

December 10, 2014

Jim O'Brien, Steward  
Mountaineer Race and Casino  
PO Box 358  
Chester, WV 26034

**Re: Clinical Alcohol Assessment for Wayne Minnock**

Dear Mr. O'Brien:

I performed a Clinical Alcohol Assessment for Mr. Minnock in reference to his workplace violation in October of this year. He shared that he was reported to be have the smell of alcohol on his person, was breath tested and exceeded the allowable BAC and was therefore referred for an alcohol assessment.

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 in-person clinical interview. The following items provide a summary of the screening results, my diagnostic opinion and professional recommendations:

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

**AUDIT:** (score= 1) *NEGATIVE SCREEN*; scores above 8 indicate hazardous use, above 13 indicates moderate to severe disorder present

**DSM/Other Substance Related Concerns:** denies subtle indicators of problem alcohol use including mild hangovers, mild memory loss after use, repeat use to relieve emotional or work stress, previous treatment, conflict with significant others during or shortly after use of alcohol, guilt or regret associated with use

**Anxiety/Depression Screening:** mild insomnia and anxiety reported, denies recent or current mental health conditions of signs/symptoms of a clinical crisis

**Substance Related Legal History Reported:** reported 2 DUIs at around age 21 and 22 (see comments below)

**Clinical Interview/Summary:** Mr. Minnock written screenings provided no indication of an alcohol use disorder in the last 25 years. He reported his normal use of alcohol as 2-3 drinks on 1-2 occasions per week. He also reported his consumption to be similar if attending a celebration but on very rare occasions he might consume up to 4 or 5 drinks (once a year).

We discussed Mr. Minnock's workplace violation at length. He reported that he was not intoxicated but someone reported that he smelled like alcohol and therefore he needed to take a breathalyzer per track policy. He stated that he has enjoyed a good reputation at Mountaineer for 10 years, is known by personnel and stewards there, and is not

known for being intoxicated on the premises though he may have one or two drinks with an owner on occasion. He also informed me that one of the stewards present during this incident made reference to the fact that he did not seem impaired. He had nothing in writing to substantiate this but he noted that you or track management would probably be aware of his behavior. He did acknowledge that he should not have been consuming mixed drinks which had an unknown quantity of alcohol in them and plans to avoid any such consumption in the future at racetracks where he provided training services.

We also discussed Mr. Minnock's use of alcohol in his early 20s which lead to 2 DUI arrests. He very openly admitted that he was misusing alcohol at that point and reported that his DUI charges helped him grow up in the long run. He stated that it was too expensive and disruptive to getting on with his career. Mr. Minnock said that he has to transport, train, and care for valuable horses and has not wanted alcohol to interfere with his livelihood and a career that he enjoys.

Overall I found his presentation consistent and without discrepancy. While he he may have met criteria for an alcohol use disorder 25 years ago I was unable to find Mr. Minnock currently or recently meeting DSM 5 alcohol use disorder symptoms. If you possess additional information that suggests Mr. Minnock was not forthcoming about other incidents in the workplace, has incurred legal charges not disclosed to me, or other information suggesting problem alcohol use I will make myself available to revisit his case and update my professional opinion.

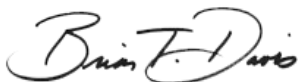
**DSM 5 DIAGNOSIS in reference to substances:** V 71.09 (none found)

**Recommendations:**

- 1) I have no further professional recommendations beyond this assessment at this time;
- 2) If another negative work, legal or other consequence is incurred as a result of any alcohol use it is recommended Mr. Minnock seek further evaluation and follow all treatment recommendations.

Thank you for the opportunity to assist Mr. Minnock and yourself in this important matter.

Sincerely,



Brian Davis, LISW-S, SAP  
cc: Wayne Minnock

**Prohibition Against Re-Disclosure:** This information has been disclosed to you from records protected by Federal Confidentiality rules. The Federal rules prohibit you from making any further disclosure of this

information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client. Drug abuse patient records are also protected under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.R.R parts 160 & 165. (These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.)

**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.