

Derek: Okay. So George, I am really happy we got to sit down and have this meeting today. Is it okay if Lue Ann sits in on the meeting with us?

George: Yeah. Hey Lue Ann.

Lue Ann: Hi. Nice to see you again.

George: Nice to see you. I'm so happy to see you here.

Lue Ann: Aww, thank you. I'm happy to see you.

Derek: So George, I know you had a few doctor's appointments last week. I wanted to hear how they went. I'm really proud of you being able to go on these doctor's appointments on your own. I believe you saw a medical doctor and the psychiatrist. How did it go with the psychiatrist?

George: Yeah. There's so many doctor's appointments.

Derek: I know.

George: Psychiatrists, which one was that?

Derek: That's the one where they give you the injectable medication.

George: Oh. You mean when they're trying to steal my body?

Derek: Well, this is ... What's the medication that you get? Do you know what it's called?

George: Yeah. It's Risperdal. Derek, I used to be on the pills. That was so much better. Now these needles ... The needles, I don't like it Derek. I don't like it. I'm telling you, this doctor, he's trying to steal my body with these needles.

Derek: I'm really sorry that you feel that way George. I know that before you were hospitalized you had taken the Risperdal tablets for quite a while I believe. Lue Ann, you worked with George. Was the medication fairly stable? Do you remember?

Lue Ann: Yeah. It was working pretty well at that time.

Derek: Yeah. So looking back in your records ... I know when I first took over working with you George, it seemed like you'd done very stable on the pills. What did the doctor say when you told him your preference to take the tablets instead?

George: He doesn't even look at me. His head is in the paper. He ignores me. I don't even think he knows that I'm in the room half the time. All I know is that he comes in, the needle is there. And I know it, I know he is trying to steal my body. And I don't like that needle. I don't want it.

Derek: Yeah. Well, I don't want to see you in distress. I really don't want to see you taking medication that you don't want to take. What do you think would help in this situation? What can I help you with George?

George: Derek, my old case ... Lue Ann, you remember him. He was so good. He would come. He was so good Derek. I mean, he would help me at the psychiatrist all the time. I really miss him. How's he doing Lue Ann? How is Bob doing?

Lue Ann: I haven't heard from him in a while. Sorry.

Derek: Yeah. I haven't either. But if-

George: Bob was a good guy Derek. Bob was so good. He was really good. And he would help me. He would come to the psychiatrists. He would come to my appointments. I think I need that. I think I need somebody like Bob.

Derek: Alright. Well-

Lue Ann: I actually have known Derek from some conferences and things before he started working here, and he's a really good guy too.

Derek: I can definitely help you George. And if you would like me to come with you on the doctors appointments like Bob used to, I can certainly do that with you. Was that something you'd like?

George: You mean for Bob to come with me?

Derek: No. Unfortunately, Bob doesn't work with the agency anymore. He had taken a job somewhere else I believe when you were in the hospital. So I'm gonna be kind of primarily responsible for making sure you get to the appointments that you need to get to, and basically that your voice is heard. I want you to be a good advocate for yourself. And if you need me to help you do that, then I'm more than happy to do that.

George: Are you gonna try and steal my body too?

Derek: I assure you I am not. I have a body that I am really happy with. And I don't really have any need to steal any other bodies.

George: Okay. Alright. If you're gonna help me with the psychiatrist, maybe I'll try you out.

Derek: Alright. That's a good thing. And if you don't like how it goes, we can certainly talk about it. Okay? So what I think might work is, what do you say we set up ... When are you seeing your doctor again? Is it every two weeks you have the injection?

George: Oh, I don't know. It's on the paper. I got to find it.

Derek: Okay. You take a look for that paper. I think it's definitely not gonna be next week, 'cause you just got it. And we will set up a meeting before that, and we'll talk about what you want to say to the doctor. You can explain to him the side effects you're experiencing.

George: Oh, yeah. I'm dizzy. I'm so dizzy all the time Derek. This needle, I think the needle goes straight to my brain. And it's making me dizzy. My brain is all over. It's like basketball in my head.

Derek: Yeah. I can understand that's got to be really tough. So let's come up with a plan. Let's figure out what you're gonna say to the doctor. I want it to come from you, because it's important that he hear that. And if he has his face in the papers like you said, then I'll make sure that he's paying attention to you. So does that sound like a plan?

George: Well, I want you to make sure I don't have to do the needle.

Derek: Well, I am not ... That's really gonna be up to you. You have the choices to whether you want to take the medicine or not. What I'm gonna help you with is help you make your voice heard, and your feelings and opinion heard, to your doctor, so that he takes you more seriously.

George: Okay.

Derek: Alright? How did it go with the other doctor, the medical doctor, you saw this week?

George: What was that?

Derek: You had gone, I think it was last Thursday, to see the medical doctor. You hadn't seen him in a while. Remember we were saying it was probably good to get a physical.

George: Oh, yeah.

Derek: Do you remember anything that happened there? Did he say anything to you?

George: He said I am ... I don't know. It was something about tension. I don't know. I'm telling you Derek, I think this doctor too Derek, I think he ... I don't know. There's something about it. All I know is he said tension. I got tension.

Derek: Okay. So did he give you any kind of paperwork, or medication scripts, or anything like that?

George: Oh my god. They give you so much. I don't know. I can't remember. There's so much. I have to go to the one doctor that's trying to steal my body. And now this doctor. There's so much for me to ... It's a lot.

Derek: Yeah. Well, what do you say maybe we can ... It's important that you know what the doctor means when he says tension. So maybe we can find out some more info when

you meet with me next week to prepare for the psychiatrist visit. We'll call your doctor, and maybe see what he meant when he said tension. And also, it might be good for the medical doctor to talk with your psychiatrist too. What do you think about that?

George: Oh. You know what? He's gonna ... No. I don't know. I don't know. I'm nervous. I'm nervous that the medical doctor's gonna want to steal my body too.

Derek: Alright. Why don't you give it some thought-

George: That psychiatrist is gonna ... with the needles ... I don't know. I don't know. I'll think about it.

Derek: Think about it. Here's why I think it might be a good idea. And you can tell me next time we meet whether you want to do it or not. But when we have a doctor giving us medication, and then a second doctor is treating us for something else, it's really helpful to have the medical doctor talk to, in this case it would be a psychiatrist, or it might be a pediatrician, or any kind of other specialist, because their information about you, shared with one another, can actually make you feel better, help you get over things faster, and prevent any kind of potential complications. So it's really good to have your doctors communicating with each other, especially people from your medical doctors, the one that was talking about your tension, and the doctor that I know you're not a big fan of right now, that is writing the prescriptions for your injection.

George: I wonder if my medical doctor, if he'll help me maybe get back on the pills. I wonder.

Derek: Yeah. That could be. Because I know you had seen this medical doctor ... it had been a while since you'd seen him, but you did see him many years ago. So he might be able to share with your psychiatrist now, who is new to you, how things were when you were on the pills. That's a good idea. Yeah. I'm glad you brought that up George. So what do you say, I'll give you a call a little bit later? I need to plan with Lue Ann a couple of appointments I have to schedule as well. But I'll give you a call later, and we'll set up a time to go over what we're gonna say to the doctor, and call your medical doctor and find out more info.

George: Okay. Alright. Lue Ann, what's new? How's Bob?

Lue Ann: Well, I actually haven't heard from him in a while, so I'm not sure.

George: Okay. Alright Derek.

Derek: Okay. So I have your number. I'll give you a call a little bit later today. Okay?

George: Alright. Thank you.

Lue Ann: See you later.

George: Thank you Lue Ann. Bye.

Lue Ann: You're welcome. Bye bye.

George: Nice talking to you.

Lue Ann: Yes. Nice talking to you too.

Derek: Take care George. Alright. So I'm getting there with George. Right Lue Ann?

Lue Ann: I think so. Yeah. I think you are. I mean, he really is enamored with Bob. But he's going to form a really good relationship with you too, because you've been taking the time to really hear what he has to say. That's so important.

Derek: Yeah. I think so. I'm proud of him for wanting to advocate for himself. I think he just needs some help in that area. And I'm totally ready to give it to him. So let me give you a quick update on [Michela 00:10:26]. I'm really excited. So you know she was over last week. And we talked about maybe going to Board of Social Services. And she did agree to do it. We went Monday. And it was a long affair. It wasn't as long as Social Security, so that made her happy. But we got her ... The nice thing is they tell you right away, like it looks like you'll be approved or whatnot. And they think it looks good for her. They understand that the Social Security benefits take time. So she's gonna get her temporary general assistance. And she's got Medicaid now. But actually, the thing that was even more exciting that happened was just in our talking again. We were waiting so long for the appointment. She told me that she wants to stop drinking.

Lue Ann: Wow.

Derek: Yeah. That was a really big step. She said that it's been such a part of her life, but she hasn't really felt like she's had the support. And being in our agency, she's starting to feel like maybe she could do it.

Lue Ann: Wow. That's great.

Derek: Yeah. It was a really big step. So we're gonna meet a little bit later actually, and talk about a plan for that. So how is it going with [Mick and Bianca 00:11:43]?

Lue Ann: Well, I think it's going pretty well. I think that they're both have been, since the discharge ... When Bianca got out of the hospital, I think they've both been really happy with each other. They've been talking really sweetly and fondly about each other. In fact, Bianca was just saying the other day, that she ... She was talking. She sounded kind of giddy. And she was saying that she's extra emotional, like she felt like she was sort of in love. And then kind of getting tearful when she heard love songs on the radio, or she saw something lovey-dovey on the TV. So she sounded like she was kind of little bit moody there. It was good. But I wasn't sure what was going on possibly with her condition, her status at the moment.

Derek: Yeah. I mean, that's a little alarming, just because she has bipolar disorder. Is that-

Lue Ann: Yeah. That's what's ... Yeah.

Derek: So alright. Well, I hope she can work through that. But you said overall things have been pretty good with her and Mick. So maybe it's just a rough spot.

Lue Ann: Maybe, maybe. I mean, the relationship, yeah, pretty good. I mean, something else that's going on with her though, she had told me she was nauseous. A couple of weeks ago I think I mentioned it. And then she said that she was like ... She's on this new kick where she's on this vegetarian diet. And she felt like she was having cravings for red meat again, but she's adamant about not having to go that route. So I was thinking that, well, if you're not feeling so well, and now the moodiness, I wasn't sure if she should see somebody for some kind of follow-up. But when I tentatively brought up the subject, she was like ugh. She's very against traditional medical care. She's upset that she had to have been in the hospital. And okay, it helped her. But she's really not feeling that traditional medical care route.

Derek: Yeah. So does she have another option?

Lue Ann: I don't think so.

Derek: I'm not too familiar with what other options she could do.

Lue Ann: Right. I don't think she's too familiar with it either. I think she wants to see somebody, like some type of alternative doctor. She's been mentioning stuff about massage, and chiropractors, and stuff like that.

Derek: Oh, okay.

Lue Ann: Yeah. And I think she has a friend who might have got help from an acupuncturist with the person's allergies and stuff. So I think she's kind of into that lately. So I did mention to her though, that whoever we ... if I could help her find somebody, whoever she finds, we want to make sure that this person is pretty savvy about overall wellness about her emotional and mental health too. Because that's a major thing that she's been managing for a while. And I want this new doctor, whoever he or she may be, to be very knowledgeable about the overall situation.

Derek: Yeah. I think that that is something totally you can help her with. And are you gonna try and, I guess, link her to a doctor like that?

Lue Ann: Yeah. Yeah. I'm actually going to be meeting with her either later today or tomorrow. I have to call her. And we're gonna talk about it a little bit more, explore what she wants, and see about her insurance, and stuff like that. Because sometimes insurance doesn't always pay for the doctor that you really, really want, or the type of doctor you want. So we've got to make it all fit. We've got to make it fit.

Derek: Alright. Cool.

Lue Ann: Yeah. And what's been going on with Mick, as I said, he's very happy with Bianca, the relationship. But he did say that at work, like I don't know, it was in the stockroom or somewhere in the grocery store, he said he felt like ... he said it might have even been a mini heart attack. I don't even know if he used the word mini. But he said heart attack.

Derek: Oh boy.

Lue Ann: Yeah. And he was saying that he had chest pains, and that he didn't go to the emergency room. He didn't think it was that big of a deal. He didn't even really tell anybody else at the store. So he didn't follow-up with it at that moment. But he's been focused on it. He's been thinking about it. He's been not wanting it to happen again. So I talked to him about it a little bit ... Well, not a little bit. I talked to him about it, because it sounds urgent. He used to smoke. He's 49 years old. But he also has the anxiety.

And when I brought up the anxiety piece, he said, "Well, when I was in my 20s, I had some tight chest pains, a little bit here and there. And I scoffed at the idea that it could be anything to do with panic attacks. Somebody brought it up to me, and I didn't even bother getting a test for my chest. They said something about a mitral valve prolapse. I didn't have any money or insurance at the time. I was young." He'd never really got it looked at when it occurred 20 plus years ago. So now we've got to see what it is. Is it physical? Is it the anxiety? It's nothing to joke about. And he doesn't seem like he wants to keep experiencing all this discomfort, and worry, and everything too.

Derek: Yeah. That's a little alarming about the chest pains. And I know he was never super into seeing doctors on a regular basis, but-

Lue Ann: No. No.

Derek: ... I assume you're gonna help. Or maybe you did ... Did he see somebody? Or what's-

Lue Ann: Yeah. We have an appointment. So I told him, "Let's at least start with somebody." So we're starting with the physical doctor, which is good. Because like you said, he had been reluctant, or at least sort of hit or miss in the past there. So we do have-

Derek: Yeah. That's kind of a big step. Good.

Lue Ann: Yeah. So we're hoping something will come out of that, at least start the ball rolling.

Derek: Yeah. Alright. Wow. A lot going on in our jobs I guess this week. Huh?

Lue Ann: Yeah. It's all coming at once. But that's what it's like, some weeks are a little easier than others.

Derek: Yeah. It's good to have somebody though. I mean, I'm glad we have these weekly meetings where we check in with one another. It's good to kind of bounce ideas. And if I'm forgetting something, it's good you'll remind me about checking something. And

even just your rapport with George. It helps me, because he feels comfortable around you because he's known you for a long time. So thanks for sticking around with that.

Lue Ann: Oh, of course. He's a great guy. And like I said, I think that he's gonna really see all the effort that you're putting into making him feel worthwhile and stuff. And he's gonna come around just as much as he did with Bob.

Derek: Let's hope so. Alright Lue Ann, I will talk to you next week.

Lue Ann: Okay. Great. Talk to you then. Take care.

Derek: Alright. Bye.