

September 25, 2014

Jim DeFelice, Chief Probation Officer
Wayne County Municipal Court
215 N. Grant Street
Wooster, OH 44691

Re: Clinical Alcohol Assessment for Angel Kellar

Dear Mr. DeFelice:

I performed a Clinical Alcohol Assessment for Ms. Kellar in reference to her pending OVI charge. This assessment included the administration of: a Michigan Alcohol Screening Test (MAST), an Alcohol Use Disorder Identification Test (AUDIT), an anxiety/depression screening, and a 50 minute face-to-face videoconferenced clinical interview. The following items provide a summary of the screening results, my diagnostic opinion and professional recommendations:

MAST: score = 6; *positive screening* / use clinical interview to determine mild or moderate alcohol use disorder

AUDIT: score = 2/ *negative screening*; scores above 8 indicate hazardous use, above 13 indicates moderate to severe disorder present

Anxiety/Depression Screening: mild to moderate anxiety symptoms reported; no clinical or mental health crisis at present

Substance Related Legal History Reported: previous DUI on 3/17/12 w/ BAC=.16

Clinical Interview/Summary: Ms. Kellar's written screenings provided conflicting information about a potential alcohol use disorder. Since her January 2014 DUI charge she has been abstaining from use of alcohol. Previously she reported use of 3-4 drinks as normal occasion use (every other weekend) and 5-7 drinks on special occasions (about 4 times a year). I found her to be non-defensive in the clinical interview. She suggested early in our discussion that she thought it would be a good idea for her to meet with a professional regardless of the outcome of the assessment.

I was able to find Ms. Kellar meeting criteria for a mild alcohol use disorder per DSM 5 diagnostic criteria. At present she is in the early stages (first year) of treating and correcting this problem. My strong clinical impression is that Ms. Kellar's two relatively high BAC DUI incidents at a young age have been more due to her social influences and immaturity than they have to alcohol dependence or a genetic condition.

Ms. Kellar was able to articulate a number of positive actions and outcomes since she has been abstaining from alcohol for the last 9 months. These include improved direction with education and career development, improved relationships and social setting choices, as well as early physical health benefits. Further, she seems highly

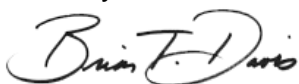
motivated to continue moving her life forward in a positive direction, and with assistance, leave a lifestyle of high risk drinking behind. My professional recommendations are being made with these factors in mind.

DSM 5 DIAGNOSIS in reference to substances: 305.00 mild alcohol use disorder/ with abstinence for recent 9 months (since Jan. 2014)

Treatment Recommendations:

- 1) Continue Abstinence from Alcohol, advise minimum of 1 year additional abstinence,
- 2) Counseling, recommend outpatient counseling with a professional substance abuse professional; update assessment and recommendations after 5 sessions, in addition to discussion/assignments on alcohol education include discussion of personal development and growth, relationship development, social influences and choices going forward
- 3) If another negative consequence is incurred as a result of any alcohol use it is recommended Ms. Kellar seek further evaluation and follow all treatment recommendations.

Sincerely,



Brian Davis, LISW-S, SAP
cc: Angel Kellar

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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.