

October 13, 2016

David de la Cruz  
Danbury Court Family Services  
Danbury, CT 06810

**Re: Clinical Mental Health and Alcohol/Drug Assessment for Anthony Maio  
(DOB – 12/08/1979)**

Dear Mr. De La Cruz:

I performed a Clinical Mental Health, Alcohol and Drug Assessment for Mr. Maio in reference to his disorderly conduct charges in Fairfield County (April. 2016). This assessment included an in-person clinical interview, and the administration of:

*General Mental Health Instruments*

- Mental Status Exam
- Patient Health Questionnaire (PHQ-9)
- Bi-Polar Type II Screening
- DSM-5 Cross Cutting Symptoms Measure

*Alcohol and Drug Assessment Instruments*

- A Michigan Alcohol Screening Test (MAST)
- A Drug Abuse Screening Test (DAST)

The following items provide a summary of Mr. Maio's screening results, my diagnostic opinion, and professional recommendations:

**GENERAL MENTAL HEALTH**

**Mental Status Exam (modified)**

Speech Emotional State – appropriate volume and rate of speech, appropriate demonstration of emotional range congruent with content of speech

Thought Processes – logic and reasoning intact, no evidence of delusions, hallucinations, obsessions/compulsions

Sensorium & Mental Capacity – oriented x 3, normal

Insight & Judgment – appropriate self-reflection, empathy and rational decision making ability evident

**PHQ-9 (Depression Screen)**

Score: 15; experiencing distress in regards to sleep, depressed feelings, low energy, and appetite, yet without suicidal impulses or ideation and able to maintain stable employment in a demanding career field. (depressive symptoms being treated by psychiatrist and therapist)

### **Bi-Polar Type II Screen**

Mr. Maio presented a history of experiencing both depressed and elevated mood for at least the past 5 years. Bi-polar type II includes “hypomanic” symptoms which we specifically reviewed. Mr. Maio was able to clearly describe six of seven symptoms from this diagnosis (two episodes in the past 10 years). In terms of depressive episodes Mr. Maio has had three episodes in the last 10 years which met criteria for bi-polar type II. Mr. Maio was evaluated by a psychiatrist 5 years ago and diagnosed as bi-polar type II and began treatment. Subsequently he switched to a new psychiatrist and received continued treatment with the same diagnosis and he meets with this psychiatrist regularly to manage the diagnosis.

### **Current or Recent Treatment**

- Dr. Daniel Keller, M.D (psychiatrist once a month or every other week if adjusting medication)
- Abbie Ravens, LCSW (weekly therapy)
- Recent completion of 9 week Men’s Domestic Violence Class (Danbury Court Services)

**Clinical Interview in Regards to Overall Mental Health):** Mr. Maio was very transparent about his mental health diagnoses and treatment. He reports that he has good rapport with his treatment providers. He is actively working with his psychiatrist and therapist regularly to reduce his anxiety and improve his mood. Mr. Maio’s consistent employment with the same company as a software engineer suggests some baseline stability and a commitment to his own mental health and wellbeing.

Mr. Maio was articulate and possessed meaningful insight with regards to the original incident that lead to the disorderly conduct charge. We discussed what he gained from a court-ordered 9-week domestic violence class. He was articulate regarding his own fault in the interaction and displayed insight about the underlying dynamics of power and control that lead to intimidation, verbal and physical abuse in intimate relationships. My clinical impression was that Mr. Maio’s remorse was appropriate regarding the incident that took place with his wife and which lead to his arrest in April.

During the interview we also identified that a plan for physical fitness would likely be of great benefit toward alleviating symptoms of depression as it has helped previously but proven very difficult to re-establish.

---

### **DRUG & ALCOHOL ASSESSMENT**

**MAST (alcohol):** score = 7 / POSITIVE SCREEN for scores of 4 and above; screen further for diagnostic level of severity (see clinical summary)

**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 (2011 DUI)
- ☒ Continued use despite knowledge of contraindicated physical or psychological condition (should not be drinking with a bi-polar II diagnosis)
- ☒ Tolerance (if 3-5 drinks was max – this answer would not be checked)
- ☒ Withdrawal symptoms (indicated you went to de-tox, withdrawal symptoms assumed)

*Summary - 8 of 11 symptoms*

**DAST-10 (drug):** score = 0 / NEGATIVE SCREEN

**Current or Recent Substance Use Treatment**

*Midwestern Connecticut Council on Alcohol – MCCA*

- 4-day detox program at the Sobering Center (2013)
- has completed a 13-week program on 3 different occasions in the last 3 years
- Alcoholics Anonymous daily attendance until in early recovery and recent attendance (past 2 years) attends 3 times per week
- abstinent from alcohol since April 2016

**Clinical Interview (Alcohol/ Drug Use):**

ALCOHOL Mr. Maio's written screenings provided clear indications of an alcohol use disorder at the severe level. He noted that he used alcohol since the age of 17 but with no regularity until age 32. He identified binge use in college and use suggestive of alcohol tolerance. It appears that since college he has experienced some extended periods of controlled use of alcohol, yet also experienced times which were clearly excessive. He was open in the clinical interview and shared information indicating 8 problem alcohol use symptoms (see above) which indicate a severe alcohol use disorder, presently however, in early remission (since April 2016). Mr. Maio was fully cognizant and articulate about the contraindication of using alcohol with his medications and potential complications for depression or hypomanic symptoms. He is clear about his long term goal of lifelong abstinence from alcohol and engaged in meaningful recovery toward that end. He presently attends 3 AA meetings per week, works on the 12 Steps and has a sponsor.

**NON-PRESCRIPTION DRUG** – Mr. Maio acknowledged past use of marijuana during college but denied frequent use or experiencing any clear signs or symptoms of a cannabis disorder. He denied any use of marijuana since 1999 stating that it aggravated anxiety symptoms and it simply was not expected among his peers once he graduated. He denied experimentation or use of all other non-prescription substance use categories including: stimulants, hallucinogens, inhalants, opiates, etc. Furthermore, his company has a random drug testing policy which he has been called up on and his test was negative for all illicit substances. I found Mr. Maio's presentation of non-prescription drug use to be without suspicion, inconsistent report, hesitation or defensiveness.

**PRESCRIPTION DRUGS COMMONLY MISUSED/ABUSED** – Mr. Maio denied any recreational use of prescription medications which are prone to abuse including stimulant/ADD medications, narcotic painkiller medications, and anxiolytics and sleeping medications. The interview did not reveal hesitation, discrepancy with his written screenings, or other non-verbal signs of minimization or covering a prescription drug use problem.

**ALCOHOL/DRUG USE SUMMARY** – Mr. Maio meets criteria for a moderate to severe alcohol use disorder but appears to be currently in early full remission.

**DSM-5 DIAGNOSIS in Reference to Substance Use Disorders:** F10.20, severe alcohol use disorder (early full remission)

---

### **Summary Treatment Recommendations Related to Overall Mental Health and Substance Use**

- 1) Outpatient Counseling with Abbie Ravens, LCSW– engage in regular outpatient sessions with existing professional mental health, adjust frequency of meetings with
- 2) Continue Medication Management with Dr. Daniel Keller
- 3) Abstinence & AA Participation – recommend lifelong abstinence from alcohol and illicit substance use; continue AA attendance and work with an AA sponsor;
- 4) Physical Activity – re-establish fitness routine for benefits to mood and overall wellbeing;
- 5) If unable to maintain abstinence during outpatient counseling – Mr. Maio is advised to consult with mental health and/or substance abuse professionals regarding additional treatment and support (Intensive Outpatient Program, 12 step meeting attendance, etc.)

If the court possesses additional information about Mr. Maio's mental health or use of alcohol or drugs, that might aid in the accuracy of this assessment I would be happy to review it and consider any appropriate modifications or amendments to the present report.

Thank you for the opportunity to assist the court, Mr. Maio, and yourself in this important matter.

Sincerely,



Brian T. Davis, LISW-S, SAP  
LIC# I-7948  
cc: Anthony Maio

**Diagnostic Conclusions / Limitations:** Directions Counseling Group provides Clinical Alcohol and Clinical Anger Management assessments based on objective and standardized screenings and interviewing methods. Conclusions made are to the best of the professional's ability with data on hand at the time of the assessment. Expanded assessments which involve extensive background research, collateral information and third party verification can be provided as an additional service upon request.

**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.)