

June 29, 2016

Richard A. Sanders Jr., Attorney
Andrews & Sanders Law Offices
327 West York Street
Savannah, GA 31401-3637

Re: Clinical Alcohol Assessment for Valerie A. Santiago (DOB – 12/19/1974)

Dear Mr. Sanders:

I performed a Clinical Alcohol Assessment for Ms. Santiago in reference to her custody hearing in Bryan County, Georgia. This assessment included a 55-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 = 1 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (screen relative to lifetime use of alcohol)

AUDIT: score = 11 / *POSITIVE*; scores of 8 or more indicate potential *hazardous use*, whereas scores of 13 or more in women indicate a *moderate to severe* disorder may be present, mitigate concerns with clinical recommendations (screen relative to current use of alcohol)

Alcohol Use Risk Factors:

- ☐ legal history – denies previous history
- ☐ anxiety/depression/mental health – NA
- ☐ general health issues – managed back and shoulder pain (“3” on a scale of 1-10 with medication)
- ☒ exposure to trauma – recent exposure to recurrent physical, emotional, and verbal abuse
- ☐ use of liquor – drinks light beer exclusively
- ☐ other substance use – marijuana (no use on any regular basis in the past 20 years)
- ☐ contraindicated prescription use – NA
- ☒ family history – 1 direct blood-relative
- ☐ prior treatment history – NA
- ☒ negative peer influence – social drinking, regular exposure prior to move
- ☐ at-risk work environment – “loves” work and finds it manageable

- ☒ current stress (relational, work, etc.) – quantified current overall stress as a 9 and relational stress to be a 10 consistently in the past 12 months

Summary - 4 of 13 concerns, mitigate concern with clinical recommendations

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 physical or psychological condition
- ☒ Tolerance
- ☐ Withdrawal symptoms

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

Clinical Interview/Summary: Ms. Santiago's written screenings provided indication of an alcohol use disorder at some level. She was open in the clinical interview and shared information indicating 4 problem alcohol use symptoms (see above). While Ms. Santiago does not have a history of daily alcohol use, her current drinking habits are elevated outside the the NIAAA standards for low-risk drinking in women (no more than 3 drinks in a day and 7 in a week). While much of Ms. Santiago's drinking habits are likely exacerbated by environmental factors and relational stressors, I'm recommending she complete some preliminary counseling. This will be in an effort to help her reduce her alcohol use to recommended low-risk guidelines and acquire alternative healthy coping skills needed in times of personal stress.

DSM-5 DIAGNOSIS in Reference to Substances: F10.20 Moderate Alcohol Use Disorder

Treatment Recommendations:

- 1) Outpatient Counseling – 5-8 outpatient sessions with a professional substance abuse/mental health counselor; follow-up provider should follow-up with collateral contacts and update recommendations or discharge as appropriate;
- 2) If unable to reduce and maintain a lower level of alcohol use (NIAAA recommendations), it is advised Ms. Santiago consult with mental health and/or substance abuse professionals regarding additional treatment and support (temporary abstinence period, Intensive Outpatient Program, 12 step meeting attendance, etc.).

If you or the court possess additional information about Ms. Santiago'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, Ms. Santiago, 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: Valerie A. Santiago

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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.