

STATE HOSPITAL SOUTH  
Blackfoot, Idaho

## CLINICAL RECORD

-4-

COOK, Daniel W.  
Hospital #20103

25 Mar 1982 TREATMENT SUMMARY:

## IDENTIFICATION OF THE PATIENT AND THE PROBLEMS FOR WHICH HOSPITALIZED:

Demographic Data: Mr. Cook is a 20-year-old, white, single male, who was admitted to State Hospital South as a Voluntary admission on 11 Dec 1981 from Lemhi County.

Legal Information: Mr. Cook was admitted as a Voluntary admission from Lemhi County, Salmon, Idaho.

Clinical: Mr. Cook admitted himself to the Hospital at the referral of the Mental Health workers in Salmon. He had shown increased depression, and, as a result, had been drinking excessively and had made a suicidal gesture, placing a loaded shotgun at his throat. However, he states that because he could not reach the trigger, he did not kill himself. On admission, he was cooperative, although somewhat depressed but willing to talk, and verbalizing the need to make some changes in his lifestyle.

## IDENTIFIED PROBLEMS:

1. ALCOHOL ABUSE, EPISODIC WITH DEPRESSION -- a) Suicidal thoughts: Mr. Cook states that he begins drinking in order to associate and socialize with his friends and that after drinking, he usually ends up getting depressed, and not knowing how to handle and deal with the depression. He denies any type of depression without the use of alcohol; however, he admits that there are times when he feels down and even somewhat suicidal while sober. He admits that he uses alcohol as a means to resolve his problems, and he seems to have difficulty in coping with stress or any type of problem which arises for which he does not have an immediate solution.

On the Unit, Mr. Cook verbalized the need to learn how to deal with stress to improve his ability to relate with others, and to find better coping mechanisms; however, at the same time, he appears to be rather flippant and arrogant, and seems to have a way of pushing people away from him so that he does not have to create any kind of social situation.

Mr. Cook was involved with the Therapeutic Community, and was active in that serving part of the time as the Sergeant-of-Arms. He handled this position quite well, although at times the authority and power of the position seemed to take over, and he once again would become quite arrogant, quite demanding, and began to create animosities between him and other residents. While he seemed to develop some skills and abilities, they seemed to be quite short-lived. He seemed to be able to function at a very high level for a period of time; however, as soon as anything stressful came up or if he felt he was confronted unjustly, he would become extremely angry, become very moody, and almost put himself into a state of depression from which he would again make suicidal threats, etc. By the time Mr. Cook left the Hospital against

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## CLINICAL RECORD

-5-

COOK, Daniel W.  
Hospital #20103

25 Mar 1982 Treatment Summary - contd.

professional advice, he had had many ups and downs, having periods where he functioned quite high and adequately, and then having periods when he was very impulsive, acted without thinking, etc. He still seemed to be a very immature individual, who had very little insight and very little motivation into making any real changes in his life.

2. DEPENDENT PERSONALITY DISORDER -- a) Unable to function independently; b) Poor employment record; c) Difficulty dealing with stress. Mr. Cook's whole life has been one of depending on others. He intellectually recognizes this as a problem, and seemed sincere in wanting to make changes. However, he did not seem to be able to motivate himself or persist in an effort long enough to consistently make changes and to maintain these changes. He relied very heavily on friends and the approval of friends and much of the time their decision ruled over his much to his detriment. He did improve his ability to relate with others; however, this seemed to be on a superficial level, and again he had difficulty in being honest in his relationships and with himself. He was involved in Group Therapy which dealt with elimination of self-defeating behaviors during which time he tried to work on his dependency. This was partially successful for him; at least, he did do some exploring and some self-examination. However, he seemed to be very fearful of breaking loose of the dependency traits, and, because of this fear, did not allow himself to respond as well to the group or other treatment modalities. He also worked in an Industrial Therapy assignment, during which time he did do a good job. He was referred to Vocational Rehabilitation; however, became angry over something on the Unit and signed out prior to doing any final workup with Vocational Rehabilitation.

## OTHER TREATMENT DURING HOSPITALIZATION:

Mr. Cook was involved in Individual Therapy as needed to talk about some of the difficulties he was having for some interpretive therapy and encouragement and motivation. He was also involved in Industrial and Activity Therapy, and, as mentioned previously, in all aspects of the Therapeutic Community.

## CURRENT TREATMENT PROGRAM:

Mr. Cook was discharged against professional advice on 9 Mar 1982. He left the Hospital without any medications.

## CURRENT DIAGNOSTIC IMPRESSION:

- Axis I: Alcohol abuse with depression.  
II: Dependent personality disorder.  
III: No significant medical problems.

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CLINICAL RECORD

-6-

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25 Mar 1982 Treatment Summary - contd.

RECOMMENDED FUTURE TREATMENT PROGRAM AND AVAILABLE RESOURCES:

Mr. Cook left the Hospital against professional advice on 9 Mar 1982. He states that he has made arrangements to work in Wyoming, and signed out in order to go to Wyoming to find employment. Since he planned on leaving the state, no follow-up appointments with Mental Health were made for him.

*Marilyn Perry* Sept 1982

Marilyn Perry, OSW/Date:  
Social Work Specialist II

*David A. Hoskisson* MSW / APR 1982

David A. Hoskisson, MSW, OSW/Date:  
Unit Manager

*Carroll M. Elmore*

Carroll M. Elmore, MD/Date: 4/6/82  
Unit Psychiatrist - cb

TX: 3/29/82