

TRANSCRIPT OF AUDIO FILE:

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BEGIN TRANSCRIPT:

THERAPIST: Hey.

CLIENT: Hey.

(pause)

CLIENT: So, on Friday, my brother calls me. And, I don't know, he's not doing well. He quit his job. I don't know. He was dating this woman, who sounds horrible, and [chuckles] –

THERAPIST: She sounds horrible?

CLIENT: Yeah. I don't know. [00:01:00] I don't know. So, he's not doing well, but, I don't know. I talked to him on Friday. And he said he just felt crappy all week. But he felt a little bit better and, so, and then, I guess Saturday . . . I don't know. The same stuff. I don't know. I don't know. I don't know, like he just wanted company. He'd been alone all week. I don't know.

So, yeah. Talked to him Saturday. I don't know. I guess on top of everything—I don't know. This woman he was dating. [00:02:00] I don't know. It was even a tab (ph) on the relationship. Pressuring him to pay her, I don't know, a couple thousand dollars or something.

My brother's just turned 27. This woman is 41 years old. [chuckles] I don't know. I don't know. She knows about our situation. He doesn't have any money. I don't know. He has problems with depression. I don't know. Just quit his job and he's not feeling too hot right now. I don't know.

I guess (inaudible at 00:02:50). He didn't tell me the whole story, but I'm sure something happened where she abandoned (ph) him and she sent him an e-mail, basically. Very rude. [00:03:00] "You owe me this amount or you can sign over the lease to your car." I'm like, "What the fuck?"

I think this is just—not that—I don't think it's so much the money's the issue. It's just –

THERAPIST: Asking.

CLIENT: the—getting—how he allowed himself to get into this situation. I don't know. Kicking him while he's down, I guess. I don't know. Yeah. I don't know.

So, he told me was going out with some friends Saturday night (inaudible at 00:03:45), I don't know. Now, he had (inaudible at 00:03:48) called me several times, but I didn't get it because I was sleeping. I don't know. So, it just made me extremely worried about him.

I pay for his phone bill, so, I can go online and see who he's talked to. [00:04:04] So, I had called a few numbers. I had no idea who I was contacting. I was just numbers. I say, "This is Stephen's sister. I'm worried about him. Would you check up on him (inaudible at 00:04:21)?" A few people I had met when I went out there, it was (inaudible at 00:04:27). It wasn't completely random. I don't know. I contacted his roommate and stuff, but I don't know.

So, yeah. I don't know. I don't know. Finally get him on the phone again, Sunday, like noontime. I don't know. Just feeling really low. I don't know. He actually wants me to [chuckles] call this woman and tell her to back off. I was like, "Well, I think that will just make things worse if she's serious." [00:05:02] "Impossible, it's just the way she was so I would just wait to do that, if you really want me to do it."

I don't know. I don't know. I guess there's just been a lot of stress and I'm worried. I don't know. Because I know one his really good friends—(inaudible at 00:05:27) I think his name is Harris. I usually always contact him when I'm worried about Stephen, but he was out of town. Yeah. I don't know.

His roommate is—I don't know. Never get (ph) the phone. (inaudible at 00:05:52) his phone is always off. So, whenever I try to contact him, I'm always—I don't know. It's only been ten years later. [chuckles] I don't know. [00:06:01]

Anyway. I don't know. I was just like, "Well, we need to make a plan, here. We'll get you," I don't know, "health insurance. We'll get you whatever. We'll figure something out. And then, try to get you some help in terms of," I don't know. Because I think he—it's not like he hadn't tried several times to see people, but just—I don't know. Without insurance to get a, I don't know, consultation. I don't know. Just a lot prices are outrageous. I don't know. I don't know. I don't know if it's because he's in Miami and they have all these fancy, I don't know, recovery centers [chuckles] or something. I was like, "There's got to be something else." I don't know, (crosstalk at 00:06:57).

THERAPIST: Right. A community clinic.

CLIENT: Right. I don't know. [00:07:00] I was like, "Where are you," I don't know, "looking at?" I don't know. But, yeah. I don't know. So, yeah. So, yeah. Now, I just don't know really what to do, because I—I don't know. I don't know. I live far away and I feel like he needs someone to push him a little bit because (ph) he's feeling low. I don't know. And getting job isn't completely—I don't know. I don't know. But [we'll see] (ph). [00:08:00]

(pause)

THERAPIST: Do you want concrete suggestions, as far as finding [per year] (ph) low-cost mental health (inaudible at 00:08:24)? I know that's not—(crosstalk at 00:08:30) it's only a small part of this.

CLIENT: Well, I'm going to—I was looking into it. I forget exactly the name of it, but it was near Southwest—it was basically people are finishing up their Ph.D. who needed hours. And I think it's you pay on a sliding scale. So, I told him to look into that. You pick whatever you can kind of thing. [00:09:02] I don't know. I thought that would be good, because I feel like—I don't know. I don't know. These people would be super-eager to help him (ph). And they're being advised or (inaudible at 00:09:19).

THERAPIST: Mm-hmm. [It's student-run] (ph).

CLIENT: Yeah, yeah. I don't know. I suggested that. (inaudible at 00:09:27), I don't know. I don't know. I have a plan [in my head] (ph), trying to get him healthcare so he can—if he needs prescription and, I don't know, he can get some. I don't know. We'll see. I don't know. Other than that, I don't know.

[I don't know] (ph). I probably (ph) just like having someone there. I don't know. [00:10:00] (inaudible at 00:10:04) should we do these things (inaudible at 00:10:05). [I don't know] (ph). And also just needs the support of (inaudible at 00:10:10). Yeah.

And I would like for him to move out of Miami, but he has to stay there until April 1st, because he got a DUI (crosstalk at 00:10:40) over a year ago. And he has to finish up this contract thing. I don't know. I guess you leave April 1st or something. But until then, it's—he has to stay there. I don't know. [00:11:00]

(pause)

THERAPIST: You must be really worried.

CLIENT: I am. I don't know. It's, I don't know, hard to be—I don't know. So worried about something that doesn't—not able to directly, I don't know, deal with it or—I don't know. So, I'm basically just—I go back and forth between, I don't know, trying not to think about it and, I don't know, being worried. [00:12:00] But we'll see. (inaudible at 00:12:09)

(pause)

CLIENT: I guess if you have any other suggestions. I'll just go across—I don't know. Counseling.

THERAPIST: Well, first, let the record show that I am offering concrete and (inaudible at 00:12:55). [chuckles] [00:13:00] I know if it were around here and I didn't know the area, what I would do would be to try—call a psychiatry department at one or more of the hospitals. Or possible even an ER. See if you can get ahold of the psych ER and ask if there are good community clinics or other low-cost mental health clinics. Those will sometimes provide sliding scale work for your treatment to people who don't have much income. Around here, I'm not quite sure how it is now, but there are clinics I know in Brighton and Manchester. There are community clinics. [00:14:00] Or even at some of the hospitals, like probably MGH, Manchester Hospital. (inaudible at 00:14:07) Mental (ph).

You could pretty much just walk in. I mean, I don't necessarily mean walk in and get an immediate appointment, but walk in and get treatment. Sometimes pretty good treatment. Often by trainees, which is what he'd be getting, I guess, where you found.

But as you say, they're either and hopefully well-supervised. And sometimes, the people supervising and running those clinics are really very good. Sometimes not, but I guess that just expands or elaborates your thought with it, along similar lines.

But, yeah. If you called outpatient psychiatry at a hospital in the area, they could probably just tell you what's offered there, as well as where else you could go. [00:15:04] Because that's probably a referral they have to make a lot.

CLIENT: Right.

(pause)

THERAPIST: Yeah, I don't know anybody who practices out there who I know firsthand. But if you get stuck, let me know. I can probably find somebody who does.

CLIENT: Okay (ph).

(pause)

[00:16:00]

(pause)

CLIENT: I don't know. I know I got asked to this. I don't know. I don't know. I told my mom, even though I'm sure my brother would hate that, what's going on. [00:17:01] And I don't really—I don't understand or get what my brother has against my parents, other than—I don't know. I don't understand that freeze-out or whatever he was doing. I don't know. I don't know. He's just blaming them for his situation, but I'm not quite sure. Whenever I asked him, I don't really remember or—because it must just not make sense to me (inaudible at 00:17:38).

I don't know. So, my mom's so worried and all these other things. And she asks about him all the time. I'm just like, "Well, why don't you—" I'm always like, "Be proactive with (inaudible at 00:17:55)." Just seem to never tell you these things. I don't know, flop over and she's like, "I just want him to come home." [00:18:04] And I'm like, "Well, that's not an option. I don't think that's good for him"

I don't know. I don't know what it is. This lack of look into things, do things, I don't know. I don't know. I don't know. I don't know, but it's (inaudible at 00:18:41).

(pause)

[00:19:00]

(pause)

THERAPIST: Well, (inaudible at 00:19:46) maddening in two respects. One, in which . . .

[00:20:00]

(pause)

THERAPIST: . . . it would be good from practical point of view, because she just dealt with this, rather than being so passive. But in other ways (ph), I think it's . . . imagine her passivity and floppiness and maybe even paralysis really pushes a button for you.

CLIENT: Right. Well, I don't know. I think (ph) both of those. I'm, I don't know, siphoning her the information. I don't know. She always twists it or—I don't know. Or makes it worse or—I don't know. [00:21:00] Makes me feel guilty or something. I don't know. I just don't want to deal with it. I don't want to—but I—I don't know. I don't know. I don't know. But I feel like I have to tell her. And I feel like I can't, I don't know, I can't take this burden alone. Contacting all these people. Calling all his friends. I don't know. (inaudible at 00:21:44)

(pause)

THERAPIST: I wonder if you also feel that way here, at times, with me about the things that you bring up. [00:22:04] You then have to deal with them it feels like largely on your own.

(pause)

THERAPIST: I'm not saying it's the same as—with your mother, but I wonder if there's an aspect to it that can feel similar.

CLIENT: Mm-hmm.

(pause)

[00:23:00]

(pause)

CLIENT: Or I think it's just . . . I don't know, I want—I don't know. I don't know. Someone or, I don't know, (inaudible at 00:23:33) stepped in and saved the day, I guess. I don't know. I wish she would—I mean, I know she can't or—I don't know. But I wish someone was like, "Okay, look. Here it is. This is what we're doing. (inaudible at 00:23:48) do it." I don't know. She just doesn't want that or any responsibility to deal with this. And I know she can't, because she can't talk to Stephen, but I don't know. [00:24:03] I don't know. I don't know, but . . .

THERAPIST: Well, she could be proactive. I mean, I get what you mean, that she can't call him up. And it probably wouldn't help for her to let him know she's been speaking with you. But in terms of being supportive of you and also in terms of, I don't know, trying to find him treatment or help him financially.

CLIENT: I don't know. I don't know. I think I'm just hyper-critical of her, because she doesn't—I don't know. She doesn't do anything. [00:25:00] I don't know. I'm always like, "What do you do all day?" [I don't know] (ph). So, I don't know. I know it's hard and whatever, but I don't know. (inaudible at 00:25:16) I feel like . . . [I don't know] (ph). And (ph) I just feel like she just wants to be stuck in these ways. She doesn't want to deal or . . . [I don't know] (ph).

THERAPIST: Well, yeah. Which is one problem in and of itself and another problem in as much as it leaves (ph) everything on you.

CLIENT: Right. [00:26:00]

(pause)

[00:27:00]

(pause)

CLIENT: [I don't know] (ph).

(pause)

[00:28:00]

THERAPIST: I wonder is it also frustrating for you because part of the way that it pushes (ph) up for you is that I think you feel overwhelmed a lot. And often have suck that up, in a way. And figure out what you're going to do, anyway. In a way, that feels like you've got a bootstrap or you've got to figure how you're going to handle something even when it would be pretty easy just to shut down or look away from it. And . . . she doesn't . . . seem (ph) to do that. [00:29:05] She crumble and wilts.

(pause)

CLIENT: Right. I don't know.

(pause)

CLIENT: I just because it's such a difference from, I don't know, my interaction with her or being—she was so strong or unwavering or she comes off like—I don't know. [00:30:13] I don't know. I don't know, probably like how I come off, just blunt (ph) or something. I don't know, it's just—and then now, it's—I don't know. It's not about sports or—I don't know. She's just like, yeah, doesn't want any part or doesn't know how to deal with it or—I don't know. It's just such a difference, I don't know. And I don't like—I hate talking to strangers. And I have to call them on the phone for Tyler. And I feel like those aren't (inaudible at 00:30:59) to call these people. [00:31:01] I don't know. But, yeah (ph).

(pause)

THERAPIST: Yeah, and then their friends (inaudible at 00:31:43) it's like a backstop (inaudible at 00:31:45), I guess. She isn't. And you have to be for him and for yourself. [00:32:00]

CLIENT: Right.

(pause)

CLIENT: I don't know.

(pause)

[00:33:00]

(pause)

CLIENT: I mean, I guess I'm just—I don't know. I don't know. I don't really want to—I don't know. I don't know, spend too much time, I don't know, thinking about her or (inaudible at 00:33:59) when he, I don't know, blame her or whatever, family (ph). [00:34:04] I don't know. I need to worry about, I don't know, other things. [I don't know] (ph). [We'll see] (ph).

THERAPIST: I think (ph) if you got too emotional about it, it would be hard to (inaudible at 00:34:37) what was done what you need to do?

CLIENT: Right. And then, she's not going to change. I'm never going to be happy with that situation. Or it's not going to be the way I want it. [00:35:00]

THERAPIST: Yeah, no, I'm not trying to make an argument that you should (inaudible at 00:35:04). I'm just saying it seems to me like that's the worry.

CLIENT: Right.

(pause)

[00:36:00]

(pause)

[00:37:00]

(pause)

THERAPIST: Yeah, it doesn't sound like you have a whole lot of backup anywhere.

(pause)

CLIENT: I mean, I talk to—I don't know. [00:38:00] I mean, I don't think that's true, but (crosstalk at 00:38:07).

THERAPIST: Well, good. I would rather that not be true. [chuckles]

CLIENT: I don't know. I talk to a few of Stephen's friends. And two of them are older. One guy I talked to about (inaudible at 00:38:24). I've never even heard of. But he was in his 50s. [chuckles] He was actually with Stephen on (ph) Saturday night, that's how I got his number. It was one of the last ones (crosstalk at 00:38:35) called. And his friend Harris is older, as well. In his 40s. I don't know.

And in talking to them, they seemed, I don't know, proactive. We can do this little (inaudible at 00:38:47) and then (crosstalk at 00:38:48). I don't know. People like Marlowe and Vicki are very (crosstalk at 00:38:55). Anything that we're looking up stuff for, [going down] (ph) with me or giving me options, so, yeah. [00:39:06] [I don't know] (ph). [I don't know] (ph).

Yeah. I don't know. I don't know. I guess I'm like a, I don't know, point person or something. [chuckles]

THERAPIST: A what?

CLIENT: The point person. So it's like, "All right, here we go."

(pause)

THERAPIST: But you do have help.

CLIENT: Right.

THERAPIST: Both for yourself and for him directly. [00:40:00]

CLIENT: Yeah.

THERAPIST: Good.

(pause)

[00:41:00]

CLIENT: Yeah. I mean, it was just (inaudible at 00:41:11) like, I don't know, like a [wait and see] (ph).

(pause)

[00:42:00]

(pause)

THERAPIST: I guess another thing you could do and probably need insurance for this, but be day treatment for a few weeks.

CLIENT: Is that just like you're all-day (crosstalk at 00:42:29)?

THERAPIST: Yeah, you go like—right here, it's usually 9:00 to 3:00 and it's mostly group-based. And it's mostly skills (ph). So, it's a lot of CBT and DBT. Do you know what those are?

CLIENT: (inaudible at 00:42:41) and cognitive-based therapy. Yeah, I just know that abbreviation. I don't really know much about (crosstalk at 00:42:46).

THERAPIST: Yeah, they're pretty structured and problem (ph) focused. Very focused on strategies for dealing with how you feel and things (ph) you need to function, everything (ph) like that. [00:43:00] Yeah, and it also—it adds some structure to your day. It makes sure you're around people. It can help get you hooked up with outpatient treaters (ph) for afterwards, stuff like that. Or ongoing groups. And when somebody's pretty stuck or they're really having a hard time or have the people around them really quite worried, which it sounds like he does, it could be . . . a way he could really retrench, again. Whereas if he starts with a new outpatient therapist, he's going (inaudible at 00:43:51) but probably once or twice a week.

CLIENT: Right.

THERAPIST: It takes a while to get to know them.

CLIENT: Right.

THERAPIST: And then you start with a prescriber he might see every couple of weeks or so, in the beginning. [00:44:03]

CLIENT: Right.

THERAPIST: Whereas this would be . . . a lot more structure. A lot more time (ph) and engagement. A lot more immediate help, which it sounds like he might need. I mean, if he's really suicidal or something, then he probably (inaudible at 00:44:28) inpatient (inaudible at

00:44:28), but I'm not hearing that from you.

CLIENT: I'm not really sure (inaudible at 00:44:36).

THERAPIST: Then, yeah, I think he probably need insurance for that kind of a day program. Or an outpatient program. But once he's got insurance, he could probably . . . start one. And you or somebody else could call up a hospital or hospitals near him that offer that. [00:45:06]

CLIENT: Yeah (ph).

THERAPIST: Well, we should stop. Yeah.

CLIENT: [Good night] (ph).

THERAPIST: (inaudible at 00:45:25)

(pause)

END TRANSCRIPT