DIRECTIONS
COUNSELING GROUP

June 30, 2015

Eddie Arredondo, Attorney
Burnet Count Courthouse
220 S. Pierce
Burnet, Texas 78611

Re: Anger Management, Alcohol and Drug Assessment for Shawn Webb

Dear Mr. Arredondo:

I provided a Clinical Anger Management, Alcohol and Drug assessment for Mr. Webb in reference to his protective order in Burnet County stemming from incidents in early and late 2014 between he and his girlfriend (Ms. Lively). This assessment included the administration of:

- General anxiety screening
- General depression screening
- An Anger Control Screening Inventory (ACSI)
- Alcohol Use Disorder Identification Test (AUDIT)
- Drug Use Disorder Identification Test (DUDIT)
- 70 minute clinical interview

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

Reason for Evaluation: Mr. Webb shared that he was in a relationship that struggled with a number of issues and manifested in chronic conflict and repeat breaking up and getting back together which he now recognizes was a sign of poor personal and relational health. Mr. Webb shared with me his girlfriend's affidavit and complaint against him. In the fall of 2014 Mr. Webb was in contact with his girlfriend mostly through text messaging. She had been "cool, but responsive" and then stopped responding altogether. At that point, Mr. Webb became concerned and contacted her employer. This contact led his girlfriend to contact Mr. Webb, letting him know that if he continued to text her she would call the police. When he did continue to text, she responded by filing a protective order.

Depression Screening: no clinically significant symptoms, recent or current mental health crisis reported
Anxiety Screening: no clinically significant symptoms, recent or current mental health crisis reported

Anger Control Screening Inventory: Score = 6 / raw score suggests negative screening in relation to chronic problems with loss of control over anger, score also demonstrates some admission of normal reactions found in individuals who do not have a history of violence or loss of control over angry impulses, scores above 12 indicate significant difficult managing anger in a range of contexts, above 17 indicate high risk volatility

Altercation Related Legal History: reported no previous history of altercations or physical acts of violence or legal charges related to expression of anger

Alcohol Use Disorder Identification Test: score = 1 / *NEGATIVE SCREEN*; scores above 8 indicate hazardous use, above 13 indicates moderate to severe disorder present (respondent appeared to provide forthright responses to questions)

Drug Use Disorder Identification Test: Score = 0 / used time reference of the past 5 years, respondent indicated no trouble with abstaining from marijuana, this is consistent with indirect questions presented in the interview to detect craving or preoccupation with returning to marijuana use

DSM/Other Substance Related Concerns: denies subtle indicators of problem alcohol use including pattern of 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/ possible cannabis use disorder in sustained full remission (6 years of abstinence / active recovery)

Substance Use Legal History Reported: denies any history of impaired driving, public intoxication, disorderly conduct or other legal history involving drugs or alcohol, also denies his current legal concern (protective order) originated from use of a substance which may have contributed to relationship conflict

Clinical Interview/Summary Clinical Impressions:

REGARDING CONTROL OF FEELINGS OF ANGER - Mr. Webb's written screenings provided no indication of an impulse control disorder, sociopathic characteristics or clinical suggestions of a propensity toward violence of explosions of anger. He did however, proactively completed an 18 hour battery intervention course as of date 6/25/15.

After speaking with Mr. Webb for over an hour I gained several significant clinical impressions: 1) that Mr. Webb has spent considerable time reflecting on the original incident where he left a bruise on his girlfriend's arm; 2) that Mr. Webb is not shifting the blame to his spouse for the incident; 3) that Mr. Webb has identified several thinking and behavior alternative should a similar situation ever present itself again; 4) that Mr. Webb has identified supportive resources in the community to help him avoid entering into unhealthy relationships (e.g. Celebrate Recovery); 5) that Mr. Webb sees it as

important to take care of his emotional, spiritual and relational health in an ongoing way and as a matter of lifestyle, rather than a means to simply appease the court.

I am of the opinion, to a reasonable degree of clinical certainty, that Mr. Webb does presently have a DSM 5 disorder which suggests that he is in need of anger management treatment at this time. Furthermore, the proactive steps he has taken in terms of completing an 18 hour battery intervention course and attending a weekly support group appear to be sufficient intervention at this time with reference to prevention of future incidents related to anger and conflict resolution.

DSM 5 DIAGNOSIS Relative to Anger Control: V 71.09 (none found)

REGARDING ALCOHOL USE – Mr. Webb's written screenings gave no suggestion of a current or recent alcohol use disorder. He reported a history of alcohol use that typically involved having one 1-2 drinks once per month in social settings and 2-3 drinks on very rare occasions of a special celebration (2-4 times per year). His presentation was plausible and without contradiction, hesitation or non-verbal impression that he was minimizing problem alcohol use. Ultimately I found no clinical suggestions or reasons to identify a DSM 5 alcohol use disorder at this time, nor did I find sufficient cause to believe Mr. Webb previously had a DSM alcohol use disorder which was in remission.

REGARDING DRUG USE - Mr. Webb was forthright about regular use of marijuana prior to the birth of his son. He noted that it was daily use and he regretted that it took place for many years of his life. He also was clear about the changes in priority that came with having a child to care for. When I asked if his son being away for the summer presented him with challenges in regards to returning to marijuana use, he said without hesitation, "I still have a son", implying that his priorities have changed regardless of his son's immediate presence in the home. I believe that Mr. Webb's involvement in a church community and a general recovery community (Celebrate Recovery) within his church community would be at odds with a lifestyle of alcohol and drug abuse. I found no sufficient clinical reason to doubt his claim that he has been free of marijuana use for the past 6 years. His written screenings were consistent with this conclusion and I did not gain any impressions that Mr. Webb was concealing some current or recent use of marijuana nor did I detect contemplation to resume use of marijuana in the future.

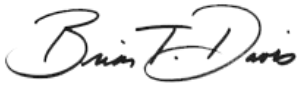
Further Mr. Webb denied use of any other illicit drugs or recreational use of prescription drugs for the last 30 years. I found no cause for suspicion about this claim.

DSM 5 DIAGNOSIS Relative to Alcohol and Drug use: V 71.09 (none found)

Professional Recommendations: Since Mr. Webb has successfully completed an 18 hour battery intervention course and is engaged in a lifestyle with regular support from other like-minded individuals seeking to be free of codependency and substance abuse I have no further professional recommendations for him at this time.

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

Sincerely,



Brian Davis, LISW-S, SAP
cc: Shawn Webb

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Diagnostic Conclusions / Limitations: Directions Counseling Group provides Clinical Substance use and Mental Health 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.

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