

FAMIL. AND CHILDREN'S SERVICE OF ITHA
FAMILY MENTAL HEALTH PROGRAM

CLIENT INFORMATION SHEET
(For Confidential Use Only)

PLEASE PRINT

5 / 8 / 96
Date of Intake Appointment

Saunders Kevin E "bonze"
LAST NAME FIRST NAME MIDDLE INITIAL PREVIOUS NAME (circle one)
M / F

1668 Trumansburg Rd (if any) Ithaca NY 14850
House or Apt. # Street Name P.O. Box/R.D.# City/Town State Zip Code

Home Telephone Number: 277-5808 Referred By _____

Work Telephone Number: " Check One: New to Agency

Other: _____ : _____ Prior Contact

(Specify) (Prior Contact under _____)

Emergency Contact: _____
Name Phone (Home)

Address Phone (Work)

Members of Household (give first/last name)	Date of Birth	Employer/ Source of Income	Occupation
<u>Kevin Saunders</u> (Self)	<u>5/1/56</u>	<u>databest, Inc.</u>	<u>president / software developer</u>
<u>Susan Hamann</u> spouse / spouse equivalent	<u>8/5/52</u>		

Children	Sex	Date of Birth	School/Grade Employer	Whereabouts (if other than above address)
<u>Rachel</u>	<u>F</u>	<u>3/22/88</u>	<u>BTM / 2nd</u>	

FINANCIAL INFORMATION

Total Household Yearly Income (before taxes) \$ 10,000

of Persons Dependent on That Income 3

Health Insurance? No Yes If Yes, Company _____

Social Security #: 431-88-9647 Policy# _____

Are You a Veteran? CS Medicaid# _____ Medicare# _____

STATUS (CHECK ONE)

Single _____
Unmarried Couple _____
Married Couple _____
Separated _____
Divorced _____
Widowed _____
If married, date of marriage: ___/___/___

FAMILY & CHILDREN'S SERVICE OF ITHACA

CLIENT MEDICAL INFORMATION FORM

NAME: Kevin Eric Saunders DOB: 5/1/56 TODAY'S DATE: 5/18/96 SEX: (M) F
DATE OF MOST RECENT PHYSICAL EXAM: 2/94 PERFORMED BY: [redacted] MD Breiman
DATE OF MOST RECENT HOSPITALIZATION: 9/72 WHERE: Little Rock, AR
REASON FOR: pneumonia
NAME & ADDRESS OF PERSONAL PHYSICIAN: Family Medicine Associates

CURRENT HEALTH STATUS: (CIRCLE ONE) GOOD FAIR POOR
DO YOU TAKE MEDICATION ON A DAILY BASIS (PILLS, SHOTS, OTHER)? YES NO
IF YES, WHICH ONES AND WHY?

Table with 2 columns: MEDICATION, REASON FOR USE. Rows 1-4 for listing medications.

ARE YOU CURRENTLY UNDER THE CARE OF A DOCTOR, HOSPITAL, OR OTHER HEALTH FACILITY? YES (NO)
IF YES, WHO AND WHERE?

HAVE YOU OR A FAMILY MEMBER HAD IN THE PAST OR CURRENTLY HAVE ANY OF THE FOLLOWING?
(PLEASE CHECK THE APPROPRIATE BLANK FOR EACH COLUMN IF THE ANSWER IS YES)

Table with columns: FAMILY, SELF, DRUG USAGE, WOMEN. Lists various medical conditions and drug usage for patient and family.

EAP: NO YES
ACE: NO YES

"BONZE"

#19,

TO: JGFROM: SSWNAME: Kevin Saunders
ADDRESS: 1668 T. Bury Rd. ITHACA
PHONE #: 277-5808 (H) _____ (W) _____INCOMING DATE: 5-6-96TIME OF CALL: 12 AM PM

BEST TIME TO REACH BY PHONE: _____ AM/PT

OK TO CONTACT BY MAIL? YES NO
OK TO LEAVE MESSAGE ON MACHINE? YES NO

SPECIAL INFORMATION:

ADMISSION SCREENING APPT: Wed 5/8 11 SS ✓
DATE HOUR CLINICIANEMERGENCY? YES NO

called June 11-96 - 2ppt. made for June 19-96 "Amiri Mezzar"

I. PHONE SCREENING Exclusionary Factors: _____ Alcohol/Drugs _____ OBS _____ Other _____

Identified Client (s) and Age (s):

Presenting Problem:

Somewhat depressed; having serious relationship problems - has been going on for a while

In the past couple of months have had suicidal ideation - wouldn't act on it - doesn't feel there's anyone to talk to who isn't a gossip. He thinks he has

hysteroid dysphoria - relates to self esteem - small slights are very distressing
Had tx w/ psychiatrist 3 yrs ago - she thought he was bi-polar + should go on lithium - he thought that was very extreme especially after seeing him only a few times

None

Has client been notified: 1.) to arrive early for paperwork?, 2.) to bring insurance or Medicaid info?, 3.) that fee will be determined prior to 1st session?, and 4.) that fee will be assessed for 1st session?

Referred Out: (where) _____

Call Back Clinician: Jodi Rothenberg cca
Signature

II. ADMISSION SCREENING (Repeat screening for exclusionary factors and lethality)

Psychiatric Evaluation: (when) _____

Recommendations to Disposition Team: (example - ASAP, WL, Modality of Treatment)

WL

Client Request: (example - best time/day for appts., gender of therapist)

WL - female

Stipulations: (example - alcohol evaluation, parental involvement)

Have relevant records been requested? (example - school, DSS, in-patient discharge plan)

Refer to other services - Reason:

Admission Screening Clinician: *Shelia R* *5/10*
Signature Date

III. Disposition Team Date of Review: _____

Disposition (WL, Immediate Treatment, Modality of Treatment, Client request)

If not admitted, reason (including referral to other service)

Who will inform client of disposition? _____
initials

Date of Admission: _____ No Admission: _____

Initials of Disposition Team Coordinator: _____

Assigned To: _____ Date of Assignment: _____

IV. 30 Day Wait List Review

A. Review Date: _____

B. Has Client Been Contacted? _____ By Whom? _____

C. Is Client Still Interested In Service? _____

D. Disposition:

PRE-ADMISSION SCREENING FORM

Intake Screening Date: 5/8/96

Emergency: _____

Admission to Program: _____

Non-Emergency: X

Client Name: Kevin Saunders

D.O.B. 5/11/56 Case #: 24,069-01

Therapist: Sheila Stone, CSW

Person interviewed if other than/in
addition to client: _____

relation to client: _____

DSM IV (List Principal Dx First. If
Provisional, Indicate with "P".)

I 309.0

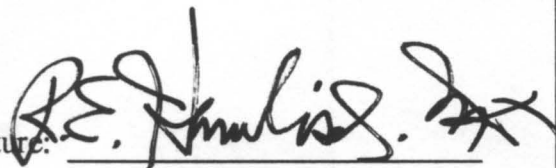
II _____

III healthy

IV Problems in primary support group

V _____

Physician's Signature: _____



PRESENTING PROBLEM (Include Onset, Duration, Intensity, Intake Precipitant)

Mr. Saunders is seeking counseling to address problems precipitated by difficult relationship with partner of 2 years. He would like to separate from her, but she is unwilling. He is also wanting to discuss these issues., but feels that some of the people he has talked to have gossiped about him.

DESCRIPTION OF CLIENT/PRESENT FUNCTIONING (Behavior, Appearance, Affect, Judgement, Thought Process, Suicidal Risk Evaluation):

Appropriate in all regards related opening to interviewer but focused primarily on partner's problems. Acknowledged daily, regular use of marijuana, and potential detrimental effects, but not in his case. Oriented x3. Judgement fair. Suicidal ideation in the past - not current.

BRIEF SIGNIFICANT HISTORY

Divorced 3 years from wife of 14 years 8 years old daughter - shared custody. With current partner 2 years - she is PTSD and frequently dissociates.

PREVIOUS AND/OR CURRENT PSYCHOTHERAPY (Testing, Assessments)

Yes. Anna Matusiewicz

MEDICAL PROBLEMS/MEDICATION (Include Significant Illnesses, Current Health Problems, Current Meds

ADDITIONAL EVALUATIONS CLINICALLY INDICATED (Health Screening, Psychiatric Evaluation, Alcohol and/or Drug Abuse Evaluation)

CLIENT'S OR GUARDIAN'S OBJECTIVES IN SEEKING TREATMENT

- 1. to clarify relationship

CLIENT'S STRENGTHS/SUPPORTS

- 1. President of own software business
- 2. plays music
- 3. intelligent, verbal

CLINICAL INTERVENTIONS (e.g., Recommendations, Referrals, Records Requested, etc.)

RECOMMENDATIONS TO DISPOSITION COMMITTEE (Include Services Identified To Accomplish Objectives)

Wait List - individual

SS/lr

Handwritten notes and a table with columns labeled I, II, III, IV, V. The table contains some illegible handwritten entries.

PRE-ADMISSION SCREENING NOTES
(up to 3 excluding crisis)

Client: Kevin (Bonze) Saunders D.O.B.: 5-11-56

Date & Session #	Time	[Begin session count with Intake. Identify "Crisis" appointment when they occur. Therapist signature must accompany each entry.]
#2 June 19, 96	1 hr.	<p>Client very talkative, animated in session - seemingly intent on fleshing out the "bizarre" nature of his social group - the intensity & unpredictability of the people w/ whom he interacts - the untrustworthiness of others. Described a hist. of unscrupulous, unreliable relationships w/ ♀, including first love, ex-wife & current girl friend - indicating that once a partner becomes secure w/ him she is apt to assert herself in unexpected intolerable ways in an attempt to control him: ^{as Susan is} demanding his exclusive attention, that he stop smoking & cigarettes, drinking etc & that he order & do things according to her ^{her} plan. "I tend to be taken advantage of" B disclosed that his resisting these controlling behaviors often leads to volatile arguments that he feels others misinterpret - frequently intimating that he is the dangerous & demanding, unstable one and not his ^{and not his} behavior partner, as he sees it to be. Client extremely ambivalent about cause of his current relationship w/ Susan - a survivor ^{with} multiple physical & mental disabilities - stating he wishes to end the relat. as he finds it too draining & her too unstable, but clearly finding it difficult to focus on any concrete aspects for a plan of action. Client continually shifts the conversation away from self - preferring to detail the character flaws & failings of others. Reported relat. w/ his mom as one of ^{his} few reliable on tho believes it is her critical voice that he has internalized that surfaces in times of depression. Disclosed hist. of episodic suicidal ideation - currently waning - triggered, he believes, by the verbal abuses (demands) of others. Described long-term childhood difficulty of mounting a solid front self -</p> <p>"a front - impervious to the attacks Admission Progress Note of others" - that he predictably broke down when challenged - had been labeled a "cry-baby" until almost 18 yrs. old. / Discussed necessity of diagnosis & tx plan which stimulated B's criticisms of the DSM IV & his explaining his self-diagn of "hysteroid dysphoria" / Appt. set for July 3. <i>Amari Meader MSW</i></p>
July 3, 96 #3	1 hr	<p>Client 15 m. late - unacknowledged. Set out w/ fam of O. discussion as his mom & brother Mike had just visited for the weekend. Described mom as overcontrolling - capable of verbal abuse - calling B "stop hurtful etc. Client's dad died at 60 of stroke when he was in early 20's. Reportedly his p's relations was conflict ridden - mom critical of dad's law motivation. Brother Mike - successful Heavy Metal musician - 4 yrs. older than B. - ^{described as:} dark, eccentric, genius - perpetual child, w/ serious probs. forming relationships w/ people. / Revisited dilemma of how to get Susan out of his house "I can't kick her out, abandonment is her core issue" "I'm scared of what she might do if I were to kick her out" "I saved her, she is doing better" "I want her to man-out on her own. I don't want to be resp. for precipitating another crisis in her life." - codependency noted. / Client described ^{perceived} threats to his life -</p>

PROGRESS NOTES

CLIENT: Kevin (Bonz) Saunders DATE: July 3-96 TO: July 10-96
 D.O.B.: 5-11-56 THERAPIST: Amri Mezder

Date Sess #	Time	Goal	COMMENTS <i>(Treatment Plan must be completed no later than the 3rd post-admission session.)</i>
July 3-96 #3 cont.	1 hr.	1	from his ex-wife who "slept around w/ junkies & didnt tell me" & from her current bf, a "vzgeful street person." / Disclosed 20 yr. habit of smoking marijuana 2-3x day - discussed implications of this behav. - B. rejected an eval. immediately - rec'd response - absolute distrust of evaluators ("ex junkies themselves") - certain that they would label him as an addict in denial - thus nullifying any of his logic before engaging with it - "a set-up where I can't win." - Discussed agency policy, its purpose - determined we'd meet 1x more. Amri Mezder MSW.
July 10-96 #4	1 hr.	Obj. 2, 5, 1.	Client 10 min early. Discussed need to make some determination re continuing therapy in light of what the agency deems an addiction to pot smoking. Client took 2 names of potential evaluators and said he would contact them re fees etc and also expressed a tentative willingness to contract to abstain from smoking pot while in therapy. Unexpected willingness to consider both these options in response to being firm re ag. policy. B. stopped smoking for 2 cpl. of months 2 yrs. ago to accommodate Susz's request - wasn't ^{noted} few acute withdrawal symptoms but an overall increase in his irritability, his energy level, and his "hyperness" - and a decrease in his ability to focus. He views quitting as somewhat self-defeating as he feels he functions less well when clean. ^{client} Rejects that there might be any ^{low grade} residual paranoia induced by his his habit, and he frames that he is "self-medicating." / Discussed client's ^{2 possible} current diagnosis of "hysteroid dysphoria" - ^{suggested he} should speak w/ RHT re this diagnosis & ² the ^{appropriate} the ^{if} this diagnosis responds, as it is said to by the expert who he values so much. Noted ^{his} concern that prozac etc. might put him at risk of a manic episode. / Discussed again sit. w/ Susz - offered to have him bring her here to help break ^{mixed} their pattern of interaction - Client afraid that ^{Susz} she would perceive session work as confrontation & that it would provoke her. Very clearly apprehensive of "undermining her ego" in any way - believing that if it "collapses" the results could be life-threatening for him. Points out seriousness of the inertiz - can't call in the authorities to move her out, can't challenge her himself, can't bring her to counseling - she has no motivation to leave. ∴ The entire ^{process} session feels as if he is already caught in a care-taking, codep. role w/ her. Discussed need for self care in this situation - self focus - clearer boundaries - stopping any ^{any} accommodation her in any way of supporting her remaining in his house. This triggered clear feelings of not wanting to be perceived as harsh or cruel and of fear of retribution. ^{Adopt made for July 17} Amri Mezder

PROGRESS NOTES

CLIENT: Kevin (Bonze) Seunders DATE: July 17-96 TO: July 24-96
 D.O.B.: 5-11-56 THERAPIST: Ameri Mezder

Date Sess #	Time	Goal	COMMENTS
July 17-96 #5	1 hr.	Obj. 1, 2,4, Goal 4	<p style="text-align: center;">(Treatment Plan must be completed no later than the 3rd post-admission session.)</p> <p>Client 1/2 hr. early. Began session saying "I don't think Susan is my friend" - like ex-wife "she doesn't care for me" as evidenced, he believes, by her "abusive" treatment, cold & distant, or haranguing. ^{appears} K. intent on characterizing others as pathologically ill & unstable - seeing himself as victim - tho' acknowledges his hyper-sensitivity to the "abuses & rejections of others" - Thus the self-diagnosis of hysteroid dysphoria. / K. admitted that it's unrealistic for him to think about abstaining from mj use on his own - esp seeing as he believes ^(using) to be in his own best interest. Discussed ppt. w/ RETH. as opportunity to explore medication possibilities to function in place of mj. - ^{client} did not follow through w/ calls re poss. eval. - discussed inevitability of termination w/out more active commitment on his part. to quit using. / More discussion about possible ways to encourage Susan to leave - ambivalence again surfaced as he found any means objectionable save for withholding intimacy & all affection. / Discussed hist. around his cause of therapy w/ Anne M. - her efforts to encourage him to break his addiction - her diagnosis of him as bi-polar - what he got from his work w/ her & what he feels he is gaining from his current sessions w/ this therapist. Clear about wanting & needing someone "safe" to talk to - who won't gossip - who won't twist what he says to make it look like he's crazy, paranoid & abusive. Ameri Mezder MSW.</p>
July 24-96 #6	1 hr.	Obj. 1, 2,4 Goal 3,	<p>Client has seen RETH - ^{who} prescribed trial of prozac which B. is considering - said that RETH was not particularly critical of his pot smoking. Further discussion re role of this substance in his life - its function as opposed to effects + function of meds ^{re} - Thus clinician's unwillingness to work w/ him if his dependence remains unchallenged remains unchallenged. Talked about self-diagnosis differences btw. being ^{reactive} sensitive to the "attacks of others" or "to rejection" - how this work needs to focus on him & his pain rather than on the faults of others, in my opinion. / Discussed B's perception that the bulk of humanity is "willing to be duped" & that he is not - that he is - so ppt to instigate conflict, which then sets him up to be the the scapegoat / fall-guy - to be treated as paranoid & insecure. / Difficulty noted in attempting to keep the client at all self-focused what part he plays in this typical unrelenting other than the only sane one. attempts Attempts made to help him focus on how this typical train of events makes him feel - where it hurts & why. Ameri Mezder MSW.</p>

by the power of
+ manipulations
of others.

MEDICATION CONSULTATION

Request/Response

Dx: ~~300.4~~ / 304.3

Client's Name Kevin 'Bonze' Saunders D.O.B. 5 / 01 / 56 Therapist Ameli M.

Date of Request 7 / 24 / 96 Doctor REH

Reason for Request: 1668 T-BURG RD 277-5808

Kevin hopes to explore the pros & cons of available medications in helping him ^{to} contend with his ^{long-standing} vulnerability to episodic depression & to better manage his anxiety. He has smoked marijuana 2-3x a day for 20 years to help him manage his symptoms. We have discussed at length how his substance use confounds his potential for significant change and that the appropriate medication, used in its stead, might promote his change process. Kevin has diagnosed himself with 'hysteroid dysphoria' - a condition discussed in 'Listening to Prozac' & which the author believes to be highly responsive to prozac. It should be noted that Kevin saw Dr. Matusewicz several years ago (at Cornell) & was diagnosed by her with bi-polar d.o. - a diagnosis he believed to be extreme & unfounded.

Medical Problems:

Medications:

Allergies:

Assessment:

40 y/o man - depression.
Trial of PROZAC.

Rx PROZAC 10mg q AM. #30-1R.

Prozac® 10 mg/20 mg
fluoxetine hydrochloride

Sample: 30 10 mg/20 mg capsules

Dosage: 10mg q AM

Compliments of  Lilly and Company
Kalamazoo, Indiana

Return 2-3 wks.

Date of Consultation 7 23 96

RE. [Signature], M.D.
Signature

F&CS 8/84

* OVER *

Diagnosis and Treatment Plan

Client Name: Kevin Saunders D.O.B. 5.11.56 Date: 7.24.96

DSM IV Diagnosis: Axis I 300.4/304.3 Axis III none Axis V _____
 Axis II 301.83 Axis IV problems w/ primary support grp. GAF (current) 52

Medicaid Client(s) (Must be completed by *3rd Session for Medicaid Clients.)

Admit to Tx:
 Yes: _____ Date: _____
 No: _____ Please explain:

If No Go To Closing Disposition Summary *Crisis Visits DO NOT count.

Treatment Plan: Date: 7.24.96

(Must be completed within 30 days of admission for Medicaid Clients.)

- Date of first appointment: 5.8.96
- Please List Other Formal Assessment Measures Used if Applicable:

• Goal(s): _____ Date for Evaluation/Completion _____

- Address & better manage long-standing feelings of low self-esteem, depression & anxiety
- Manage & gain control of tendency to get lost in obsessive negative thinking
- Increase tolerance for social interactions - learn how to better manage self in context of the group
- Improve ability to trust others

• Objectives: _____

- Explore possibility of using anti-depressants to alleviate symptoms of depression & anxiety
- Explore implications of long-standing substance use & how to limit it
- Explore family & childhood issues that ~~may~~ have contributed to chronic low self-esteem
- Work to control & lessen reactivity to others - learn what triggers ~~the~~ defensiveness & feelings of being threatened and how to control for them.
- Develop increased confidence about setting appropriate boundaries & about cultivating ^{more} neutral self
- Articulate short-term goals - become more proficient at evolving & pro-active agenda on a daily basis

Be sure all appropriate Release of Information forms have been obtained and are in file, as needed.

[Signature] 7/24/96

Signature of Client date

Amiri Meador 7.24.96

Signature of Therapist date

Amiri Meador 10.9.96

DATE CHART REVIEWED BY SUPERVISOR:

D. Furlay 7/29/96

Signature of Supervisor date

D. Furlay 10/9/96

FOR MEDICAID CLIENTS ONLY:

Psychiatric Rehabilitation Readiness Screening Completed?

Psychiatric Rehabilitation Readiness Evaluation Indicated?

DATE CHART REVIEWED BY PHYSICIAN: 7 29 96
[Signature] 7/29/96

Signature of Physician date

PROGRESS NOTES

CLIENT: Kevin 'Bonze' Saunders DATE: July 31, 96 TO: Aug 7, 96
 D.O.B.: 5-11-56 THERAPIST: Amari Meade

Date Sess #	Time	Goal	<u>COMMENTS</u>
July 31, 96 # 7	1 hr.	Obj. 1 & 2	<p style="text-align: center;"><i>(Treatment Plan must be completed no later than the 3rd post-admission session.)</i></p> <p>Client disclosed having wt back significantly in his pot use this past week - 4x over all - still considering Prozac pros + cons - / Described ↑ in effect after last session - ambivalent reaction to the increase. Lapsed into conf. stance of focusing on 'craziness' of others & his 'stuck' position - I challenged this as static & unproductive non-productive - as succeeding only in increasing both his & my own frustration & sense of powerlessness. Trying to focus him on what <u>he</u> can change - where it might prove useful to focus ^{cumulative} his energies. Helped him see his discomfort w/ my attempts to do this. Client able to admit he's depressed, vulnerable & reactive - but acknowledged that he sees nothing therapeutic in exploring & encouraging his ^{related} effect - characterizes this as "wallowing" - as something destructive behavior that he indulged in for too long & has worked too hard to "overcome".</p> <p>Difficultly Talked about his intellectualizing as the other extreme - the stance he has adopted - as a defense - the lack of a middle ground where head & heart merge & inform one another. Angry after stirred by my suggesting his overcoming has involved an armoring - why would I deny a cripple his crutch" - a vulnerable person, his armor? Discussed his belief that pot increases his tolerance for frustration & that this is necessary in his ^{work as a} programming computer programmer - "Things rarely work" / "I expect nothing to work" - how this frame can be superimposed over his life experiences & expectations - how the pot works to ↑ his tolerance & help him stuck + how it bolsters his belief & makes more tolerable his belief that there's little one can expect from life. Next session - will focus on his relationships how + why his relationships ^{have} become abusive - his anger, its roots - his relt. w/ his mom - his reaction to his using prozac etc.</p> <p><i>Amari Meade MSW</i></p>
Aug. 7, 96 # 8	1 hr.	Obj. 1, 2 & 3	<p>Client reports starting course of Prozac - noted immed. + effects - slowing of obsessive neg. self-thoughts - hushing of internalized critical voice - described how self-critical thoughts came to mind but were more readily dismissed. Reports feeling ↑ in spontaneity, less burdened by need to "fix" Susan - more resilient in face of her irritating behaviors + demands. Discussed client's low tolerance for grp. interactions - how he suppresses his feelings & frustration - building inevitably to explosive reaction that ultimately isolates him further from others. Delved into historic experience of feeling 'outside' the group - led to key disclosure re hist. of transvestic behaviors which link naturally to his exquisite</p>

PROGRESS NOTES

CLIENT: Kevin Saunders DATE: Aug 7. 96 TO: Sept. 4. 96
 D.O.B.: 5.11.56 THERAPIST: Ameri Meador

Date Sess#	Time	Goal	COMMENTS <i>(Treatment Plan must be completed no later than the 3rd post-admission session.)</i> <u>Medicaid Only</u>
Aug 7. 96 (cont.)	1 hr.		sensitivity & his long-standing sense of being different, outside the male norm - an easy victim of attack. Powerful session - noticeable Δ in client's willingness to stay self-focused. Ameri Meador MSW.
Aug 26. 96			→ returned p.c. from B: reports volatile domestic situation - recommended he remain his daughter immed. and reconsider taking steps to have Susan removed from his house. Discussed his options.
Aug 26. 96			→ called client: child removed, ^{gone to moms} client reports having made initial contact w/ lawyer re eviction, w/ Susan's case worker and other imp. calls. Situation stabilizing. client reports feeling calmer & more able to maintain his control. A. Meador MSW. Appt. set. for Aug. 28
Aug 28. 96 #9	1 hr.	obj. 4. 5	Client reported feeling drained from ^{by} struggle w/ Susan & "saggy" - believed that she left his house Mon. evening to go stay w/ friends. Reported details of their dispute as he sees it - clearly feels victimized - that his own volatility & anger is ²⁰ extremely understandable response to the kind of persistent verbal abuse he received from Susan. Discussed how these fights, regardless of whos responsible for starting them, put his self w/ his daughter at risk - clear need for outside intervention. Client believes S. left in response to his having told her that he would call in the police the next time the situation got out of control that he ^{she} he would call in the police the next time the situation got out of control - that she ^{remains} is very threatened by any ^{possible} outside intervention. Discussed how B. ^{should consider serious if he might} needs to take advantage of her having left, to facilitate a real break btw. them - that this is the natural opportunity to state clearly ^{personally} that she is not welcome to return, except to remain her effects. A. Meador MSW.
Sept. 4. 96 #10	1 hr.	obj. 4. 5	Client reported that S. has not returned, or made any contact ^{w/ him} except for one phone call - expressed real relief at having her gone - from having to feel responsible for her in any way. Discussed history of their volatile conflicts, frequency & intensity.

PROGRESS NOTES

CLIENT: Kevin Saunders DATE: Sept 4, 96 TO: Sept. 25
 D.O.B.: 5-11-56 THERAPIST: Amzri Mezder

Date	Time	Goal	COMMENTS
Sept 4. 96 #10 cont.	1hr.	obj. 4, 5	<p align="center"><u>Medicaid Only</u></p> <p><i>(Treatment Plan must be completed no later than the 3rd post-admission session)</i></p> <p>Made some tentative plans re how to handle her moving out - ^{under} what conditions & where ^{to whom} he might turn to facilitate this process - someone neutral - to keep the potential for recontact exchanges down. btw Dem / Discussed gender issues - B's pos. identification w/ his ♀ side - how was in his past relationships his partners have responded to this. - where he has found support & where he has not. / Client appeared much calmer overall - ^{reported} continued pos. effects of prozoc, mostly 2 marked ↓ in tendency ad obsessive thinking - and a palpable relief at having S. out of his house. Much more able to focus on himself & his own concerns throughout session. <i>A. Mead MSW.</i></p>
Sept. 11. 96 #11	1hr.	1, 3	<p>Client reports still feeling relief of having S. gone - but since her departure has been suffering physical pain from bruising or cracked rib sustained during their altercation - has seen a physician who prescribed codeine for relief. Reports feeling less ^{lessened} motivation, and sleeping more than usual - discussed whether these the symptoms are result of phys. or psych. consequences reactions. / Long discussion re gender identification issues / Reports continued effects of Prozac in continuing obsessive neg. thinking. <i>Amzri Mead MSW.</i></p>
Sept. 18			<p>→ Clinician out of town unexpectedly - rescheduled</p>
Sept 25. 96 #12	1hr.	1, 2	<p>Client recovering from wk. long illness - reports improvement re bruised rib - still feeling fairly exhausted. Focus of session was discussing client's lingering, entrenched sense of outrage at women who he believes fail totally to see him as he is, to give him credit for his exceptional efforts - the lengths he goes to support, caretake, tolerate their extreme behaviors etc. Acute sense of betrayal - that in spite of his unique sensitivity to their issues & troubles - he still winds up being victimized' - being portrayed as the abuser when he cracks under pressure. Discussed 'feminist' ^{prejudice} literature that especially offends him - that assigns right blame & innocence along gender lines: ^{assuming} ♂ is the perpetrator, the guilty ones, ♀s the blameless victims. Discussed poss. of his writing a response to this - creative externalized ways he can combat this stance... and how it triggers his own anger & anxiety re his personal experiences... what is it that coalesce to set him up for this type of experience w/ the ♀ w/ whom he gets involved - how can he take control of situations so that he doesn't allow himself to be driven to the point of cracking <i>Amzri Mead MSW.</i></p>

PROGRESS NOTES

CLIENT: Kevin Saunders DATE: Oct. 2. 96 TO: _____
 D.O.B.: 5-11-56 THERAPIST: Ameri Mead

Date sess#	Time	Goal	<u>COMMENTS</u>
Oct 2. 96 #13	1hr.	1, 2, 3 obj. 3	<p align="center"><u>Medicaid Only</u></p> <p><i>(Treatment Plan must be completed no later than the 3rd post-admission session.)</i></p> <p>Client ^{experiencing} lingering effects of bronchial illness - reports he's quit smoking cigarettes totally - suffered serious nicot. w/ withdrawal symptoms. Disclosed that pot smoking back to original levels - pretty clear that this does impact pos. effects of prozac. Feeling "blank" / sleeping more than usual / inner critical voice more prominent / feeling like "overall loser" - negative ^{cumulative} effects of living w/ Susan & other past relationships. Clear depression around what sense of futility of it all - hopelessness about positive, supporting potential of relt. w/ women.</p> <p>Discussed daughter Rachel's reaction to recent loss of Susan - her general way of handling the chaos she's exposed to. B. admits they meet on an intellectual, not feeling plane. Resisted my encouraging but kind of engagement - believing that's female to female domain. / Described childhood experience of not getting from his mom the comforting & soothing he needed - instead & his acute sensitivity to this. Believing his trauma is was the experience of anxiety resulting from the rejections of others - not the acute rejections - which he feels were not the abnormal or extreme. It was his acute sensitivity that caused the panic attacks - something inherent to him - not of the external environment. Ameri Mead MSW.</p>
Oct 9. 96 #14	1hr.	Obj. 5	<p>Client brought in autobiographical materials - recent resumé, CD's & tapes of bands in which he's played. Clearly identifies with the bizarreness of the music scene w/ which he's involved - the fringe nature of it - testing the norm. Characterizes his brother as "a jester" - there to poke fun at everyone & everything - to satirize. / Client disclosed that S. returned 1 wk ago to rehab work - they didn't had sex & she has stayed ever since - believes she is in process of moving to new apt. Discussed need for limit setting - what he's getting out of this - why he so easily capitulated - allowing her to return & stay. Ameri Mead MSW</p>
Oct 16. 96 #15	1hr.	1.4	<p>Client states he's feeling physically much better - Susan gone - but no sense of control ^{re her} possible return or her departure. Discussed again his interpretation of her ^{her} behavior ^{his} & how he sees his behavior ^{behaviors} as warranted in the context of her behavior ^{in the context of her behavior} and that he would have considered ^{appropriate} responses to hostile relentless attacks. Discussed ^{what} other ways he could ^{might} have handled this - what he finds intolerable - unethical & immoral. Client acknowledges 2 residual anger w/ women - feeling misinterpreted & much misligned by ♀ in his past experiences.</p>

Curriculum Vitae

Kevin Eric Saunders (a/k/a bonze blayk!)

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Founder and President: 9/94 – present, databeast, Inc. <<http://databeast.com/>>

Contracted with Cornell for support of "Comet", the Cornell Macintosh Terminal Emulator.

Developed "dataComet", an enhanced shareware version of Comet, which databeast has licensed on an exclusive basis from the Cornell Research Foundation (as of 5/1/95). GUI conformance, functionality, performance, and reliability have been greatly improved over Comet.

Developed the "databeast, inc." web page, focussed currently on the dataComet application. The page offers access to current dataComet distributions and documentation, along with pointers to truly useful reference sites on the web.

Developed the web site for the Cornell Vet School Image Lab <<http://imagelab.vet.cornell.edu/>>. The system is a Macintosh PowerMac 7200/75 running MacHTTP with a web-based order entry system implemented using AppleScript.

Developed "dataHTML-Extractor", a Macintosh application for efficiently extracting form data from HTML documents for use in table processors such as spreadsheets. Text documents containing ordered lists of names corresponding to HTML "NAME=" labels are used to specify which HTML "VALUE=" values to extract and save in the specified output document as a tab-delimited line.

Senior Software Engineer: 2/94 – 8/94. Millennium Computer Corporation (Rochester, NY).

Developed Macintosh implementation of multiplatform GUI front end to manage application launching and automatic logon scripting for Project MAIN (an IBM/ISSC project to provide Internet connectivity for the State of Michigan).

MPW C++ and MacApp were used to develop the GUI launchpad and administration applications, while Think C and TMON were used to develop the driver which controls the applications (TCP/Connect II, CTC MacBridge, Pilot Command Center, and Clear Access).

Systems Programmer: 7/85 – 3/94. Cornell University Information Technologies, Network Resources.

Primary developer of Comet, supporting multiple VT100, Heath-19, and IBM 3278 emulations over either Telnet (using MacTCP) or serial connections. Comet is a custom Macintosh application developed using the Aztec ANSI C compiler with MPW Tools.

Developed OmniTalk, an ALAP driver supporting AppleTalk on Corvus' 1-Mbps Omninet LAN, which incorporated an OmniTalk to LocalTalk AppleTalk bridge driver running in the background. MPW C and 68K assembly language were used to implement OmniTalk. The Omninet driver also had to be debugged for this project; it had been implemented using Consulair C.

Responsible for backline support of Macintosh EZ-REMOTE, MacTCP, and TCP/IP and AppleTalk network troubleshooting. Developed the EZ-REMOTE MacSLIP installer for the Macintosh; provided EZ-REMOTE troubleshooting checklist for the Service Help Desk.

UNIX programming/administration: 6/84 - 6/85. The Bookery.

Specified PC/AT running MicroSoft XENIX 1.0 for small business data processing; from 1/85 - 6/85 developed programs to manage Purchase Order generation, and automated Telex communications.

Macintosh programming: 1/84 - present.

Learned ToolBox environment by developing "dumb virtue", a UNIX-shell-oriented multi-window terminal emulator supporting VT102 emulation with variable-sized fonts, a tty emulator/editor using TextEdit, Tek 4010 graphics, and the uw multiplexing protocol.

Word Processing: 9/82 - 12/84.

d/b/a databeast. Self-employed in word processing business serving the graduate thesis market, using WordStar on an Osborne I with a homebrewed keyboard and a TEC F-10 daisywheel printer.

Computer Science studies: 4/80 - present.

Self-guided studies of programming languages, data structures, file systems, systems design, and other topics in computer science. Hooked by The White Book in 1981, and the UNIX issue (Jul/Aug 1978) of the Bell Systems Technical Journal in 1982.

Ithaca Junk Jobs: 12/79 - 9/82. Bookkeeping, pizza delivery, inventory counting:

Welcome to Ithaca!

Graduate studies: 9/79 - 11/79. Graduate study in the Doctoral Program in Economics at Cornell's Graduate School of the Arts and Sciences.

Dismal, yes; science, no.

Accounting Supervisor: 7/78 - 7/79. Community Hospital of North Hollywood.

Progressed to position of supervisor of bookkeeping department. Oversaw two subordinates. Reduced posting errors for \$5,000,000/year business to negligible levels.

Applications Programmer: 8/77 – 6/78. University of Arkansas at Little Rock.

Business application programming in COBOL on a Honeywell 6000-series mainframe. Responsible for maintenance of Payroll and Vacation and Sick Leave systems; designed, programmed, tested, debugged, and documented Personnel system.

Undergraduate studies: 9/74 – 5/77. University of Texas at Austin.

Phi Beta Kappa 8/77.

B.A. with High Honors in Social and Behavioral Sciences (Economics with a Minor in Philosophy).

Official Beauford H. Jester Center 12th Floor Resident Nickname: Bonzo (1974).

Graduated Hall High School, Little Rock, May 1974.

Telluride Association Summer Program, June–July 1973: Cremona, "Public Policy and the Environment"

Graduated Forest Heights Junior High School, Little Rock, May 1971.

Graduated Jefferson Elementary School, Little Rock, May 1968.

Born: Little Rock, Arkansas, 1956.

Publications

"Thumbnail Sketches of UNIX/Expo" in "Unique: The UNIX System Information Source" (Volume 3, Number 11, 10/84).

Musical Projects

Solo Artiste: 5/93 – present. "bonze blayk!"

Compose and perform original solo material in a moderately sensitive folk–metal vein (a la Al Stewart).

From the OED:

bonze, a Buddhist or Taoist monk;
blayk, a pale shining yellow,
the color of the midwinter sun
(a cognate of black, bleak, blake, and bloke).

Alternative rocker: 9/87 – 1/90. "Auld I' Anxiety."

Singer/Guitarist and co–founder of Auld I' Anxiety.

Composed and performed original material in an alternative power–pop quartet with punk leanings (and strong backgrounds in particle physics). "Auld I' Anxiety" EP released (no label).

Punk rocker: 7/78 – 6/79. "Angry Samoans."

Lead guitarist and co–founder of the Angry Samoans. Guitarist on "The Angry Samoans Live at Rhino Records" Triple XXX Records.

Guitarist on side 2 of the Angry Samoans' "Inside My Brain," listed in Chuck Eddy's "Stairway to Hell—the 500 Best Heavy Metal Albums in the Universe" at #74. Also included on "The Unboxed Set", Triple XXX Records.

Buyer beware! (This is my brother's band, OK?)

The "basement" years: 3/68 – 6/78. "The Rockin' Blewz."

Rock and Roll drummer accompanying my brother (Metal Mike Saunders).

A tape recorded during the summer of 1969 will soon be available on CD from Triple XXX Records...

"Pondering"

the reflection of the trees

on the stillness of the pond

ripples in my consciousness

— bonze

"I Believe... i believe..."

(Copyright 1989 Kevin Eric Saunders All Rights Reserved)

Beneath grey skies
We wander towards redemption...

Across a barren desert
Cold and harsh.

These lies
We cherish in our hearts

As Fundaments...

Nothing but the ruined basements
Of abandoned homes...

Sands-filling.

"I Need A Riff" (copyright 1989 Kevin Eric Saunders)

Been waitin' for that certain song to come along...
Been far too long since that feeling has been strong;
Lately things are awful slow, no waves on my radio—
I want to know... how far I have to go?...

To find a riff that makes a difference
I may look wild but can't you hear me talkin' sense
I want a riff that makes a difference,
I

Sift through my bag of tricks: hope to find that lick so slick...
With luck I'll click, and satisfy my lust for kicks!
Emptiness on MTV, you can see that nothin's free...
There's gotta be... a sensibility...

I want a riff that makes a difference
I'm gettin' pissed at all this posin' and pretense...
I need a riff that makes a difference
I

Break

I need some overdrive... to lift my life...
Above this tedium of anguish, friendlessness, and strife...
I've got to reinvent... this kid reality has *bent*:
I am intent—THIS SOUL IS NOT FOR RENT!

I'll make a riff that makes a difference!
I'll make my music rise across the fence of common sense;
I'll raise a riff to make a difference
I

Let's make a riff that makes a difference...
Let's make this music sound abroad in self-defense
We'll find a riff that makes a difference...
Try

The Last Dance... of the Hooved Race

© 1992 Kevin Eric Saunders a/k/a bonze blayk

The thutting of the drums, the ululation, the frenzies of the hooperelles upon the floor of devotees before the vacant throne... gleaming bone-white death, up on the mound in the clearing, in the flickering of the torchlight...

And do we know regret? Within the hollows of our hearts, we who chose to serve the Immortal? Who rose to do His will?

The tempos rising, the rolling thunder of the call, the unclosed circle forms...

Perdurant memory, the curse of those who longed for service! Who have sacrificed more of their selfish interests, their pleasures, fond dreams and innocence, all for the sake of the Eternal—so much more than you simple can imagine!

The Cup and Knife are passed among us, blade, receptacle, and blood, our blood, shed to close the future. A scar is a small thing to offer the one we serve!

I can feel it, feel the Black. It sneaks around the edges of my mind, so hardened to our bitter misery. Just a taste, a lingering, a reminder of a shared doom I cannot escape.

Our shared pain. The bond, the certainty among the company, the *will*, knowing we possess the strength of achievement! What joy there was in it!

I feel the darkness, it lingers in the images. Can any one of us escape them? We live so long... we live in fear! The dread of what we know, what we *know*, will certainly... *not happen*.

And I prepare the Cup, the blend, essences of the keen, the percipient, all focus and intent—what good suffering without awareness? We all will share! To share with one feeling for the End!

A taste... around the arc, and the rising fever of our Union calling, calling for the Descent! The Other, the Black, the Counterforce to whom we will dedicate our offering!

And now I can only shudder. Grey? Grey? No, the Black!—and the feelings *if only you could understand!* the *sensations* of the Black are all that are capable of recall, the *sense* of it has—evaporated.

And the sensation, the reality, there He was, awesome, looming, Darkness disembodied bereft of light, an emptiness, a shadow we perceived through an *absence*. And once again, knowing without sound:

*I call to you from beyond completion, I hearken, Hasten the Time!
The All shall be subsumed within the One, Eternal, whose purpose I fulfill!
Sustain the contrast of the Good: act Ye now with Evil will!*

And we respond:

*Extend the shadows to heighten the Light,
Who knows the Black serves well the White,
Truth and Lies,
Knowing and Doubt,
Debits and Credits cancel out!*

And the knife, the point of focus for our wills conjoined, rises from my hand to the center of the circle... searching, a compass for weakness, to foreclose the will of the one who would shirk, who might fail in service of the Bright God whom the Dark One had proclaimed to us, a band of mighty seekers, called across the continents and the ages to know the intent of *the All*. To fall, a failure—and a privilege: an end to ruthless calculation and implementation of His Ends, but the fear—Justice, Frozen, Eternal, True: for one small soul... Good, or Bad? Favor? or... Contempt?

The knife, drifting, indecisive: so much hard virtue in one small space! A winnowing so thorough, over the centuries, within that circle—all shreds of pride and vanity excised, purified by the knowledge of the Purpose, the Order we were intended to fulfill...

A will so fierce, to perform the *necessary... concentration...*

The knife.

And the Light, burning deeper within us than ever before: the knowing, without conceit, that every member of our conjoined body sought out the weakness within as well as without, eager to sacrifice, eager *for* sacrifice...

And reaching out into the Blackness obscuring the throne, further than ever before, extending ourselves, to fathom a measure we could fail... within the darkness, which called on us to best ourselves...

A shifting.

And the knife, harnessed to perform the deed, shifts *so...*

Within the darkness... a twittering.

And the knife points... to... *nothing*, and falls.

And that Blackness seems no more; insubstantial, like our souls, hitched so long, so patiently, on a journey well mapped, yet with no destination... and no cargo...

The knife no longer rises... and our Purpose, to etch with utmost clarity the choice, clarify the world for Good and Evil, has no joint ground with us any longer; we wander and wait, raising up cities here, smashing them there, incoherent, crossing purposes... For we all know that with the Demon died our illusion of the One True God, the God of our desires, who could bring us to an End.

Could *you*, bereft of purpose, the weak race, waiting to be yoked, grasp the cruel intelligence required to be a *gleaner of souls*? To calculate temptation? Punish every lapse into inconsequence?

Did we just invent the Evil One? Or did we frighten Him off?

But now we taste the dregs of His Lies, all imagination: Black, White, Good, Evil, Purpose, Judgment... Finality. We know merely the witless fury of the Truth that Is, which—in terms *we* comprehend—will never Be at all.

We know the Living Death, robbed of its reward, Dying Life, endlessly fulfilled with empty promise. It rolls forever, on and on, beyond any end—a madness beyond all ends, change without repose, unbroken White, without the final logic for which we long, the logic we once held within our hearts.

But we have our faith... and it is bitter, bitter, bitter, but *we*, *to the end of our will*, also shall persist!

January 25, 1992
bonze blayk

Hall of Mirrors

copyright 1989 Kevin Eric Saunders a/k/a bonze blayk

(Em G AA Em G AA

D Ab)

Images... Shrapnel splintering within your mind...

Packages... Debits weighing on your credit line...

Hostage, you... Dangle sticky in a web of time...

Check your watch as you move down the line:

Remind yourself

That you're... on... time...

(Em G AA Em G—DDb C AbA)

But you're lost... Hall of Mirrors

(Em G AA Em G—DDb C)

(Intro riff -- E G AA# F etc. walking up to G)

Delusions... you've accepted as realities...

Deceptions... Truth exchanged for banalities...

Reflections... The state of your inner soul...

A useless packet of redundant data:

They synthesize

Your Rock and Roll

You're lost... Hall of Mirrors

You're lost... Hall of Mirrors

Diffacted... All the ways you can view the scene...

Refracted... Ghostly traces lead you through the dream (TV scan lines)

Didacted... Sublimazed by a deadly meme...

Crack head grillin' in a Solar Pit...

You're doomed...

You still... take... SHIT!

Refrain

Interlude

(Chords based on: Am G? F G#)

Guitar break

Drum interlude (jungle call)

(Intro riff repeats -- E G AA# F etc. walking up to G)

Hypnotized... Pink plastic's what you want to be...
Socialized... Your mind a creature of soci-e-ty!
Pauperized... For the sake of such a common weal...
AnaesTVized so your vision is small:

Six Feet Under

But you still... stand... tall...

Refrain

Face to face... With the truth when your courage Quayles
A Master Race... To rule the planet till the Xerox fails...
Pride of Place... A sterile desert of mobility...
Our saving Grace, we just don't care:
We shake our bones
But the soul's... not... there...

We're lost... Hall of Mirrors
We're lost... Hall of Mirrors

Interlude repeat

PROGRESS NOTES

CLIENT: Kevin Saunders DATE: Oct. 16.96 TO: Oct. 30.96
 D.O.B.: 5.11.56 THERAPIST: Amari Mezder

Date
ess#

Time

Goal

COMMENTS

(Treatment Plan must be completed no later than the 3rd post-admission session.)

Medical Only

Oct. 16.96 1hr
#15 (cont.)

Discussed how might he approach & manage his relationships w/ ♀ differently in the future - how to process his feelings ~~and concerns~~ and concerns prior to their accumulating such power & force in his life. - in an effort to avoid feeling victimized, used for protection ^{avoid being} and ^{not to} only to be attacked later on - how to better know & claim his limits, assert his boundaries. so as to avoid ever having again to ^{tolerate} ~~tolerate~~ "the worst kind of mental abuse" at the hands of his partners.
Amari Mezder MSW

Oct. 23.96 1hr.
#16

Discussed client's ^{recent} concerns re ^{possible neg.} effects of prozac - ↑ drowsiness/ ↓ productivity - whether to attribute them to meds or to pot smoking which client reports ^{isn't} ~~isn't~~ unchanged. Focused on unresolved issues of divorce clients lingering anger, hurt & resentment around this break-up - continues to struggle w/ how to manage self in relation to other - how to maintain app. self-respecting boundaries - how to interpret & respond to others behavs. thru lens of self. Clear about wanting, yearning for ^{an} ~~an~~ intimate relat. - but anxious about how to present & preserve self and how to know & gauge others & ~~their~~ limit the involvement control the wise to merge. & control. Discussed imp. of finding a more neutral ~~neutral~~ way to engage w/ others.
Amari Mezder MSW

Oct 30.96 1hr.
#17

3, 4
ob: 5, 4

Discussed client's response to ~~about~~ others doubts & criticisms ^{re} ~~of~~ his character - ^{prolonged} ~~then~~ how it triggers ^{rejection} ~~rejection~~ ^{engagement} ~~engagement~~ rather than a clear ^{rejection} ~~rejection~~ statement about what he's willing to tolerate & engage in. Absence of neutrality - Discussion re B's "tormented idealism" - how difficult it becomes to engage with others who do not ^{function} ~~function~~ lead w/ their ^(his?) ~~their~~ ideals - w/ an eye to honoring & protecting them at all cost - how this serves to isolate him from the grp (his unwillingness to conform & others intolerance of his strict adherence to his ideals.) No middle ground - as middle ground feels like a ^(image management) ~~self-act~~ something one does in order to belong ~~or to be accepted~~. Client reports stopping Prozac as of last week: sleeping too much, ^{because he's} ~~because he's~~ compromised motivation, and ^{experiencing} ~~experiencing~~ increase in his ^{sex drive} ~~sex drive~~ to a problematic degree. Still smoking marijuana on daily basis.
Amari Mezder MSW

PROGRESS NOTES

CLIENT: Kevin Saunders DATE: Nov. 6. 96 TO: _____
 D.O.B.: 5.11.56 THERAPIST: Ameri Mezder

Date Sess#	Time	Goal	COMMENTS <i>(Treatment Plan must be completed no later than the 3rd post-admission session.)</i> <u>Medicaid Only</u>
Nov. 6. 96 #18	1 hr.	obj. 3+4	Discussed B's difficulty tolerating the reactivity of others when he tries to assert a self-respecting boundary - how he often retreats in the face of it - giving up self to keep others calm. Spent bulk of session discussing his relat. w/ his brother - their hist. together & how M's eccentric behavs. have effected B's life. Worked on genogram - more key info re B's dad & his intolerance of B's sensitivity & emotionality. Ameri Mezder MSW.
Nov. 13. 96 #19	1 hr.	3,4	Client reports he's smoking pot continually again. Discussed its effectiveness at managing his anxieties vs. Prozac. Heated reaction triggered by my suggesting ways he might alter his responses to difficult challenges to self that might lead to an alienation of his dysphoric: "I have <u>never</u> been able to control my dysphoric. Prozac didn't help me & nothing will." My later attempt to contextualize an incident wherein he felt victimized, was perceived as an attack anxiety - a further victimization - because I wouldn't fall in line w/ his interpretation ^{my} interpretation of the interaction. [My failure to "honor his feelings he said, was evidenced by my suggestion that there might exist more thinking; less reactive ways of handling insults.] Intense session - first experience of being lumped w/ all the other ♀ B. feels so adamantly are untrustworthy & have betrayed him. Worked to regain his trust w/out losing self - to good effect. Ameri Mezder MSW
Nov. 20. 96 #20	1 hr.	3	Processed ^{our} interaction of wk. before - no residual anger, lingering distrust - explained how sits. like the one ^{experience} in the bar "restrict ^{his} choices" "leave me no gracious retreat." which enrages him & leaves him feeling victimized. Only way to rectify the sit. ^{to his self-satisfaction} would be to explain his feelings & do his best to understand him - which he knows is unlikely. ∴ "all I can do is try & avoid sits like this." Discussed alternate reactions ways of managing problematic interactions like those which might ^{which might} present his feelings ^{feelings} feeling victimized; leaving ^{leaving} left holding the intensity of the attack, singularly. Limited options of response: 1) get in aggressors face & meet aggression w/ aggression, mount an attack to 2) collapse, retreat - repress ones anger - turn it on self. / Discussed his avoiding pressing Rachel re what's bothering her as of late - sympathizing w/ her need for space, her need to feel bad - triggered ^{deep} effective response around "broken things" - as exemplified by broken glass in restaurant & having Steven tell her that she shouldn't "feel bad" about these things. Bodily involvement in the moment - intellectualized response. Ameri Mezder MSW

PROGRESS NOTES

CLIENT: Kevin Saunders DATE: Nov. 26. 96 TO: Dec. 17. 96
 D.O.B.: 5.11.56 THERAPIST: Ameri Mezder

Date Sess#	Time	Goal	COMMENTS <i>(Treatment Plan must be completed no later than the 3rd post-admission session.)</i> <u>Medicaid Only</u>
11.26.96 #21	1hr	1, 2 obj. 4, 5	B. reports feeling stuck again w/ S - who refuses to move her things from his place & won't tell him where she lives - ends up involved in 3hr. phone calls - pulled into rehashing their relationship & having her blame him for their split-up / She claims she's considering filing charges against him thru Battered Womens TF - which enrages him, triggers his ^(sexual victimization) sense of conspiracy to victimize, demonize him / Discussed diff. he has letting go of the argument - wanting to put ^{leave} his innocence - assume her share of resp. for what occurred & believing it's rude to simply sever the conners. - persistent pursuit of an understanding. Feels persecuted for doing a good thing: "saving Susan's life." - no recognition, only hostility. ^{Discussed} How to free himself from this web of feeling & from web of S's embezzlement. Ameri Mead MSW.
12.3.96 #22	1hr.	1, 3 obj. 4, 5	B. saw S. over weekend - pos. interaction for B as S apologized for having been verbally abusive - acknowledged she's prone to verbal attacks - stayed cpl nites - not plans to rekindle ^{in the past} rekindle things - B reported had been successful, prior to their 'date', at ending potentially destructive pc's btw. Dem. Discussed again use & need for a dry eval - triggered B's anger - feels that the entire process would be a set-up - guaranteed to be biased against him - said that he'd call 2 referrals - try & control his reactivity & gauge what they each had to offer him. / Discussed what he feels he's accomplished per his goals. discussed that safety Ameri Mead MSW.
12.10.96 #23	1hr.	1 obj. 1, 2 4	B. came in 'armed' to defend himself concerning need for eval. - articles, arguments etc. - believes he needs "a crutch", something to help him handle his acute sensitivity & and that pot works for him. Believes world is biased against it w/out understanding the drug - angry that alcohol, cigs, coffee ^{use} etc. are not scrutinized similarly. - believes he will not receive a fair eval., will not be heard. / Did mention that he would like to cut down his use. / Believes that his daughter should not smoke - concern re 2-motivational syndrome - feels he does not suffer from this - but that adolescents have been proven to be more susceptible. Said he would call evaluators. / Ameri Mead MSW
12.17.96 #24	1hr.	1, 4 obj. 2 4	B. reports that he made appt. w/ F.M. which has triggered state of increased anxiety for him - feeling of being under attacked by the agency - a familiar feeling - on the defensive - more an "War on Drug Users" how govt stonewalls any useful ^{useful} research ^{research} evaluating mjs positive benefits - how govt. ignores wt. of medical opinion. Discussed at what pt. he would consider

PROGRESS NOTES

CLIENT: Kevin Szunders DATE: Dec. 17. 96 TO: Dec. 31. 96
 D.O.B.: 5.11.56 THERAPIST: Ameri Mezder

Date Sess#	Time	Goal	COMMENTS <i>(Treatment Plan must be completed no later than the 3rd post-admission session.)</i> <u>Medicaid Only</u>
12.17.96 #24 cont.	1 hr.	1, 4 obj. 2, 4	his use to be problematic - with increased constipation &/ or increased depression / Discussed more re childhood exp. of dysphoria - the constriction - how painful school was for him - ^{how much painful} far more than his exper of his fam. where he felt more accepted - protected by his mom who respected his emotionality. Discussed how he managed the neg. experiences with his intellect - aggressively challenging others. Disclosed re 20 yr. habit of fingers & toenail chewing - under control now - indicative of intense anxiety. Ameri Mezder MSW.
12.26.96			returned pc from BS dry after christmas - client very agitated after being arrested for DWI on Sat. before xmas - feeling judgment that he'd been framed - set-up by the policeman involved who he believes must have seen him coming out of the bar that night. Discussed details of the incident, B's interpretations of the events involved and his plan for containing his anxieties triggered by the situation. Determined that he would talk again in a few days & that B. would contact RETH in the interim re poss. medication to help lower his anxiety & contain his ^{tendency to} obsessive thinking about the incident. A.M. MSW.
12.28.96			called BS - no ans. / left message A.M.
12.30.96			returned pc from BS - who reported having been arrested again - police called to his house by S who charged him w/ harassment & possibly w/ rape. police returned later Sun. morning & arrested him for possession of 2 unregistered pistols handguns - 2 pistols he'd inherited from his father. Discussed details of incident w/ S - context & content of their arguments & struggles. S. went to hosp. for rape assessment - evidence: bruise on her face, scratch on chest etc. / has gotten an order of protection against B. > B. reported feeling very "stressed-out" - besieged - victimized. Said he would call RETH today & would see me tomorrow for appt. as planned. A. Mezder MSW
12.31.96 #25	1 hr.	1, 2 obj. 2, 4	B. reported having spoken w/ RETH - resumed prozac - feels he needs something more to help him manage what he termed his "profound state of agitation" triggered by preceding weeks events. Reported serious trouble sleeping, and feeling fearful & threatened: "I'm scared of Sgt. C," the officer who "framed me" and intentionally ^{seeks} arrested w/ S. who he feels convinced to systematically & turn all their friends in common against him & to try wreck his reputation. B. has been formally charged w/ harassment & intimidation by S - not w/ rape. Posted \$1,000 bail for misdemeanor for which he was arrested. Plans to plead guilty to that charge & be innocent to DWI - Court

PROGRESS NOTES

CLIENT: Kevin Saunders DATE: 12-31-96 TO: 1-11-97
 D.O.B.: 5-11-56 THERAPIST: Amari Mezder

Date	Time	Goal	COMMENTS
12-31-96 cont. #25	1 hr.	1, 2 obj: 2, 4	<p align="center"><u>COMMENTS</u> (Treatment Plan must be completed no later than the 3rd post-admission session.) <u>Medicaid Only</u></p> <p>appearances scheduled for Jan 8 & Jan 15 - Has hired lawyer to represent him in DWI case, who as of yet knows nothing about most recent arrest & charges. / Concern re S's having possibly planted or left a cache of her drugs hidden somewhere in his house - leaving him vulnerable. Also concerned about her suicidal potential - continues to worry for her safety. / Discussed session B. had w/ F.M. - his impressions, his sense of the usefulness of their mtg. Disclosed that he had quit smoking ^{pot} since their session & had not resumed use - and had made an appt. for a second session w/ F.M. / Determined that he would meet w/ REH again asap to discuss med. possibilities. & that we would talk again w/in following few days. Amari Meader MSW.</p>
1-2-97			<p>pc. to B to inform him of available appt. times w/ REH this afternoon. He said he would call to confirm a time directly. A.M. MSW.</p>
1-7-97 #26	1 hr.	1 obj: 2, 5, 6	<p align="right">- feels it's helping him</p> <p>B. saw REH - prescribed Trazadone / continuing w/ resumed course of Prozac - B. doing better feeling calmer - less agitated & afraid > has let go of police conspiracy explanation - now believes S. responsible for setting him up for both arrests - in an effort to clean him up - "tough love" feels "honored" that she would care this much - seriously considering marriage offering to marry her. - believes they could make it work w/ a commitment. Discussed pitfalls, concerns, reality of such a commitment - B's prospective role as caretaker - living w/ S's disabilities ^{this cum} / Court date tomorrow - B. wondering whether S. will even show - w/drawn charges - what she will do - Still abstaining from pot smoking, claiming "that's fixed now" - after 1 week. Amari Meader MSW.</p>
1-11-97			<p>pc. to B. to schedule next appt - client reported having gone to the hosp. early that morning w/ physical symptoms that concerned him greatly - sensation loss in hands/ heart palpitations/ dry mouth, foot pains/ vision probs/ shortness of breath - believes he saw some dr. Susan Sew - reported that his attitude was that "I was a mental case", that he appeared "more concerned re my state of mind than my state of health" / Performed EKG/ chest x ray/ eye reflex test/ 1 hr. interview w/ psych. nurse / Reported on court hearing - advised by lawyer to plead innocent to all charges - to claim that he needs representation - proposed next court appearance Jan 22 / Reported on session F.M. - much improved impression of her - oriented drug hist & romantic hist w/ her - spoke of "overly tight" relationship w/ his mom. Amari Meader MSW.</p>

PROGRESS NOTES

CLIENT: Kevin Saunders DATE: 1.14.97 TO: 1.21.97
 D.O.B.: 5.11.56 THERAPIST: Amzri Meador

Date Sess#	Time	Goal	COMMENTS <i>(Treatment Plan must be completed no later than the 3rd post-admission session.)</i> <u>Medicaid Only</u>
1.14.97 #27	1hr	1, obj: 1,2	Client quit Trazzadone feeling believing that it was responsible for the panic-attack like symptoms he was experiencing. Has resumed smoking pot. Wants to quit cigarettes - but feels that its unlikely he could given the stress factors in his life at present. Discussed poss. of using F.M. to facilitate this process. Wants medical test to determine whether any underlying physical conditions are resp. for his anxiety, & for other symptoms still ^{of concern} present - like sensation loss. Wants to find "right medication" to alleviate his symptoms so that he can quit pot altogether / Seeing F.M. 1-17 Planning ^{2 ppt. for full} physical. / Cont. discussion of his conception of B's plan, schemz - where it leaves him sees his publicly claiming to others that he intends to marry her ^{his formal} pursuit of her - in line w/ her traditional framework & needs. / Stated that he's actively depressed - as a result of his fatigued state ^{which is a result of} his degree of agitation re current sit. Unable to stay focused enough to work at present. Mood appeared more stable. Amzri Meador MSW
1.18.97			pc from JS re B's call to her over wkend - believes he's been infected w/ HIV by S. - that he's suffering primarily from effects of neurological do, Guillaume-Barré syndrome - anxiety up. Discussed w/ JS plans to terminate - how to let B. know that what he needs the care he needs, & that agency is not qualified to give him - and what our my recommendation is. Amzri Meador
1.19.97			pc to BS in response to his call of 1.18 - listened to his explanation of his current symptoms - his self-diagnosis. Discussed briefly my recommendation for term treatment - involving detox complex physical w/ medical dr. & neurological work-up - and the need for detox - Decided to talk this over at length at next session. Amzri Meador MSW
1.19.97			pc. to F.M. to discuss her recommendation & evolution re BS - confirmed need for more in-depth services involving detox so as to allow for more accurate diagnosis of client's condition. Amzri Meador MSW
1.21.97 #28	1hr.		Client appeared slightly more agitated - geared-up about Guillaume-Barré syndrome - convinced that this condition ^{lies} at the heart of his difficulties. Had pulled together a great deal of info re the condition & matched the symptoms up w/ his own - wanting to sell this idea & concurrently his need for contin pot use to control its effects. Discussed at length ^{his} his ^{taking} this up w/ ^{his} neurologist - details of his first appt. - need for follow up appt. / Discussed clients impression of his last appt. w/ F.M. & his reaction to her recommendation / Discussed my recommendation recommendation that he follow through he follow through w/ the recommended course of detox - that we work together

PROGRESS NOTES

CLIENT: Kevin Saunders DATE: 1-21-97 TO: 1
 D.O.B.: 5-11-56 THERAPIST: Amzri Meade

Date Sess#	Time	Goal	<p align="center"><u>COMMENTS</u> (Treatment Plan must be completed no later than the 3rd post-admission session.) <u>Medicaid Only</u></p>
1-21-97 (#28 cont)	1 hr.		<p>appeared to be foundering as indicated by the recent surge in his symptoms & that other more comprehensive treatments were indicated now clearly indicated. Discussed termination issues - client appeared to understand my stand & did not respond reactively - interpreting it as 2 fundamental diff. of opinions. Determined we would meet for one additional session. Amzri Meade MSW.</p>
1-30-97 #29	1 hr.		<p>Client claiming that his mood & sense of well-being has greatly improved - functioning at "app. 70% of peak capacity" Attributed turn-around to his having resumed pot-smoking - which was^{was} solidified for him his unwillingness to participate in any detox pgm - reifying his need for pot as the only^{only} currently available to him, that will control & alleviate his symptoms. Produced 3 pg. document detailing his self-diagnosis - which he wanted to sign in session & leave as his statement in his file - and did so.</p> <p>Also produced a photograph of himself dressed, as a woman, as "my truest self", to be included in his file. Discussed term. issues - client expressed his disappointment that we could not continue but^{but} his understanding & respecting our different "choices" - and our need to follow through with our determinations. This clinician expressed her willingness to re-engage at any time in the future when & if B. was^{were to choose} to discontinue his substance use. Amzri Meade MSW.</p>
2-6-97			<p>Client arrested for allegedly having set fire to S's past place of residence.</p>

Discussed again my determination of need for termination in light of client's ~~continued use of pot & alcohol & my recommendation that he seek tx elsewhere.~~
 more comprehensive

Was termination result of no-show and/or cancellations by client?

Yes

No

If yes, date letter sent _____

If yes, date phone call made _____

Client response _____

Additional follow up conducted _____

DISCHARGE UTILIZATION : MEDICAL/SUPERVISORY REVIEW

Closing Summary is consistent with Clinical policy and practice?

Yes No

If case closed due to no-shows/cancellations, has there been follow-up and referral?

Yes No

Closing Summary completed within 90 days of termination?

Yes No

MEDICAID CLIENTS ONLY:

Physicians Signature

date

ALL CLIENTS:

D. Furlay MSW

2/12/97

Supervisor Signature

date

Closing Summary

Re: Kevin Saunders (D.O.B. 5/1/56)

Number of Sessions: 29

Reason for termination:

Over the course of 29 individual sessions between 5/96 - 1/97, Kevin worked to better understand and manage the root causes of his vulnerability to depression and anxiety. The symptoms of which were triggered by what he describes as his "acute sensitivity" to the world around him. After a lengthy deliberation Kevin began a course of anti-depressants. In session he explored the impacts of family and childhood experiences on his self concept and his ability to trust others. Although different therapeutic interventions were implemented to assist Kevin in gaining control of his anxiety - little progress was noted by this therapist in his ability to set appropriate boundaries for himself and others and to moderate his reactivity to daily interactions with others. Though Kevin openly admitted his chronic use of mood-alerting substances to control his anxiety - and ultimately submitted to a drug evaluation with a qualified professional - he adamantly denied that his use was inappropriate and chose ultimately to dismiss the recommendations of the evaluator and this clinician. At this point his treatment was terminated as a clear determination regarding the true nature of his underlying issues (condition?) and the most effective treatment direction were, in this clinician's estimation, confounded by his unwillingness to take responsibility to control his chronic use of mood altering drugs.

Over the last 2 months of therapy, Kevin reported on several incidents which seemed to clearly indicate a pattern of increasingly problematic behaviors. These included an arrest for DWI, an arrest for possessing unlicensed handguns and a harassment charge levied by his girlfriend after a particularly volatile night's interactions. He also reported having a seizure-like collapse for which he admitted himself to the hospital. Kevin's interpretation of these events indicated to this clinician a mounting level of (paranoia?) anxiety and delusional thinking on his part.

Kevin could see himself only as the victim of his circumstances, a pawn in the conspiracies of others: the police, the hospital doctors, and most prominently, his girlfriend. Unable or unwilling, to take responsibility for any of his own behaviors - he maintained that these separate events were all inter-related, planned and carried out to entrap him - his girlfriend being the central figure bent on manipulating him to her own ends. According to the day, these ends were interpreted by Kevin as malicious, with an eye - to destroying him or as loving, with the ultimate goal of marrying him.

Over the course of the last 2 or 3 sessions Kevin insisted on dismissing the recommendations given him for more comprehensive treatment and became fixed on the belief that all of his present symptoms and behaviors could be attributed to the neurological disorder - Guillanne Barre Syndrome - for which he presented a lengthy self-diagnosis and treatment plan. It was at this point that he was terminated and the following recommendations and referrals were made:

- 1.) Alcoholism Council - for further assessment, ~~and~~ medical consultation and support services to facilitate Kevin regarding detoxification.
- 2.) Fran Markover, CSW, CAC, NCAC - for further counseling regarding drug abuse.
- 3.) A comprehensive physical with a general physician.
- 4.) A neurological evaluation with an appropriate specialist.
- 5.) Possible hospital-based in-patient dual diagnosis program e.g.. Elmira's St. Josephs.