

TRANSCRIPT OF AUDIO FILE:

BEGIN TRANSCRIPT:

THERAPIST: Sorry I'm late.

CLIENT: I was wondering if today was going to be the day that —

THERAPIST: (inaudible)

CLIENT: What's that?

THERAPIST: If today was going to be the day that I was on time?

CLIENT: Yeah.

THERAPIST: (inaudible) (pause) Good morning.

CLIENT: Good morning. (pause) So Micah gave me a prescription for Adderall.

THERAPIST: Hmmm.

CLIENT: Which when I went to pick up, they were out of. And they were like "Why don't you go to the CVS in the other Square?" and I'm at the one in this Square. I was like "Well, when are you going to get Adderall in?" This was Friday, I guess, maybe Saturday, I don't know.

[00:01:02]

And they said Tuesday because the pharmacist had to order it yesterday, and then it would come in today after 8:00 p.m. I'm like well, I'm not going to take it until Monday anyway, so what's an extra day? So I haven't started it yet.

THERAPIST: Gotcha.

CLIENT: So I'll probably start tomorrow.

THERAPIST: So how did the diagnostic process go?

CLIENT: It was a series of questions, a lot of questions.

THERAPIST: Yeah.

CLIENT: Of, you know, mild, moderate or severe or none at all, you know.

THERAPIST: Right.

CLIENT: And, you know, the hyperactivity, none of that stuff registered. But most everything else did. (chuckles)

[00:01:57]

I was kind of surprised that certain things that, you know, I thought was me being organized, that this test seems to suggest is a potential —

THERAPIST: Like what?

CLIENT: Like coming home and putting my wallet and my keys in the same spot every time so I don't lose them, things like that.

THERAPIST: Hmmm.

CLIENT: And at the office, if I don't put things in the spot that they're supposed to be, I can't find them. So I used to get pissed off at Jess because she would lose her keys and I would always be like "Well, I never lose my keys. I never lose my wallet. I know exactly where they are. I come home and put them in the same exact spot every time," you know.

THERAPIST: Right.

CLIENT: So that was a little strange to me. I mean, I guess if that's the only thing you do, you don't have it.

THERAPIST: Right.

[00:03:03]

CLIENT: But with everything else, I seem to be scoring. I don't remember a lot of the questions, but they were all — I mean, you would probably know what they are.

THERAPIST: Yeah, I know the diagnostic criteria. I'm a little skeptical of some of the sorts of questionnaires for this kind of thing, but whatever. The bottom line is you try the medication and if it helps, that's great. If it doesn't help, then stop.

CLIENT: Well, I told Jess and she was like "Well, I suspected it."

[00:03:53]

THERAPIST: I guess a main reason I wonder about it is difficulties with attention and even organization can relate to depression and anxiety as well. You know, if somebody is depressed they have a lot more trouble focusing oftentimes, and so with paying attention and following through, they tend to be a little less organized and just generally less on top of things. It can be difficult to differentiate which is which. I guess the primary way of doing that would be — there are a few ways to think about it. One would be through your history.

[00:04:54]

If you have ADD, then the extent to which you have trouble focusing and trouble being organized should be fairly consistent through your history. Whereas if it's due more to depression, then those sort of difficulties should increase or decrease along with the extent of your depression or anxiety. Do you know what I mean?

CLIENT: Yeah.

THERAPIST: That's one way to tell. Really the gold standard for diagnosing something like ADHD is neuro-psych testing, which is a much more involved process that involves usually six or eight hours of (inaudible at 00:05:32) testing with a psychologist and then, you know, the creation of a written report that is usually between six and 15 pages long or so, and that's kind of the gold standard for this kind of diagnosis.

[00:05:54]

But, you know, you may have it and the questionnaires are good in terms of they can be helpful and better than nothing. Like I said, the treatment implications are pretty straightforward and there's not a big cost in any way associated with them, so you may as well try.

CLIENT: Well, she thinks that Ian has ADHD and she's meeting with whoever it is tomorrow.

THERAPIST: Whoever it is, like a mental health provider?

CLIENT: Yeah.

THERAPIST: Okay, as opposed to —

CLIENT: I forgot the name or title — something. I've got it here in a text. Developmental pediatrician.

THERAPIST: Yeah, I would have that diagnosed by a — you know, the best bet is a neuropsychologist who does testing or at least a screening.

[00:07:05]

The second best bet is an actual mental health clinician. It could be a social worker, psychologist or psychiatrist.

CLIENT: Way to poo-poo on her parade. She's had this appointment for six months. (chuckles)

THERAPIST: What do you want me to say? Somebody like a —

CLIENT: What is a developmental pediatrician?

THERAPIST: Well, it's a pediatrician who — well, there are special developmental fellowships, I think, where they — I don't know a lot about it, to tell you the truth, so maybe I — I think they do more training in socio-emotional stuff.

CLIENT: See, when I want to cover my ass, I tell people they've got to talk to a lawyer, and you're doing the same thing. You're like "Oh, they need some mental health."

[00:08:07]

THERAPIST: Well I —

CLIENT: Not to be analyzing you.

THERAPIST: (chuckles) I don't think I'm covering my ass because I don't have a stake in it, you know.

CLIENT: Yeah you do.

THERAPIST: I care about Ian (sp?) —

CLIENT: Well yeah.

THERAPIST: — and you.

CLIENT: But I don't have a stake a lot of times, but it's just more of a — it's not an actual cover-your-ass, it's just —

THERAPIST: Right, okay.

CLIENT: People are like "Oh, I've got this problem" and if it's something I don't deal with, I'm like "You should talk to a lawyer."

THERAPIST: Right. But you're probably right, aren't you? I mean, they probably should.

CLIENT: Yeah, it never hurts.

THERAPIST: (laughter) I'm saying that it can be difficult to diagnose ADD and people can often over-diagnose it.

[00:09:04]

That's largely because there are other conditions that can result in the same symptoms. It's good to work with somebody who is more specialized. The most specialized people are neuropsychologists. The second most specialized people are usually mental health clinicians that work with kids. The third most specialized are pediatricians. Not that they're bad, it's just that pediatricians do 900 different things, you know, 50 of which are mental health. I guess that's why I am I'm saying (inaudible at 00:09:54).

CLIENT: Well, I imagine it's not a regular pediatrician who is in there for cold and flu and swallowing magnets.

THERAPIST: Right.

[00:10:05]

CLIENT: I don't know who referred. It might have been her own therapist or whatever.

THERAPIST: Yeah, you know —

CLIENT: She's worried he's got — you know, his cubby is a mess. He's got food and he leaves stuff there.

THERAPIST: Every six-year-old boy whose cubby —

CLIENT: He leaves stuff.

THERAPIST: — is a mess and who leaves stuff, this is what I'm concerned about. If every six-year-old boy whose cubby was a mess, who lost stuff, who didn't follow their parents' directions, who didn't follow through with things, was diagnosed with ADHD then there would probably be three six-year-old boys and two of them who were asleep who did not meet the criteria for ADHD. (laughter) (pause)

[00:10:59]

Perhaps [nominally], I'm skeptical — I have worked with kids, many kids, who had other conditions that were misdiagnosed, often by pediatricians, with ADHD.

CLIENT: Well, the thing is, I don't think that Jess is going to go down the route of having Ian (sp?) taking medication, that whatever alternative — (phone ringing). It's a prisoner calling for Jess, collect, but the work number has been disconnected from the service.

THERAPIST: I see.

CLIENT: So in order for me to take the collect call, I have to go on and talk to an operator and give them a credit card to pay for the call.

THERAPIST: Wow.

CLIENT: It's times like this when they call, like I can't stop and "Okay, here's my credit card."

THERAPIST: Right.

[00:11:58]

CLIENT: Jess just needs to get her stupid clients to call the right number, you know. I tell her about it but I'm sure she forgets that she's got it, you know.

THERAPIST: Hopefully the person that they have an appointment with is good at diagnosing this stuff or is able —

CLIENT: Well, there's a six month wait to see this person, so they're clearly a specialist, you know.

THERAPIST: Right. Alright, whatever.

CLIENT: Well, maybe whoever is referring it thinks it might be something else as well.

THERAPIST: That's a very good point. I'm sure there could be conditions that could look like ADHD that are better ruled out by a developmental pediatrician than by a mental health person that (inaudible at 00:12:51).

CLIENT: I'm sure tomorrow, that's when the pediatrician recognizes that Jess is completely overwhelmed and just can't handle, you know.

[00:13:00]

THERAPIST: Right.

CLIENT: You know, I don't see [him having] it. I mean, I'm sure when Lucille is around he acts differently. Clearly whatever she has, he wants. Whatever he has, she wants. He's fighting for my attention when she's playing with me.

THERAPIST: Yeah.

CLIENT: When I have him over, he's downstairs playing with (inaudible at 00:13:34) and wants to watch America's Funniest Home Videos.

THERAPIST: Yeah.

CLIENT: You know, "Can we download Bad Piggies?" "No." "Can we download Bad Piggies?" "No. Okay, we'll download Bad Piggies."

THERAPIST: (laughter) Yeah.

[00:14:01]

CLIENT: I don't know. I had a title exam due yesterday that I kind of blew off. I was wondering if I had had the medication if I would've done it or not.

THERAPIST: Sometimes they prescribe stimulants for people who are depressed too. I mean, I hope it helps.

CLIENT: I was in the office doing it and there was a bizarre missing link in the chain of title. It was a lot of different lots coming from a lot of different ways. I had six of them. It dawned on me that this missing link, that they didn't put it in the title reference, but it had to have been through probate. It's like 2:30 and the probate court closes at 4:30 which I had Siri look up on my way flying down.

[00:15:00]

I pull up the index and sure enough, the guy who had the property died with a will, and all I need to confirm is this one person was the sole heir of the will or the person in the will to get the property. But it's in storage, the file is in storage. They're starting to put everything in storage now which fucks me because these are — typically the late 60s and 70s are when I need probates and those older ones, they order on Fridays. So they're not going to order it until Friday and I'm not going to have it until Tuesday.

THERAPIST: Oh.

CLIENT: And the title was due yesterday. So I left the registry and said I'll just finish the title and explain that I need to follow up on this a week from now.

[00:16:08]

So for some reason, I decide to go get Chinese food. Whenever I get Chinese food, I get way too much and I eat it all. I basically just fell asleep on the couch and never got up and finished the title. Even waking up at 11 and was up for several hours, I just blew it off. And I'm not really even anxious or stressed out about it. Really what was interesting is that Sunday morning was one of these days I get anxious about. I had to take Ian (sp?) to snowboarding.

THERAPIST: Right, you're taking him snowboarding and you're meeting Jess and then going to the game.

[00:17:01]

CLIENT: Right. Well, as we're driving out there I could just hear in Jess's voice when Ian (sp?) called her that she didn't sound good. She's like "I'm throwing up, I've been throwing up."

THERAPIST: Oh.

CLIENT: And I'm like oh shit, because the last time, the week before, I got in at about 11 and we had stopped at Dunkin Donuts and we didn't hustle to get out of there, so it probably would've been fine which was actually the first thing that kind of came — at first I was like, fuck. But then I was like, it is what it is and you know, if I'm a few minutes late then I'm a few minutes late. I get out to the slopes and Jess's mom agrees because they live right there.

THERAPIST: Right.

CLIENT: So she's going to meet me and she chose a different gas station, right where she would turn onto the route.

THERAPIST: Yep.

[00:18:00]

CLIENT: But then Jess was so sick that she needed her mom — because Jess was going out to her parents'.

THERAPIST: I see.

CLIENT: And that's what made it easy to meet, you know.

THERAPIST: I see. She was just going to drive —

CLIENT: Yeah.

THERAPIST: But then Jess —

CLIENT: But Jess needed her mom to come in, and so she was going to come in but she was going to do it with Ian (sp?). So she went in, and her dad ended up picking up Ian (sp?).

THERAPIST: I see.

CLIENT: So it all worked out. Just the whole thing, there was no anxiety, no stress, you know.

THERAPIST: Right.

CLIENT: I don't know.

THERAPIST: Well, good.

CLIENT: I have tickets to a rock concert Sunday night — when the AFC championship. My buddy can't find anyone to go, so I'm stuck with \$120 worth of tickets — \$130, \$140 worth of tickets. You know, they show you where the buyer alerts are on StubHub. Well, first of all, there's been no sales this year. There's only like six, seven, eight tickets available. But there are all these people with alerts at \$100 so I put it in at \$99, so we'll see if someone buys it today. Tomorrow is the last day. But I knew that was going to be my problem, selling the ticket when people want to watch the game.

THERAPIST: Right.

CLIENT: You know, it's a 6:30 game.

THERAPIST: Right. Everybody is going to be in the same situation as you.

CLIENT: So, you know, it's the same — rock concert and the football have the same fan base, you know. (chuckles)

THERAPIST: You're not too worked up about it.

CLIENT: No, I mean, I've already spent the money. I'm kind of getting used to getting screwed over.

[00:20:06]

But I just, you know, same thing as last Friday, I'm not as anxious. (pause) Kind of been thinking about, you know, yeah if I really do have ADD, how much different my life would have been if this had been discovered, you know, 30 years ago, 20 years ago, 10 years ago, five years ago, two years ago, a year ago, six months ago, you know.

THERAPIST: Six weeks ago.

CLIENT: (chuckles) Yeah. So that was kind of bothering me a bit.

THERAPIST: Are you upset with me for not wondering about it?

[00:20:55]

CLIENT: Not really, you know. Micah was kind of explaining to me how it's difficult sometimes, like it's kind of — you know, that's why even her talking to me, I think for her it was more of just "hey, let's try" more than really — she just saw the low motivation.

THERAPIST: Right.

CLIENT: She fixes things with drugs, that's what she does. I mean, you've got a history of not picking things up.

THERAPIST: (chuckles) What else did I not pick up?

CLIENT: (chuckles) The depression.

THERAPIST: (chuckles) I think I picked up the depression.

CLIENT: No, it was the marriage counselor that took me through the checklist.

THERAPIST: Oh no, I was pretty sure you were depressed. I think I probably had you diagnosed that way for —

[00:22:03]

CLIENT: You didn't bring it up.

THERAPIST: Oh, okay, that's very possible.

CLIENT: Yeah. No, I'm just giving you shit.

THERAPIST: Oh [that's also fun.]

CLIENT: So, yeah.

THERAPIST: Yeah. No, I'm sorry, I probably should have —

CLIENT: I know it's one of those things, and it's come up and I think we even talked about it before.

THERAPIST: Yeah.

CLIENT: I think we have talked about it because it came up at the hospital or somewhere else it came up.

THERAPIST: If I missed it, I'm sorry.

CLIENT: I'm actually — it never even crossed my mind that you would have been the person, so I never even thought about that. I just thought more the large or abstract. You know, it's one of those "if I knew then what I know now."

THERAPIST: I see.

[00:23:09]

CLIENT: But I didn't really, you know, spend too much time on that. It just popped in my head a few times. (pause) I'm wondering when I'm going to get extremely sick because, I mean, I did have that morning of diarrhea, but I'm wondering if that was it or if I've got something to come because I was around them on Saturday.

THERAPIST: So Jess got sick on Sunday.

CLIENT: Yeah. (pause) She kept the kids home yesterday. (pause) I still haven't done my laundry. Maybe I'll do it today. I've got to do my laundry. (pause)

[00:24:12]

I'm supposed to pick up Ian (sp?) today but Jess is going to pick him up, so I have my afternoon to go do all of that. (long pause)

[00:25:28]

Yeah, I've got to stop eating Chinese food. (pause) When I went to get the Chinese food, they've got a bar there. It used to be a bar, so when the Chinese guy bought the bar, he expanded. All the people who went to the bar kept going to the Chinese place, you know. It's the type of people who, you know, at 2:00 in the afternoon they're playing Keno and drinking. Townies. And as I'm going in, this guy asked me if I had a cigarette and I'm like "no" and he's like "Can I use your phone?" And I don't know why I asked, but I'm like "Who are you calling?"

THERAPIST: (chuckles)

CLIENT: And he rambles off some Italian guy, and then he kind of stops. He's like "Who are you?" You know, like maybe he shouldn't be giving me the number.

[00:26:35]

THERAPIST: Right.

CLIENT: Because he's drunk, you know. I was like "Who do you think I am?" or something like that. He's like "I know you know that I know who you are." (laughter)

THERAPIST: (laughter)

CLIENT: And I'm laughing in the guy's face, like "Who am I then? I don't think you know." And he's giving me this look, like I'm some gangster, you know. I'm like "Dude, I'm just going in here to get Chinese food, you know." (laughter)

THERAPIST: (laughter) Right.

CLIENT: So I'm in there waiting and I see him looking in the window at me. (laughter)

THERAPIST: (laughter)

CLIENT: I was like, am I going to get hit while I'm waiting here for Chinese food? (laughter)

THERAPIST: Well, I'm glad you're okay.

[00:27:31]

CLIENT: Yeah. (pause) It would've been a big relief, you know. A lot of pressure off my shoulders. (pause) I'm supposed to make our estimated tax payment today. Jess is waiting on a check and we're going to mail it out today without having enough money, hoping that check comes in. I've got a closing on Friday but that's not going fund until next Wednesday.

THERAPIST: Right.

[00:28:38]

CLIENT: So I don't know what to do there. I mean, I know they get a lot of estimates in and they don't cash them the day they get them.

THERAPIST: Right. Nobody is going to —

CLIENT: I doubt it's going to be a week. The state is pretty quick. That's only \$100-something, so that's not too bad. (pause) I would've had most of the money, but my car payment hit today. Yay car payment. (pause) I'm also trying not to bounce that \$1500 check where the client fired me.

THERAPIST: Right.

CLIENT: So I don't know. It's like I'm at the mercy of the IRS, asking them for this offer in compromise.

[00:29:38]

One of the things they look at is that you're making your payments. In fact, it is a violation of the terms to not make your —

THERAPIST: I see, make your estimated tax payment.

CLIENT: So while we're technically not under agreement yet, one of the considerations is, you know, what happened to the fourth quarter estimated tax. But once again, I'm not freaking out about it. A week ago I was, you know.

THERAPIST: Do you have any thoughts about your newfound calmness?

CLIENT: Blah.

THERAPIST: Blah? Is that what you said?

CLIENT: Yeah.

THERAPIST: Yeah.

[00:30:33]

CLIENT: I don't know. Just that one day — I think it's been — part of it was the ability to get into the office and do some work, you know. At least yesterday, although I didn't finish that title, I felt productive even though I wasn't. So I think that's helped. That's why I'm wondering if the Adderall works, how much that will change things, just getting work done. Take a couple extra ones and I'll clean the apartment. Sir Speedy. And if they don't work, I'm just going to sell the rest of the bottle. I probably could do better than the Klonopin.

[00:31:40]

THERAPIST: So it's kind of a win all the way around?

CLIENT: Yeah, you know. It's like I just have to wait until Phish comes back to town and walk through the parking lot.

THERAPIST: (chuckles) Those people would want to go in the other direction.

CLIENT: No, because once the show is over —

THERAPIST: Oh.

CLIENT: — they have to stay up all night raging.

THERAPIST: I see. Yeah, yeah.

CLIENT: That's what I, you know, suspect. I've never taken — she asked me if I had ever taken stimulants before, and I paused because I used to take ephedrine in college when it was legal.

THERAPIST: Oh. Wow.

CLIENT: Or is it eph-e-drine?

THERAPIST: Ephedrine.

[00:32:35]

CLIENT: I'd stay up late to work, to party, to play rugby. I used it as a stimulant. This was before I really drank coffee, you know.

THERAPIST: Did it help you study?

CLIENT: Yeah, it was very effective but, you know, they stopped the sale. I mean, you could go into a convenience store and buy it.

THERAPIST: Right.

CLIENT: They stopped that. You know, it's a bronchodilator so, you know. I forget the medication, but there was an over-the-counter that had it in it before they stopped that.

[00:33:31]

And when I would take it, I felt weird, you know, so I stopped. I was just like, this is crazy, so I turned to coffee. (chuckles) Because there was a story of a model in Florida that died taking a bunch of it. It was also used for weight loss.

THERAPIST: Right.

CLIENT: So I think I might've even been taking it for that as well. It definitely suppresses the appetite.

THERAPIST: Right.

CLIENT: (pause) We're supposed to get some snow tonight. And of course Jess wants me to take Ian (sp?) to school in the height of the storm.

[00:34:37]

I've got to get up early. It's like yesterday I slept. I kept waking up but ultimately didn't motivate until like 10, just because I was tired from the game, standing and watching Ian (sp?) snowboard and then going and standing for another all day, you know.

THERAPIST: Oh, you stand a lot of the game?

CLIENT: My section stands the whole game.

THERAPIST: Wow.

CLIENT: Because our angle, you know, we're in the corner. We just stand the whole game and tailgate. There are chairs but I stand, and my legs were pretty sore yesterday. Ian (sp?) progressed a little bit on snowboarding. I think they were going a little higher up, so they were going a little faster. While all the other kids didn't need help, he was holding the instructor's hands down the mountain. With the game being at 6:30 on Sunday, I won't have to worry about getting him out of there right away.

[00:35:43]

THERAPIST: You'll have plenty of time.

CLIENT: I might try and see if I can get him some extra runs. He's never done the tow rope. They've got a little bunny hill. Like the teaching hills have magic carpets, which he did fine with. All the other kids are hopping right on it and he's like inching forward, you know. He's a cautious kid, though. But after the lesson, there's just the bunny slope which has a tow rope. I don't know if I'm allowed to run alongside him as he's going up this thing to pick him up when he falls, because they'll shut the tow rope off.

THERAPIST: [Yeah, they'll shut it down].

CLIENT: But someone's got to pick him up or he ain't getting up. (chuckles) But I've been rushing him out of there where, you know, if he wants to take some more runs.

[00:36:37]

THERAPIST: (inaudible)

CLIENT: He's got a lift ticket until noon or something like that.

THERAPIST: Is he liking it?

CLIENT: Yeah. I think, you know, he even said he had fun even with — to him, he doesn't see it as regressing. He likes it.

THERAPIST: Good.

CLIENT: (pause) I went to the bathroom and did my morning puking routine, which has been less and less and less.

THERAPIST: Good.

CLIENT: Sunday morning was — I think because we went over Mosbie's (ph) house and I was drinking, and so I think it may have to do with dehydration a lot too.

THERAPIST: Uh huh. Like if you drink the night before, you'll do more puking.

CLIENT: Or even if I'm just dehydrated from drinking coffee or just not drinking water, you know.

THERAPIST: Yeah.

[00:37:36]

CLIENT: So recently I've been trying to drink more water, but I have to get up and pee more.

THERAPIST: Yes.

CLIENT: This morning I woke up —

THERAPIST: You mean as opposed to drinking less coffee and booze.

CLIENT: — I wasn't nauseous. Right.

THERAPIST: (laughter)

CLIENT: Asshole. (chuckles) But I came back into the TV room and he was in his PJs, but he had his snowboarding helmet on. You know, if he doesn't pick it up this year, I'll do lessons again next year. He has it in him, you know, I think he's just a little nervous about falling.

THERAPIST: Yeah, sure.

CLIENT: And I kind of whacked him on the head, you know, and he's kind of sensitive. Same thing with his bicycle helmet, you know. He starts crying when I do it, but for me it's just habit. You see a helmet, you whack it.

[00:38:35]

The instructor accidentally bumped into his head when he was sitting down, and I could tell he kind of whined a little bit about that. I don't know if his helmet doesn't fit him or he's just sensitive, you know. So to make him stop crying, I told him to hit me in the head. He's not very strong. It's like "harder, harder, harder." (pause) He started working on his Derby car.

THERAPIST: Yep.

CLIENT: Oh God.

THERAPIST: Pain in the ass.

CLIENT: Well at least, you know, every year I'll be a little better. (laughter)

THERAPIST: (laughter)

CLIENT: But he wants to do a bumper car which entails adding wood to the top which, you know —

THERAPIST: Why do you have to add wood to the top for a bumper car?

[00:39:33]

CLIENT: Just the way a bumper car is shaped.

THERAPIST: Oh, okay.

CLIENT: The size of the block is not big enough, so you've got to build up the back.

THERAPIST: I see.

CLIENT: And build up the front. I don't know. He wants to put football stickers on it. I went to the Cub Scout store to look for some stickers, but nothing really jumped out at him. Except all the badges and pins and buckles.

THERAPIST: Yeah.

CLIENT: He was supposed to get a badge, but there was a miscommunication among the Scout leaders and he didn't get it.

THERAPIST: Oh no. What does he have to do to get it?

CLIENT: I'm really not even sure. You've got to do what they call a go-see-it where they went to the fire department. Something with your family. I think some of the activities they do qualify. Helping out the old folks and giving them cookies and make Christmas cards for them, you know.

[00:40:37]

I think that's the community event. But stupidly I told him "Oh, you're going to get your badge."

THERAPIST: Oh.

CLIENT: But he was so into the car, and they also made these bracelets out of parachuting cord —

THERAPIST: That's cool.

CLIENT: — that he —

THERAPIST: He didn't care?

CLIENT: The badge was the farthest thing from his mind. His leader is a bit — I would not leave him alone with his leader.

THERAPIST: Oh really?

CLIENT: Yeah.

THERAPIST: Eww. Does this leader have a kid in the troop?

CLIENT: Mmmm-hmmm.

THERAPIST: [But he can't] —

CLIENT: And the wife is always there.

THERAPIST: Yeah, but he's still kind of creepy.

CLIENT: Yeah. It's a general level of creepiness. It's not like, you know — he's done absolutely nothing to suggest pedophilia or affection for kids.

[00:41:35]

THERAPIST: Right.

CLIENT: He's actually a bit introverted, but he seems overwhelmed and he's taking classes for something. I don't want to talk to the guy, so I really don't know all the answers, you know.

THERAPIST: Right. But you —

CLIENT: But he's in class for something and he's overwhelmed.

THERAPIST: — just get a creepy vibe off him.

CLIENT: Yeah, he's just a weird dude. Just a weird dude, you know. But I wouldn't take the chance.

THERAPIST: Yeah.

CLIENT: Ian (sp?) and I in May are going to spend the night on a battleship.

THERAPIST: Oh, that's cool.

CLIENT: You sleep in the bunks and eat in the mess hall.

THERAPIST: Neat.

CLIENT: They do tours around the battleship and all kinds of activities.

THERAPIST: Cool.

CLIENT: Unfortunately we've got to wait until May. The fundraising that they do, they used to subsidize these things so instead of it being \$55 a person, it was only \$30 a person.

[00:42:41]

THERAPIST: Nice.

CLIENT: It's still expensive, but not.

THERAPIST: Yeah, not too bad.

CLIENT: For a weekend to entertain him and have fun. It's an overnight that's not out in the woods where Jess is freaking out about Lyme disease, you know.

THERAPIST: Yeah.

CLIENT: That's going to be the interesting thing next summer, whether she'll let him go on an overnight in the woods. It's almost not even worth doing it because I'm -

THERAPIST: Right, because of her anxiety.

CLIENT: Got to be wearing a full beekeeping suit.

THERAPIST: Hazmat suit. (pause)

[00:43:45]

Well, I hope the Adderall helps.

CLIENT: (pause) Yeah, we'll see. Tomorrow I have nothing on the docket, so we'll see what happens. I've got a bunch of titles I need to do.

THERAPIST: Yeah, I imagine it would — sorry, go ahead.

CLIENT: So it's supposed to work immediately, right?

THERAPIST: Yep.

CLIENT: So we'll see if I'm productive tomorrow. I hope I'm productive today. I've actually been trying to plan. If I do the titles today, then I can do my laundry tomorrow.

THERAPIST: Right.

CLIENT: I probably could bring my computer and do titles while I'm doing my laundry. If I was — but I won't do that.

[00:44:34]

THERAPIST: We need to stop for now. We'll talk more on Friday.

CLIENT: Yes. Closing on Friday. Hopefully I get my docs tomorrow. I'll have to work on that. But I have a feeling they'll come late on Thursday. (inaudible at 00:44:54).

THERAPIST: Oh yeah, thanks.

CLIENT: I'm more worried about you because have you gotten the flu shot yet?

THERAPIST: (chuckles) Nope.

CLIENT: Well now it's probably too late. They say it's waning.

THERAPIST: Yeah.

CLIENT: But that it might come back. So don't get sick.

THERAPIST: Thank you.

END TRANSCRIPT