

December 10, 2015

Jeff Stavroff, Attorney at Law  
The Koffel Law Firm  
1801 Watermark Drive, Suite 350  
Columbus, OH 43215

**Re: Clinical Alcohol Assessment for Shonda McKnight**

Dear Mr. Stavroff:

I performed a Clinical Alcohol Assessment for Ms. McKnight in reference to her May 2015 reckless operation charge in Franklin County. This assessment included the administration of:

- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- A general anxiety/depression screening
- 50 minute clinical interview by telephone

The following items provide a summary of the screening results, my diagnostic opinion and professional recommendations:

**MAST:** score = 1 / *NEGATIVE SCREEN*; no direct or indirect indication of problem alcohol use; screening used a lifetime frame of reference

**AUDIT:** score = 0 / *NEGATIVE SCREEN*; scores of 8 or more indicate hazardous use, of 13 or more indicates moderate to severe disorder present; screening used a past 12 months frame of reference

**DSM/Other Substance Related Concerns:** denies subtle indicators of problem alcohol use including pattern of mild hangovers, mild memory loss after alcohol use, repetitive use to relieve emotional or occupational distress, conflict with significant others during or shortly after use of alcohol, guilt or regret associated with use; acknowledges previously attending a Driver Intervention Program in 2010

**Present Use Status / DSM-5 symptoms:** has met 0 of 11 DSM-5 alcohol use disorder symptoms in the 12 months prior to the May 2015 DUI charge

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

**Substance Related Legal History Reported:** acknowledges previous OVI charge in April 2010

**Clinical Interview/Summary:** Ms. McKnight's written screenings provided no indications of an alcohol use disorder at any level. She reported her normal use of alcohol before this charge as 1-2 standard drinks on 2 occasions per month. She reported that her alcohol use occurs predominantly at workplace functions where excessive alcohol use is not looked upon favorably. She denied any changes to her alcohol use during holidays, special celebrations, or birthdays. Ms. McKnight and I

discussed her general use of alcohol, how her use changed following her April 2010 OVI and her alcohol use at the time of her May 2015 charge.

Following criteria from the DSM-5, I was unable to find the incident or her overall history and presentation indicative of someone presently experiencing DSM 5 alcohol use disorder symptoms. Ms. McKnight and I discussed standards for low risk problem alcohol use as iterated by World Health Organization criteria and strategies she may use to maintain her alcohol use at appropriate, responsible levels. At present I do not find Ms. McKnight meeting DSM-5 criteria for an alcohol use disorder.

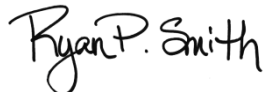
**DSM 5 DIAGNOSIS in reference to substances:** z03.89 suspected substance use disorder not found

**Treatment Recommendations:**

- 1) There are no further clinical recommendations at this time.
- 2) If another negative consequence is incurred as a result of any alcohol use within the next 12 months, it is recommended Ms. McKnight seek an additional evaluation and follow any and all treatment recommendations.

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

Sincerely,



Ryan Smith, LISW-S, LICDC, SAP  
SW Lic. # I.1000155-S, CD Lic. # 101182  
cc: Shonda McKnight

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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.