

DE PAUL HOSPITAL  
DISCHARGE SUMMARY

OUTPATIENT

PATIENT: DAHMER, JEFF L.  
HOSPITAL NO. 53294  
DATE OF BIRTH: 5/21/60  
COUNSELOR: PATTI ANTONY  
PHYSICIAN: R. PURCELL, P.A.C./B. LYNE, M.D.  
DATE OF ADMISSION: 5/1/90  
DATE OF DISCHARGE: 12/4/90

PROHIBITION OF REDISCULOSURE  
OF INFORMATION CONCERNING CLIENT IN  
ALCOHOL OR DRUG ABUSE TREATMENT

This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). 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 CFR 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 the information to criminally investigate or prosecute any alcohol or drug abuse patient.

BRIEF HISTORY:

This is the first De Paul admission for this 30 year old, employed, single, white male, who is discharged with the diagnosis of alcohol dependency syndrome, continuous. The patient was referred into treatment by Milwaukee Council on Alcoholism after a second degree sexual assault incident in which he was drinking and took some pornographic pictures of a 13 year old boy. He was on work release for nine months and he is currently on probation for five years because of this charge. AODA treatment was considered a condition of his probation.

The patient's primary drug of choice is alcohol, first using at the age of 17. During the ages of 19 to 21, when the patient was in the service, he was drinking more frequently, in the amount of three times per week, to the point of intoxication. The year prior to his admission to De Paul, he reports drinking on weekends, in the amount of 6 to 12 beers per episode. He reports a past usage of marijuana, last using in 1978. He reports using for a two year period in the amount of three days per week, three joints per episode. He reports experiencing blackouts in the past, a decrease in his tolerance for alcohol and morning drinking in 1980. He denies any previous AODA treatment other than seeing a psychologist a couple of years ago, after he was charged with urinating in the park, (at which time he had been drinking). He admits to attending AA for a few months back in 1986, but has not continued with it since then.

The problems indicated for the patient at the time of his admission include that his use of alcohol has caused him legal problems (second degree sexual assault, urinating in the park, two drunk and disorderly charges, and shoplifting), family conflicts, financial conflicts and also occupational conflicts. At the time of his admission, the patient did not feel he had much of a problem and was only here because he was court ordered, and because his legal problems were related to alcohol.

COURSE OF TREATMENT:

This patient was admitted to the outpatient Day PACE Program on 5/1/90, was oriented to the program on 5/29/90 and began attending his first session on 5/30/90. The patient attended all eight of the seminars that were offered and attended a total of five group therapy sessions before it was determined that it would be more beneficial for the patient to see him on a one to one basis with this counselor. Therefore, the patient was seen a total of twelve times by this counselor, over a four month period, the last of which was 11/15/90. It was determined to alternate his program due to his continued isolation from the group and lack of involvement with the group, and unwillingness to talk about

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his legal circumstances involving the second degree sexual assault in a group setting. His probation officer was contacted on several occasions, to provide her with a continuous update on his progress. His attendance was consistent for the most part with two cancellations and one no-show over his five and a half month involvement in Outpatient. Due to some observations by this counselor it was determined that it would be appropriate for the patient to have a psych. The evaluation to rule out depression, therefore, the patient did see psychiatrist to Dr. Krembs at De Paul on 10/13/90 for an evaluation at which time Dr. Krembs was given the impression that the patient had a mixed personality disorder associated with a depressed mood. He saw him on two following dates, the last of which was 11/9/90. He was given a prescription for Nardil.

The patient was to continue seeing Dr. Krembs for medical management after it was agreed that he would be discharged from this counselor's caseload, however, it is apparent that the patient never followed through with any further appointments with Dr. Krembs. He attended some AA meetings towards the end, but only because it was encouraged by this counselor and is mandatory by his probation officer. He completed his first step paper, two/three step worksheet, fourth step worksheet, and also his sobriety plan booklet which were all assigned to him over the course of time. He did not, however, complete the written assignment to write a letter to his father and seemed to procrastinate on this.

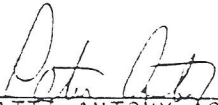
The patient was not able to remain chemically free throughout his involvement with outpatient and on 9/6/90 provided a positive drug screen for benzodiazepines and on 9/18/90 showed positive for amphetamines. The patient originally denied using anything, but when confronted on a dirty drug screen, he admitted to taking some Halcion that he had "on reserve" for emergencies when he couldn't get any sleep, as he works third shift. He agreed to throw the remaining two to three tablets away. At the following session, he admitted that the night prior to 9/18/90 when he admitted to using the Halcion he also took Halcion, but insisted that this was the last time, as he threw the rest of them away. He seemed to have little insight into how relying on sleeping pills was hazardous to him. He seemed to struggle with understanding his own powerlessness with chemicals. He verbalized that he had no intentions of continuing with AA, obtaining a sponsor, or attending the Serenity Club on his own, because he felt there was no purpose on any of these and did not see any purpose in socializing either. He seemed to continue with his impulsive behavior, particularly with his finances. He continued to struggle with making ends meet over the course of his outpatient stay. He was encouraged on several occasions by this counselor to contact a free budget counseling center in Milwaukee and was provided with the phone number, however, he failed to follow through on this suggestion, although he felt it was a good idea.

Overall, the patient was simply complying with the court and did not seem interested in learning about chemical dependency, and recovery. He verbalized that being on probation for five years, was enough motivation for him to stay sober, however, he had no commitment to staying sober after he was off probation. He had difficulty in getting in touch with his feelings and seemed to only relate on an intellectual level. He seemed to see himself as a victim

and tended to blame people and forces outside of himself for the predicament that he was in. The patient has no apparent commitment to recovery and does not appear sincere in wanting to stay sober, however, appears to be committed to following through with what's necessary to get him off probation.

DISCHARGE PLANS AND ARRANGEMENTS:

This patient was discharged as scheduled on 12/4/90 category #71 Improved. The following discharge plans and arrangements were made with the patient's participation, however, he did not necessarily agree with them: (1) Continued abstinence from all mood altering chemicals. (2) Continued involvement with AA. (3) Patient to obtain AA sponsor. The patient had not obtained one as of his last session. (4) The patient to continue seeing Dr. Krembs for medical management.



PATTI ANTONY, COUNSELOR  
PA:sm D 1/7 P 1/14/91

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