

March 18, 2016

Dietra Kaye Sherwin, Attorney  
Franklin County Public Defender's Office  
373 South High Street, 12th Floor  
Columbus, OH 43215-4505

**Re: Clinical Alcohol Assessment for Brian Kelley (DOB – 01/22/1965)**

Dear Ms. Sherwin:

I performed a Clinical Alcohol Assessment for Mr. Kelley in reference to his August 201 OVI charge in Franklin County. This assessment included a 50-minute in-person clinical interview, and the administration of:

- A Substance Abuse Subtle Screening Inventory (SASSI-3)
- 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:

**SASSI-3:** overall scores indicated a *low probability* of a moderate to severe substance use disorder; scores did not suggest further screening to rule out a mild substance use disorder diagnosis; screening had a lifetime frame of reference;

**MAST:** score = 2 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use

**AUDIT:** score = 1/ *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 15 or more in men indicates *moderate to severe* disorder present

**Present Use Status:** reports he has reduced overall frequency and amount of alcohol consumed

**Anxiety/Depression Screening:** no clinically significant concerns reported

**Substance Related Legal History Reported:** alcohol-related legal charge in October 2000

**Clinical Interview/Summary:** Mr. Kelley's written screenings provided no indications of an alcohol use disorder at any level (mild, moderate or severe). He reported his normal use of alcohol prior to his August 2015 charge as 1-3 drinks on 2-3 occasions per week. Mr. Kelley reported he would typically drink a six-pack of Budweiser over the course of

an entire week, drinking primarily on weekends. He denied experiencing any increases to his alcohol use on special celebrations as part of a normal pattern though he acknowledged that his alcohol use does increase at celebratory events though such events occur once to twice per year.

Mr. Kelley and I discussed his OVI incident, his prior alcohol-related legal charge and his general use of alcohol. He reported attending Wellness Driver's Driver Intervention Program in January 2016. His clinical interview revealed recurrent alcohol use beyond intention, but I did not find positive evidence of other DSM 5 alcohol use disorder criteria. I did discuss with Mr. Kelley the World Health Organization's criteria for low risk problem alcohol use and encouraged him to track his overall alcohol consumption so as to increase his overall behavioral control.

Overall I did not find sufficient positive symptoms to warrant an alcohol use disorder diagnosis. I am providing some additional recommendations for education due to my concern stated above.

**DSM-5 DIAGNOSIS in Reference to Substances:** Z03.89 (suspected substance use condition not found); rule out F10.10 alcohol use disorder, mild

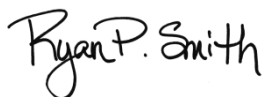
**Treatment Recommendations:**

- 1) Preventative Education – recommend 9 hrs. of Ohio Health's Drug/Alcohol Awareness Series (Riverside Methodist Hospital contact 614-566-3700);
- 2) If another negative consequence is incurred as a result of any alcohol use it is recommended Mr. Kelley seek an increased level of treatment or extended outpatient substance abuse counseling as appropriate;

If the court possesses additional information about Mr. Kelley's use of alcohol that might impact the outcome 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. Kelley, and yourself in this important matter.

Sincerely,



Ryan P. Smith MSW, LISW-S, LICDC, SAP  
SW Lic. #1.1000155-S, CD Lic. #101182  
cc: Brian Kelley

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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.