  
Clearwater, FL 33762

**Re: Clinical Alcohol Assessment for Michael Stephen Hamilton (DOB – 04/06/1986)**

Dear Ms. Weddebern:

I performed a Clinical Alcohol Assessment for Mr. Hamilton in reference to his July 2015 DUI charge in Pinellas County. This assessment included a 50-minute 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 = 4 / *POSITIVE SCREEN*; direct indication of physically hazardous use, mitigate concern with clinical recommendations (screen relative to lifetime use of alcohol)

**AUDIT:** score = 0 / *NEGATIVE SCREEN*; scores of 8 or more indicate potential *hazardous use*, whereas scores of 15 or more in men indicate a *moderate to severe* disorder may be present (screen predominantly relative to current use of alcohol)

**Alcohol Use Risk Factors:**

- ☐ negative peer influence/at-risk work environment – NA
- ☐ current stress (relational, work, financial, etc.) – NA
- ☐ physical health concerns – NA
- ☐ anxiety/depression/mental health – NA
- ☐ exposure to trauma – NA
- ☐ family history – none reported
- ☐ contraindicated prescription use – NA
- ☐ other substance use – NA
- ☐ regular use of liquor – NA
- ☐ voluntary treatment history – NA
- ☒ severity of incident – .15 BAC reported

☒ legal history – DUI charge in May 2008 (2<sup>nd</sup> lifetime DUI)

Summary – 2 of 12 concerns, mitigate concern with clinical recommendations

**Clinical Interview/Summary:** Mr. Hamilton's written screenings provided some indication for a potential alcohol use disorder; however, his positive MAST screen was a direct result of his 2 lifetime DUI's (both in the state of Florida). He reported his normal use of alcohol before this charge as 2-3 "porters" (beer) on 3-4 occasions per month. He also acknowledged use of 4-7 drinks on a less than monthly basis in times of special occasion or celebration.

Mr. Hamilton and I discussed his legal charge and general use of alcohol at length. I did not find him meeting enough DSM-5 alcohol use disorder criteria for a diagnosis and though he does not have a history of daily use, his previous drinking habits have at times been outside what the NIAAA considers to be "low-risk". Having said this, Mr. Hamilton reports that he has remained abstinent since his July arrest last year. He reported that this personal choice has proven to be very manageable for him and feels that it is "one of the best decisions" he has made in his life. He was articulate regarding the positive experience he had as result of his educational requirement (40 hours) and talked about the role this played in reevaluating his relationship with alcohol. Considering Mr. Hamilton's report of sustained sobriety and successful completion of a 40-hour education program I am providing some supportive recommendations below.

**DSM-5 Alcohol Use Disorder 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 contraindicated physical or psychological condition
- ☐ Tolerance
- ☐ Withdrawal symptoms

Summary - 1 of 11 symptoms (Mild 2-3 | Moderate 4-5 | Severe 6+)

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

**Treatment Recommendation(s):**

- 1) Abstinence – abstaining from all alcohol use permanently, any consideration of resuming alcohol use should be done only in consultation with a substance abuse professional;
- 2) Monitoring – Minimum of 3 monitoring sessions with a substance abuse counselor, sessions 3, 6, and 12-months from today's assessment (approximately), follow-up provider may consider: updating treatment recommendations, following-up with collateral contacts/character references, and terminating treatment as appropriate;
- 3) If abstinence is compromised – an increased level of care and/or additional supports are to be considered at the discretion of follow-up provider (support group attendance, outpatient counseling, IOP program, etc.)

If you or the court possess additional information about Mr. Hamilton's use of alcohol that might 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. Hamilton, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA  
Cert.# 150427

Reviewed by Brian T. Davis, LISW-S, SAP LIC# I-7948  
cc: Michael S. Hamilton

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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.