

May 25, 2016

Joe Roush, Criminal Justice Administrator
City of Upper Arlington
City Attorney's Office
3600 Tremont Road
Upper Arlington, OH 43221-1558

Re: Clinical Alcohol Assessment for Nicolas Kabealo (DOB – 06/20/1990)

Dear Mr. Roush:

I performed a Clinical Alcohol Assessment for Mr. Kabealo in reference to his failure to control charge in Franklin County. This assessment included a 45-minute clinical interview by phone, collection of collateral contacts, review of his traffic ticket, 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 = 0 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use (score relative to lifetime use of alcohol)

AUDIT: score = 2 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 15 or more in men indicate a *moderate to severe* disorder may be present (score predominately relative to current use of alcohol)

Alcohol-Use Risk Factors:

- ☐ previous legal history – denies prior history
- ☐ severity of incident – no breathalyzer administered and/or blood sample taken
- ☒ anxiety/depression/mental health/learning disability – ADHD; mild to moderate issues sleeping, trouble “winding down” at night due to “racing thoughts”
- ☐ other substance use – NA

- ☐ exposure to trauma – none reported
- ☐ family history – none reported
- ☐ prior treatment history – NA
- ☐ negative peer influences– NA
- ☒ work environment – commonly around alcohol
- ☐ contraindicated prescription use – NA
- ☐ general health problems – NA
- ☐ current family stress – NA

Summary - 2 of 12 concerns; low-risk profile

DSM-5 Alcohol Use Disorder 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 of contraindicated physical or psychological condition
- ☐ Tolerance
- ☐ Withdrawal symptoms

Summary – 0 of 11 symptoms (Mild 2-3 | Moderate 4-5 | Severe 6+)

Clinical Interview/Summary: Mr. Kabealo's written screenings provided no indication of an alcohol use disorder at any level (mild, moderate or severe). He reported his normal use of alcohol before this charge as 1-2 beers on 2-4 occasions per month. He also acknowledged use of up to 3 beers on special occasions once in the average year.

Mr. Kabealo and I discussed his failure to control incident and general use of alcohol at length. I did not find him meeting DSM-5 alcohol use disorder criteria for an alcohol use disorder and his drinking habits appear to be within the NIAAA recommendations for men's low-risk drinking. This evaluation has been completed with the understanding that he is subject to random alcohol and drug testing through his employer and has a history

of compliance. He has also completed 20 community service hours, as recommended by the court.

DSM-5 DIAGNOSIS in Reference to Substances: Z03.89 (suspected substance use condition not found)

Treatment Recommendations: Having found no basis for a DSM-5 alcohol use disorder I have no further recommendations for Mr. Kabealo at this time.

If you or the court possess additional information about Mr. Kabealo'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, Mr. Kabealo, and yourself in this important matter.

Sincerely,



Trevor C. Davis, CDCA

Cert.# 150427

Reviewed by Ryan Smith, MSW, LISW-S, LICDC, SAP

SW Lic. #I.1000155-S; #101182

cc: Nicolas Kabealo

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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.