FAMILY, SOCIAL AND CULTURAL BACKGROUND:

Father: Unknown.

Step Father: John Dunn whose age and occupation is unknown to the patient.

Mother: Wanda Dunn is thirty-three years of age, resides in Lake Havisu, Arizona and is employed as a factory worker.

Siblings: Daniel has one sister and a half-brother. Debbie Cook is twenty years of age and lives in Arizona. George is fourteen years of age and lives in the family home. Daniel stated that he had no contact with his siblings or mother for the past three years. During his formative years he had very little contact with his mother or siblings and stated that he was an outcast and an unwanted child. He was unable to recall any prevelant family disease or neurological family disorder. Daniel revealed that as a small child he can recall his mother telling him about his "no good drunken father" and that he was strictly an accident.

PERSONAL HISTORY:

Birth and Early Development: Dan was born on July 23, 1961 in a hospital located in Chicago, Illinois. From his birth to age three he lived with his mother and was then "dumped" on his grandparents where he remained until age nine when his grandmother passed away. He then went to California and lived with his mother until age fourteen when she "began having a series of nervous breakdowns," and was unable to care for the children. Daniel was placed in a Youth Home and for the next two years lived in a variety of Youth Homes, Detention Centers and seven different foster homes. He stated that he did want to be with his mother and ran away from the foster homes only to be placed in some other facility. Daniel moved to Wyoming in August of 1980.

Education: In 1979 he graduated from the James Monroe High School in Monroe, California. He has had no other schooling or formal training.

Employment History: Dan arrived in Wyoming in August 1980 and was unemployed for about one month. He finally secured a job as a truck driver and did work for two weeks when he was dismissed as he was usually unable to get a ride to work. He was unemployed for about two weeks when he obtained another driving job and held that job until just before Thanksgiving when he was dismissed because of his drinking. He has worked at part-time, short-term employments as a dishwasher and grocery store baggboy.

Financial Resources: None.

Marital and Sexual History: The patient has never married and denies having children. He said that he has had a couple of girlfriends and maintains a normal sexual relationship. He denies any homosexual activity and stated he has never contracted a venereal disease. Daniel said that he has a difficult time maintaining a relationship as he is a loner and prefers to be by himself.

Religion: He was raised in the LDS faith and is a holiday attender. Daniel said that he believes in God but is not good enough to attend church.

Military History: He joined the U.S. Army in 1978 and in March 1980, received an honorable discharge, serial number 570211645. He does not have V.A. Hospital benefits as he was discharged four days prior to qualifying for the benefits.

Hobbies and Interests: He enjoys collecting stamps and does have an old coin collection. He writes poetry and has sold two pieces of his work.

History of Asocial Behavior: The patient admits to one charge of D.W.I. in January 1980 and approximately five overnight incarcerations as he has been charged with public intoxication and disturbing the peace.

PATIENT'S COMMENTS AND EXPECTATIONS:

Dan was asked what he hoped to gain from this hospitalization and he replied, "Get a clear mind. Tackle problems without drinking. I need to feel better about myself. I have many doubts about myself and I want to clear them up. I've never had anything and guess I'm not worth anything."

IMPRESSIONS AND RECOMMENDATIONS:
The patient is a slender, disheveled, rather bedraggled fellow who appears to be his stated ago. He obviously has little or no self-esteem and does view himself as a very worthless person. He has lead a very lonely, isolated lifestyle and has been abused on several occasions. He has difficulty forming relationships and has been described by his mother as being a chronic depressant. During the interview with Joe Dills, M.S.W., this counselor was informed that he had a telephone conversation with the patient's mother and has never talked to a colder, more heartless person in his many years in social work.

Daniel has experienced approximately five alcohol related arrests, several alcohol related hospitalizations and an alcohol related job loss. He has had blackouts, minor morning shakes and on occasion has used the a.m. drink. He has also experienced a visual hallucination. The patient is viewed as appropriate for inclusion in the ADTS Program.

Diagnostic Impression: Alcohol addiction, mild. (DSM-3 303.92 Alcohol dependence, episodic)

Edward Hitchcox, C.A.C.

db
12-8-80

Edward Hitchcox, C.A.C.
Alcohol and Drug Abuse Treatment Unit
Dictated: 12-8-80

Examiner Richard C. Sowles, Ph.D. Dates Prepared 12-16-80 Typed 12-17-80

Reasons for Referral Routine Admission

TESTS AND DATES ADMINISTERED:

12-4-80 Shipley-Hartford
12-4-80 Beta or Beta II
_____ WAIB
_____ WISC or WISC-R
12-4-80 MMPI
12-4-80 Cornell Medical Index
12-4-80 ISB (Rotter)
_____ ISB (Other, specify in text)
12-4-80 Human Figure Drawings
_____ Rorschach
_____ Holtzman
_____ TAT
_____ Benton VRT-Copy
_____ Benton VRT-Memory
_____ Bender-Gestalt
_____ Canter BID
_____ Memory for Design
_____ Judgment of Line Orientation
_____ Facial Recognition
_____ 3-D Constructional Apraxia
_____ Aphasia (Specify in text)
12-4-80 Graham-Kendall
_____

Mr. Cook is a Voluntary patient, single, has completed the twelfth grade in his formal schooling and a truck driver by trade. He is nineteen and comes to the hospital with alcohol related problems. He has a three year history of alcohol abuse in addition to evidence of early instability in his childhood. His approach to the testing was cooperative.

Mr. Cook's intellectual functioning, as assessed, reveals above-average skills in both verbal and performance areas; Shipley-Hartford WAIS Equivalent I.Q. 112 and Revised Beta I.Q. 118. His skills appear uniform both within and across tests and he should be expected to learn most tasks with facility. Both perceptual motor skills as well as his performance on the Graham-Kendall Test are executed without flaw and to his level of ability, therefore ruling out cerebral dysfunction at this time.

Objective personality measures suggest that Mr. Cook manifests problems that are characterized with defects in ego functions which are based in rather negative assessment of himself and his potentials. Behaviors likely manifest are those of impulsiveness, hyperactivity and extroversion often likely to border on irresponsibility. He finds difficulty in establishing and maintaining genuine social relationships probably because of well developed hostile and resentful feelings of a rather chronic nature. Part of the pattern is that of poor judgement and poor internal control with neglect of personal obligation which, to the observer, may appear as "poor conscience development." Although hostile feelings are a part of the pattern they do not appear to be directly expressed may provide the basis for much of his unconventional orientation, suspiciousness of others and superficial relationships.

His projective devices are consistent with the above but do suggest that underlying his outward adjustment are fears of helplessness, insecurity and personal inadequacy as basis for compensatory behavior. Having little faith and confidence in himself he has developed even less in others and therefore is emotionally a "loner" who