

August 1, 2016

Douglas A. Funkhouser, Attorney at Law  
Funkhouser Law  
765 South High Street  
Columbus, Ohio 43206

**Re: Clinical Alcohol Assessment for Alex Settlemyre (DOB – 01/18/1990)**

Dear Mr. Funkhouser:

I performed a Clinical Alcohol Assessment for Mr. Settlemyre in reference to his December 2011 OVI charge in Franklin County. This assessment included a 70-minute 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:** scores indicated an overall *low probability* of a moderate to severe alcohol use disorder; respondent's DEF score (defensiveness) was elevated beyond the norm which increases the likelihood of a missed moderate to severe alcohol use disorder but may also reflect situational factors

**MAST:** score = 4 / *POSITIVE screen*; screening indicated an early to middle stage of problem drinking; screening was with reference to the respondent's entire lifetime;

**AUDIT:** score = 3 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 15 or more in men indicate *moderate to severe* disorder present, mitigate concerns with clinical recommendations (screen relative to use of alcohol within the past 24 months)

**Alcohol Use Risk Factors:**

- ☒ legal history – prior alcohol-related OVI at age 18; underage alcohol possession at 16
- ☐ severity of incident – NA
- ☐ anxiety/depression/mental health – NA
- ☐ general health issues – NA
- ☐ exposure to trauma – NA
- ☐ use of liquor – NA

- ☐ other substance use – NA
- ☐ contraindicated prescription use – NA
- ☒ family history – problem alcohol use in immediate family
- ☒ prior treatment history – counseling thru Second Chance counseling after 12/2011 charge
- ☐ negative peer influence – NA
- ☐ at-risk work environment – NA
- ☐ current stress (relational, work, etc.) – NA

Summary - 3 of 13 concerns, moderate risk

**Clinical Interview/Summary:**

ALCOHOL – Mr. Settlemyre's written screenings provided mixed indications of an alcohol use disorder. He was open throughout the clinical interview and shared information indicating a mild to moderate alcohol use disorder during his late teens and early twenties. Over the past two years Mr. Settlemyre's alcohol use appears to have reduced significantly as he had taken off time from work to provide care for an ill family member. In that time Mr. Settlemyre has also become married which has changed his normal routine and peer group. He reported his typical alcohol use over the past two years as 2-4 standard drinks on 2-4 occasions per week. He acknowledged consuming up to 5 standard drinks on special occasions which he estimated to occur on 8-10 occasions per year (e.g. holidays, vacation, celebrations at his home).

Mr. Settlemyre appeared to be both quick and forthright in acknowledging his previously excessive use of alcohol. He was also cognizant of his increased susceptibility to alcohol due to a possible hereditary effect from his parents. Mr. Settlemyre and I reviewed standards for low-risk problem alcohol use as set forth by the World Health Organization and the National Institute of Alcoholism and Alcohol Abuse and his plan for maintaining his present alcohol use within those standards. I did not, however, find evidence of Mr. Settlemyre meeting DSM-5 criteria for an alcohol use disorder at present.

**DSM-5 Alcohol Use Symptoms (past 12 months):**

- ☐ Recurrent use beyond intention
- ☐ Persistent desire or unsuccessful efforts to reduce/quit use
- ☐ Substantial time spent obtaining, using, or recovering from use
- ☐ Strong craving/desire
- ☐ Recurrent failure to fulfill a major role (work, home, school)
- ☐ Continued use despite recurrent social/interpersonal problems
- ☐ Important social, occupational, recreational activities relinquished
- ☐ Recurrent 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+)

**DSM-5 DIAGNOSIS in Reference to Substances:** F10.20 alcohol use disorder, moderate, sustained full remission from history

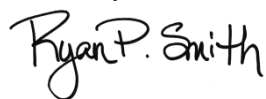
**Treatment Recommendations:**

Having found no basis for a current DSM-5 alcohol use disorder I have no further clinical recommendations for Mr. Settlemire at this time. However, if another negative consequence is incurred as a result of any alcohol use, it is recommended that Mr. Settlemire seek an updated evaluation and begin extended outpatient substance abuse counseling.

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

Sincerely,



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

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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.