

March 7, 2016

Jeffrey Mondesir, Case Manager
Court Options
6555 NW 36 Street #328
Miami, FL 33166

Re: Clinical Alcohol Assessment for Ashley L. Polidori (DOB - 06/30/1985 – Case # F15024396)

Dear Mr. Mondesir:

I performed a Clinical Alcohol Assessment for Ms. Polidori in reference to her resisting arrest and public intoxication charges in Miami-Dade County Florida on November 27, 2015. In addition to our 55-minute clinical interview conducted via telephone, this assessment included 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 = 6 / *POSITIVE SCREEN*; direct or indirect indication of problem alcohol use (scores are relative to past use)

AUDIT: score = 5 / *NEGATIVE SCREEN*; scores of 8 or more indicate hazardous use, whereas scores of 13 or more in women indicate a moderate to severe disorder may be present (scores is relative to present use and in some cases, the last year)

Alcohol Use Risk Factors:

- legal history - N/A
- anxiety/depression - has been taking SSRI (Zoloft) for 14 years; reports well-managed symptoms with this intervention
- contraindicated prescription use – use of alcohol with SSRI not recommended
- history of other substance use - N/A
- family history - N/A
- prior treatment history - N/A
- negative peer influences – N/A
- work environment - N/A
- general health problems - N/A
- current family/general stress - N/A (self-rated “3” on a scale of 1 to 10)

Summary - 2 of 10 concerns = low risk profile

Present Use Status: presently not using alcohol

Clinical Interview/Summary: Ms. Polidori's written screenings provided some indication of an alcohol use disorder. She reported her normal use of alcohol before this charge as 2-3 glasses of wine on 2-3 occasions per week. She also suggested that on some weeks she had some form alcohol 7 of out 7 days. She also acknowledged use of 2-4 drinks on special occasions (birthdays, weddings, holidays). These occasions were monthly or less.

Ms. Polidori and I discussed her legal incident and general use of alcohol at length. She reports a distinct change in her drinking habits after a cruise she went on with her husband around the time of her birthday last year. She denies using alcohol since her charges in November and has had sustained success since. Though she was only legally obligated to go to AA meetings for several weeks, she has been attending support meetings 7 days a week since the incident and was articulate of the positive experiences and support she has received as a result (she is prepared to provide signatures for attendance of these meetings if necessary). She also reported that she wore a SCRAM monitor for at least 2 months per legal obligation and did so without complication. Lastly, she is continuing her self-care in seeing a therapist for a non-alcohol-related concern. In my best clinical judgment, I found the incident and her overall history indicative of a minor alcohol use disorder as she met criteria for tolerance and continued use despite knowledge of a mental health condition. Having said this, I found the proactive measures she has taken on her own, along with the requirements she has fulfilled through the court's diversion program to be clinically sufficient for sustained recovery.

DSM-5 DIAGNOSIS in reference to substances: F10.21 Minor Alcohol Use Disorder - Early Remission

Treatment Recommendations:

- 1) Abstinence, recommend abstaining from all alcohol use for 1 year minimum, any consideration of resuming alcohol use should be done only in consultation with a physician and substance abuse professional;
- 2) If another negative consequence is incurred as a result of any alcohol use it is recommended Ms. Polidori seek an increased level of treatment or extended outpatient substance abuse counseling as appropriate;

If you possess any additional information about Ms. Polidori'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, Ms. Polidori, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA

Cert.# 150427

cc: Ashley L. Polidori

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.