

**[00:00:00]** Provider: Hi there, come on in and have a seat wherever you're comfortable. I'm Dr. Sarah Martinez, and you must be Michael?

**[00:00:08]** Client: Yeah, that's me. Um, thanks. Is this chair okay?

**[00:00:13]** Provider: Absolutely, wherever you're most comfortable. So before we begin, I just want to let you know that everything we discuss today is confidential with a few exceptions that I'll go over in a moment. How are you doing today?

**[00:00:28]** Client: I'm... I'm okay, I guess. Just tired. Really tired.

**[00:00:35]** Provider: I hear you saying you're tired. Can you tell me a bit more about what brings you in today?

**[00:00:43]** Client: Yeah, so I've been feeling really down lately. Like for the past few months, maybe longer. My doctor suggested I talk to someone because I just can't seem to shake it.

**[00:00:57]** Provider: I appreciate you taking that step to come in. It can be really difficult to reach out. When you say you've been feeling down, what does that look like for you day to day?

**[00:01:10]** Client: It's like... sorry, give me a second.

**[00:01:15]** Provider: Take your time.

**[00:01:18]** Client: It's like everything takes so much effort. Getting out of bed is hard. Going to work feels impossible some days. I used to love my job, you know? I work in marketing, and I used to be really creative and excited about projects. Now I just stare at my computer screen.

**[00:01:40]** Provider: That sounds really challenging, especially when you remember how things used to feel different. How long would you say you've noticed this change in your energy and motivation?

**[00:01:53]** Client: Probably since around January. Maybe even before the holidays. It's hard to pinpoint exactly when it started.

**[00:02:03]** Provider: That's completely understandable. Sometimes these feelings can develop gradually. Have there been any significant changes or events in your life around that time?

**[00:02:15]** Client: Well, my dad passed away last year. In October. But I thought I was handling it okay, you know? I took some time off work, went to the funeral, spent time with family.

**[00:02:30]** Provider: I'm so sorry for your loss. Grief can be a complex process, and everyone experiences it differently. Sometimes the full impact doesn't hit us until months later.

**[00:02:43]** Client: Yeah, maybe. I don't know. I just feel like I should be over it by now. Everyone else seems to have moved on.

**[00:02:53]** Provider: There's no timeline for grief, and there's no "should" when it comes to how we process loss. Can you tell me more about your relationship with your dad?

**[00:03:06]** Client: We were close. Really close actually. He was the one I'd call when things got tough. He always knew what to say. Sorry, I need a tissue.

**[00:03:19]** Provider: Of course, they're right there on the side table. Take all the time you need.

**[00:03:26]** Client: Thanks. Yeah, so he was kind of my rock, you know? And now it's like I'm just floating without an anchor.

**[00:03:37]** Provider: That's a really powerful way to describe it. Losing someone who provided that stability and support can leave us feeling very untethered. How has this affected your daily routine?

**[00:03:52]** Client: Everything's off. I'm not sleeping well. I either can't fall asleep or I sleep too much. Twelve, thirteen hours sometimes on weekends. And I'm not eating right. Sometimes I forget to eat all day, other times I just eat junk.

**[00:04:10]** Provider: Sleep and appetite changes are common when we're struggling with depression. Are you still able to go to work most days?

**[00:04:20]** Client: Yeah, most days. I've called in sick more in the past three months than I did in the previous three years combined. My boss has started to notice. She asked if everything was okay last week.

**[00:04:35]** Provider: What did you tell her?

**[00:04:38]** Client: Just that I've been dealing with some personal stuff. She was understanding, but I can't keep this up. I need this job.

**[00:04:48]** Provider: It sounds like work is important to you, both financially and perhaps as part of your identity. Let's talk about your support system. Who do you have in your life right now that you can talk to?

**[00:05:03]** Client: My mom, I guess. But she's dealing with her own grief. My sister lives across the country. I have some friends, but I've been kind of pulling away from them.

**[00:05:17]** Provider: Can you tell me more about pulling away from friends?

**[00:05:22]** Client: I just don't have the energy to pretend I'm okay. They want to go out, have fun, and I just... I can't. So I make excuses. Say I'm busy or not feeling well.

**[00:05:37]** Provider: It takes a lot of energy to put on a mask when we're struggling. Have any of your friends reached out or expressed concern?

**[00:05:47]** Client: Yeah, my buddy Tom keeps texting. We used to play basketball every Saturday. I haven't gone in months. He keeps asking if I'm okay.

**[00:05:59]** Provider: What would it be like to be honest with Tom about how you're feeling?

**[00:06:05]** Client: I don't know. Scary, I guess. I don't want to be a burden. Everyone has their own problems.

**[00:06:14]** Provider: I hear that you're concerned about being a burden. Can I share something with you? Often when we're depressed, our brain tells us stories that aren't necessarily true. The idea that we're a burden is one of those common stories. In reality, people who care about us usually want to help.

**[00:06:35]** Client: Maybe. It's just hard to believe that right now.

**[00:06:40]** Provider: That makes complete sense. Depression has a way of coloring how we see everything, including ourselves and our relationships. Let me ask you, before this period of feeling down, how would you have described yourself?

**[00:06:56]** Client: Honestly? I was pretty confident. Outgoing. I liked trying new things. I was training for a half marathon actually. Haven't run in months now.

**[00:07:10]** Provider: That's quite a contrast to how you're feeling now. What was it about running that you enjoyed?

**[00:07:18]** Client: The clarity, I guess. When I ran, my mind would clear. Problems seemed smaller. I felt strong. Now I can barely walk up the stairs without feeling exhausted.

**[00:07:33]** Provider: Physical activity can be incredibly powerful for mental health. The fact that you've lost interest in something you previously enjoyed is what we call anhedonia, and it's a common symptom of depression.

**[00:07:48]** Client: Is that what this is? Depression? I keep thinking I'm just being weak or lazy.

**[00:07:56]** Provider: Based on what you're sharing - the persistent low mood, loss of interest in activities, sleep disturbances, appetite changes, fatigue, and those self-critical thoughts - these are all symptoms that align with depression. And Michael, this isn't about being weak or lazy. Depression is a real medical condition.

**[00:08:20]** Client: I guess I knew that intellectually, but it's different when it's happening to you.

**[00:08:27]** Provider: Absolutely. There's often a disconnect between what we know logically and what we feel emotionally. Have you had any thoughts of hurting yourself?

**[00:08:39]** Client: No, not really. I mean, sometimes I think it would be easier if I just didn't wake up, but I wouldn't do anything. I couldn't do that to my mom, especially after dad.

**[00:08:54]** Provider: I appreciate your honesty about those thoughts. It's actually quite common for people with depression to have passive thoughts like wishing they wouldn't wake up. The fact that you have protective factors, like not wanting to hurt your mom, is important. But I want you to know that if those thoughts ever become more active or you start thinking about specific ways to hurt yourself, I need you to reach out immediately.

**[00:09:22]** Client: Okay. I will. It's actually a relief to talk about this stuff.

**[00:09:29]** Provider: I'm glad you feel that way. That's what this space is for - to talk about the things that feel too heavy to carry alone. Let me ask you, what would you like to get out of our work together?

**[00:09:45]** Client: I just want to feel like myself again. I want to care about things. I want to not dread waking up every morning.

**[00:09:56]** Provider: Those are really important goals. Getting back to feeling like yourself, rediscovering joy and purpose, and improving your mornings. These are definitely things we can work on together. I primarily use a combination of approaches, including Cognitive Behavioral Therapy, which looks at how our thoughts, feelings, and behaviors are connected.

**[00:10:20]** Client: I've heard of that. Does it actually work?

**[00:10:24]** Provider: There's strong research supporting CBT for depression. The basic idea is that when we're depressed, we often get caught in negative thought patterns that influence how we feel and what we do. By identifying and challenging these patterns, we can start to shift things.

**[00:10:44]** Client: Can you give me an example?

**[00:10:47]** Provider: Sure. Earlier you mentioned thinking you're weak or lazy. That's what we call a negative automatic thought. These thoughts pop up quickly and we often accept them as truth. But if your best friend came to you and said they were struggling with depression, would you tell them they were weak or lazy?

**[00:11:08]** Client: No, definitely not. I'd tell them to get help, that it's not their fault.

**[00:11:15]** Provider: Exactly. So there's a double standard in how you're treating yourself versus how you'd treat others. Part of our work will be catching these patterns and developing more balanced, compassionate ways of thinking.

**[00:11:31]** Client: That makes sense. It's just hard to imagine thinking differently when everything feels so heavy.

**[00:11:39]** Provider: I understand. Change doesn't happen overnight, and I'm not expecting you to suddenly think positively. This is a gradual process, and we'll take it one step at a time. Speaking of steps, I'm curious - what's one small thing you used to enjoy that might be manageable to try this week?

**[00:12:01]** Client: I don't know. Everything feels like too much.

**[00:12:06]** Provider: What if we start really small? Not a half marathon, but maybe a five-minute walk?

**[00:12:14]** Client: Five minutes? I mean, I guess I could try that.

**[00:12:20]** Provider: Even five minutes can be a victory when depression makes everything feel impossible. Would you be willing to try it once this week? No pressure, just an experiment.

**[00:12:33]** Client: Yeah, okay. I can try for five minutes.

**[00:12:38]** Provider: Great. And I want to be clear - if you try and only make it three minutes, or if you don't manage it at all, that's okay. We're just gathering information about what's possible right now. Can we also talk about your sleep schedule?

**[00:12:56]** Client: It's all over the place. Some nights I'm up until 3 or 4 am just lying there. Then I can't get up for work.

**[00:13:06]** Provider: That sounds exhausting. What do you typically do when you can't sleep?

**[00:13:13]** Client: Scroll through my phone mostly. Or just lie there thinking about everything I've screwed up or need to do.

**[00:13:22]** Provider: The phone can actually make it harder to fall asleep because of the blue light. And lying in bed worrying creates an association between your bed and anxiety. Have you tried any strategies for better sleep?

**[00:13:38]** Client: Not really. Sometimes I take melatonin but it doesn't seem to help much.

**[00:13:45]** Provider: We can definitely work on what we call sleep hygiene - strategies to improve your sleep quality. But first, I'm wondering if you've considered medication as part of your treatment?

**[00:13:59]** Client: My doctor mentioned antidepressants, but I don't know. I'm worried about side effects. And doesn't it mean I'm really messed up if I need medication?

**[00:14:12]** Provider: That's another one of those thoughts we might want to examine. Would you think someone was "messed up" for taking medication for diabetes or high blood pressure?

**[00:14:24]** Client: No, that's different though.

**[00:14:27]** Provider: Is it though? Depression involves brain chemistry, just like diabetes involves insulin. Medication can be a tool to help restore balance while we work on the other pieces. That said, it's completely your choice, and therapy alone can also be very effective.

**[00:14:47]** Client: I'll think about it. Maybe if therapy doesn't help.

**[00:14:53]** Provider: That's a perfectly reasonable approach. We can always revisit it later. Now, I want to check in about something. How are you feeling about being here today?

**[00:15:05]** Client: Honestly? Better than I expected. I was dreading this all week, but you're easy to talk to.

**[00:15:14]** Provider: I'm really glad to hear that. Building a comfortable therapeutic relationship is so important. Do you have any questions for me about how therapy works or what to expect?

**[00:15:28]** Client: How long does this usually take? Like when will I feel better?

**[00:15:35]** Provider: That's a great question and I wish I had a definitive answer. Everyone's journey is different. Some people start noticing small improvements in a few weeks, for others it takes longer. What I can promise is that if you're willing to engage in the process, things can get better.

**[00:15:56]** Client: I just want to feel hope again. Right now everything feels pointless.

**[00:16:03]** Provider: That feeling of hopelessness is one of the cruelest parts of depression. It tells us things will never get better, but that's the depression talking, not reality. Can I share what I've observed just in our conversation today?

**[00:16:20]** Client: Sure.

**[00:16:22]** Provider: You made it here, which took courage. You've been open and honest about your struggles. You're willing to try a small walk. You're thinking critically about treatment options. These might seem small, but they're actually signs of strength and resilience.

**[00:16:41]** Client: I hadn't thought about it that way.

**[00:16:45]** Provider: Depression has a way of filtering out anything positive. Part of our work will be helping you notice these moments. Now, let's talk about between now and when I see you next week. Besides the walking experiment, what else do you need to manage this week?

**[00:17:05]** Client: Work mainly. I have a big presentation on Thursday that I haven't started.

**[00:17:12]** Provider: How do you typically approach big tasks when you're feeling overwhelmed?

**[00:17:18]** Client: Lately? I avoid them until the last minute then panic.

**[00:17:24]** Provider: What if we broke it down? What's the very first step you'd need to take for this presentation?

**[00:17:32]** Client: I guess I'd need to open the project file and see what's required.

**[00:17:38]** Provider: That's it. Just open the file. You don't have to do anything else. Could you commit to just that one step?

**[00:17:47]** Client: Yeah, I can open a file. That's pretty pathetic that that's all I can commit to.

**[00:17:54]** Provider: I'm going to gently challenge that thought. When we're depressed, opening that file can feel like climbing a mountain. Recognizing what you can realistically do and setting achievable goals is actually really smart, not pathetic.

**[00:18:12]** Client: I suppose. It's just hard when I used to be able to knock out presentations in a few hours.

**[00:18:20]** Provider: Comparing your depressed self to your well self isn't fair or helpful. If you had a broken leg, you wouldn't expect to run at the same pace. Mental health struggles deserve the same compassion.

**[00:18:36]** Client: I never thought about it like that. A broken leg versus a broken brain.

**[00:18:43]** Provider: Well, I wouldn't say broken. More like your brain is working overtime trying to manage a lot of pain and difficult emotions. It's exhausting, which is why everything else feels so hard.

**[00:19:00]** Client: That actually makes me feel a bit better. Like there's a reason I'm struggling, not just that I'm failing at life.

**[00:19:10]** Provider: Exactly. You're not failing at life. You're dealing with a significant loss, managing depression, and still showing up to work most days and now to therapy. That takes tremendous strength.

**[00:19:26]** Client: Thanks. I needed to hear that. Sorry, can I grab some water? My mouth is really dry.

**[00:19:34]** Provider: Of course, there's water right there on the side table. Take your time.

**[00:19:40]** Client: Thanks. So what happens now? Do I just come back next week?

**[00:19:47]** Provider: Yes, I'd like to see you weekly to start. Consistency is important, especially in the beginning. We'll keep building on what we started today. I'll also give you a mood tracking sheet that can help us identify patterns.

**[00:20:05]** Client: Homework already?

**[00:20:08]** Provider: Think of it more as data collection. Just a simple scale of 1-10 for your mood each day, and any notes about sleep or significant events. It helps us see patterns and progress that might be hard to notice day to day.

**[00:20:26]** Client: Okay, I can do that. Numbers are easier than feelings.

**[00:20:32]** Provider: Many people find that to be true. Before we wrap up, I want to revisit something. You mentioned sometimes wishing you wouldn't wake up. I want to make sure you have resources if those feelings get stronger.

**[00:20:49]** Client: I'm okay, really. It's more like... I just want the pain to stop, you know? Not my life.

**[00:20:58]** Provider: I understand that distinction, and it's an important one. Still, I want you to have the crisis hotline number just in case. Weekends and evenings can be particularly difficult when you're dealing with depression.

**[00:21:15]** Client: Okay. Yeah, weekends are the worst. Too much time to think.

**[00:21:22]** Provider: What did weekends used to look like for you, before all this?

**[00:21:28]** Client: Basketball with Tom, like I mentioned. Brunches sometimes. I'd work on my car - I restore old vehicles as a hobby. Haven't touched my Mustang in months.

**[00:21:42]** Provider: A Mustang? What year?

**[00:21:45]** Client: 1967. It was my dad's actually. We were working on it together.

**[00:21:53]** Provider: That must add another layer of difficulty, having that unfinished project you shared with him.

**[00:22:02]** Client: Yeah. I can't even go in the garage. It's too much.

**[00:22:08]** Provider: That's completely understandable. Grief can attach itself to objects and places. When you're ready, we can talk about ways to approach those difficult reminders. But there's no rush.

**[00:22:24]** Client: Maybe someday. I'd like to finish it. For him, you know?

**[00:22:31]** Provider: That sounds like it could be a meaningful way to honor his memory, when you're ready. These kinds of goals can actually be really helpful in recovery - having something meaningful to work toward.

**[00:22:47]** Client: I just don't know if I'll ever be ready.



**[00:22:52]** Provider: And that's okay. Healing isn't linear, and there's no timeline you have to follow. For now, we're focusing on small steps. A five-minute walk. Opening a file. Tracking your mood. These might seem insignificant, but they're building blocks.

**[00:23:13]** Client: Baby steps, right?

**[00:23:16]** Provider: Exactly. And some days, even baby steps might feel like too much, and that's okay too. This is a process, and I'll be here to support you through it. How are you feeling as we wrap up today?

**[00:23:32]** Client: Tired, but also... lighter somehow? Like I've been carrying all this alone and now someone else knows.

**[00:23:43]** Provider: That's a beautiful way to put it. You don't have to carry this alone anymore. I'm curious, when you say lighter, where do you feel that in your body?

**[00:23:57]** Client: Huh, I hadn't thought about it. My chest, I guess. It's like I've been holding my breath for months and can finally exhale a little.

**[00:24:09]** Provider: That's a really insightful observation. Our bodies often hold onto emotional pain. Have you noticed other physical symptoms along with the depression?

**[00:24:23]** Client: Yeah, actually. My back hurts all the time now. Headaches too. I thought it was just from lying in bed so much.

**[00:24:34]** Provider: Physical pain and depression often go hand in hand. The same neurotransmitters that affect mood also influence how we experience pain. Are you doing anything for the physical discomfort?

**[00:24:50]** Client: Just ibuprofen sometimes. I used to do yoga with my ex, but we broke up about a year ago.

**[00:24:59]** Provider: Was that breakup another significant event in your life before your dad's passing?

**[00:25:07]** Client: Yeah, we were together for five years. She said I was emotionally unavailable. I guess she was right.

**[00:25:17]** Provider: That's a lot of loss in a relatively short period. How did you cope with the breakup at the time?

**[00:25:26]** Client: I threw myself into work and training for that half marathon. Dad helped a lot actually. He'd check on me, make sure I was eating. We'd work on the car together more.

**[00:25:41]** Provider: So in some ways, you lost not just your father but also your main support system after the breakup.

**[00:25:50]** Client: I never thought about it like that, but yeah. He was the one who helped me through it.

**[00:25:58]** Provider: That compounds the grief. You lost the person who helped you process other losses. Have you had any contact with your ex since your dad passed?

**[00:26:11]** Client: She came to the funeral. Sent a few texts checking in. But I haven't really responded. What would I even say?

**[00:26:22]** Provider: What comes up for you when you think about responding to her?

**[00:26:28]** Client: I don't know. Shame maybe? Like she was right about me being emotionally unavailable and here I am proving it again.

**[00:26:39]** Provider: That's that critical voice again. Let me ask you something - is not responding when you're in the depths of grief the same as being emotionally unavailable in a relationship?

**[00:26:54]** Client: I guess not. But I feel like I should be handling this better.

**[00:27:01]** Provider: There's that word again - should. Who says how you should be handling grief and depression?

**[00:27:10]** Client: I don't know. Society? Other people seem to function after loss.

**[00:27:17]** Provider: Do they though? Or do we just see what people show us on the surface? Grief and depression are often invisible struggles.

**[00:27:29]** Client: True. My mom seems fine most of the time, but I heard her crying in her room last week when I stopped by.

**[00:27:39]** Provider: Everyone grieves differently. Some people are more private about their pain. Speaking of your mom, how often do you see her?

**[00:27:51]** Client: Maybe once a week. She always wants me to stay for dinner but I usually make excuses.

**[00:27:59]** Provider: What would it be like to stay for dinner?

**[00:28:04]** Client: Hard. Dad's chair is still at the table. She hasn't moved any of his things. It's like she's waiting for him to come home.

**[00:28:16]** Provider: People process loss at different speeds. Some need to hold onto physical reminders, others need to clear them away quickly. What did you do with your dad's things?

**[00:28:30]** Client: Nothing yet. I have some boxes in my apartment that mom gave me. His tools, some photos, his watch. I can't look at them.

**[00:28:42]** Provider: That's completely normal. There's no rush to go through those items. When you're ready, it might be something we can process together if that would be helpful.

**[00:28:55]** Client: Maybe. God, there's so much I didn't get to say to him.

**[00:29:02]** Provider: Like what?

**[00:29:05]** Client: Just... thank you, I guess. For everything. For teaching me to work with my hands. For never judging me. For being there. I thought we had more time.

**[00:29:20]** Provider: We often think we have more time. It's one of the hardest parts of unexpected loss. What do you think your dad would say if he knew how grateful you were?

**[00:29:34]** Client: He'd probably just nod and pat my shoulder. He wasn't big on words but he showed love through actions. Like working on that car with me every weekend.

**[00:29:47]** Provider: It sounds like you inherited that from him - showing care through doing things together rather than talking about feelings.

**[00:29:57]** Client: Yeah, maybe that's why relationships are hard for me. I'm better at doing than talking.

**[00:30:05]** Provider: There's nothing wrong with being action-oriented. Different people express care differently. The key is finding balance and being able to communicate in multiple ways when needed.

**[00:30:20]** Client: I just wish I'd told him I loved him more. We knew, but we didn't say it much.

**[00:30:28]** Provider: Love can be expressed in many ways. It sounds like every hour you spent working on that Mustang together was a way of saying it.

**[00:30:39]** Client: I guess you're right. Still feels like it wasn't enough.

**[00:30:45]** Provider: Grief often comes with regrets and "what ifs." It's part of the process. Can you think of a specific memory with your dad that captures your relationship?

**[00:31:00]** Client: There was this one time, I was maybe sixteen. I completely screwed up installing a carburetor. Gas everywhere. I was so frustrated I threw a wrench. He just calmly cleaned up the mess and said, "Let's try again. Everyone makes mistakes."

**[00:31:20]** Provider: What a beautiful memory. He taught you patience and persistence. How do you think he'd respond to you struggling right now?

**[00:31:32]** Client: The same way probably. He'd say everyone goes through hard times. To take it one day at a time.

**[00:31:41]** Provider: It sounds like you carry his wisdom with you. Sometimes when we're grieving, we can still access the lessons and love from those we've lost. What would taking it one day at a time look like for you right now?

**[00:31:58]** Client: I don't know. Just getting through each day feels like a marathon. And I used to actually run marathons.

**[00:32:08]** Provider: That's actually a helpful comparison. When you trained for marathons, did you start by running 26 miles?

**[00:32:17]** Client: No, of course not. Started with short runs and built up slowly.

**[00:32:23]** Provider: Right. So maybe we approach your recovery the same way. We're not aiming for a marathon right now. We're just trying to get you laced up and out the door.

**[00:32:37]** Client: That makes sense. But even putting on running shoes feels impossible.

**[00:32:44]** Provider: Then maybe we start even smaller. What about just putting on athletic clothes one day? Not to run, just to wear them.

**[00:32:54]** Client: That seems pointless though.

**[00:32:58]** Provider: Sometimes we need to trick our brains a little. Putting on running clothes might remind your body of how it felt to be active. It's a small step toward reconnecting with that part of yourself.

**[00:33:13]** Client: Like fake it till you make it?

**[00:33:17]** Provider: More like gentle steps toward readiness. You mentioned earlier that everything feels pointless. Can you tell me more about that feeling?

**[00:33:29]** Client: It's like, what's the point of anything? We work, we struggle, we build relationships, and then people die or leave. Nothing lasts.

**[00:33:42]** Provider: That's a really heavy existential weight you're carrying. When did these thoughts about meaninglessness start?

**[00:33:52]** Client: After dad died. I keep thinking, he worked his whole life, saved money, had plans for retirement. And then gone. Just like that. Heart attack at 58.

**[00:34:07]** Provider: That's so young. The suddenness must have been shocking.

**[00:34:13]** Client: I was the one who found him. In the garage, next to the car. I tried CPR but it was too late.

**[00:34:23]** Provider: Oh Michael, I'm so sorry. That's a traumatic experience on top of the loss itself. Have you talked to anyone about finding him?

**[00:34:35]** Client: No. Mom doesn't know I was the one who found him first. I told her he was already gone when I got there. Didn't want to add to her pain.

**[00:34:47]** Provider: You've been carrying that alone to protect her. That's a heavy burden. How do you feel about sharing it with me now?

**[00:34:58]** Client: Scared. Like if I talk about it too much, I'll see it again. I already dream about it.

**[00:35:07]** Provider: Nightmares about that day?

**[00:35:11]** Client: Yeah. Sometimes I'm trying to save him but I can't move. Sometimes I get there earlier and he's okay, then I wake up and remember he's not.

**[00:35:25]** Provider: Those kinds of dreams are common after trauma. Your mind is trying to process what happened, sometimes by replaying it or imagining different outcomes. Are the nightmares affecting your sleep issues?

**[00:35:41]** Client: Definitely. I'm afraid to sleep sometimes. Afraid of the dreams.

**[00:35:48]** Provider: That creates a terrible cycle - you need rest to heal, but sleep brings painful dreams. Have you tried anything to manage the nightmares?

**[00:36:01]** Client: I leave the TV on sometimes. The noise helps. But then I don't really sleep deeply.

**[00:36:09]** Provider: Background noise can be soothing for some people. We can work on some specific techniques for managing nightmares. There's something called Imagery Rehearsal Therapy that can be helpful. But first, I want to make sure you're feeling okay after sharing about finding your dad. That took a lot of courage.

**[00:36:31]** Client: I feel... I don't know. Relieved but also more sad. Like saying it out loud makes it more real.

**[00:36:41]** Provider: That makes complete sense. Sometimes when we keep traumatic experiences inside, we can almost pretend they didn't happen. Speaking them aloud does make them more real, but it also allows us to process them.

**[00:36:58]** Client: Do you think that's why I can't go in the garage? The trauma thing?

**[00:37:05]** Provider: It's very likely. Places associated with traumatic events can become triggers. Your brain is trying to protect you from re-experiencing that pain. It's actually a normal response to an abnormal situation.

**[00:37:22]** Client: Will I ever be able to work on the car again?

**[00:37:27]** Provider: I believe so, yes. But it will take time and probably a gradual approach. We might start with just looking at photos of the car, then maybe standing outside the garage, slowly working up to going inside. But only when you're ready.

**[00:37:45]** Client: That sounds terrifying honestly.

**[00:37:49]** Provider: And that's okay. We're not doing any of that today or even soon. Right now, we're just talking. There's no pressure to face anything you're not ready for.

**[00:38:03]** Client: Good, because I'm definitely not ready. I can't even drive past an auto parts store without feeling sick.

**[00:38:13]** Provider: Your body is protecting you the only way it knows how. These avoidance behaviors make sense in the short term, though eventually, we'll want to gently challenge them. But again, all in good time.

**[00:38:30]** Client: Sometimes I wonder if I'll ever be normal again.

**[00:38:36]** Provider: What does normal mean to you?

**[00:38:40]** Client: Not feeling like this. Being able to work without forcing myself. Enjoying things. Not being exhausted all the time. Being able to talk about my dad without falling apart.

**[00:38:55]** Provider: Those are all reasonable goals. And I want you to know that many people who've experienced what you have - depression, grief, trauma - do get back to a place where they feel like themselves again. It's not always exactly the same as before, but they find a new normal that includes joy and meaning.

**[00:39:17]** Client: A new normal. I don't even know what that would look like.

**[00:39:24]** Provider: And you don't have to know right now. Recovery isn't about getting back to exactly where you were. Sometimes it's about integrating these experiences and finding who you are on the other side of them.

**[00:39:40]** Client: That sounds like a lot of work.

**[00:39:44]** Provider: It is work. I won't lie to you about that. But you won't be doing it alone. And we'll take it at a pace that feels manageable for you. Speaking of which, how are you feeling about everything we've talked about today?

**[00:40:00]** Client: Overwhelmed. But also glad I came. I've been holding all this in for so long.

**[00:40:09]** Provider: It's a lot to process in one session. We've covered grief, depression, trauma, relationships - that's heavy stuff. What feels most important to you as you think about moving forward?

**[00:40:26]** Client: I guess just not feeling so stuck. Like I'm in quicksand and the more I try to get out, the deeper I sink.

**[00:40:36]** Provider: That's such an apt metaphor. And just like with real quicksand, sometimes the key is to stop thrashing and move very slowly and deliberately. That's what we're going to do - slow, deliberate movements toward feeling better.

**[00:40:54]** Client: So what do I do between now and next week?

**[00:41:00]** Provider: Let's keep it simple. The mood tracking we discussed - just a number each day. Try for that five-minute walk if you can, but no pressure. And maybe, if you're up for it, respond to one text from Tom. Just one. It can be as simple as "Thanks for checking in."

**[00:41:20]** Client: That seems doable. Maybe.

**[00:41:24]** Provider: And if it's not, that's information too. We're learning what's possible right now, not setting you up to fail. Can I also suggest something else?

**[00:41:37]** Client: Sure.

**[00:41:39]** Provider: When those really dark thoughts come up - about pointlessness or wishing you wouldn't wake up - try to notice them without judgment. Maybe even write them down. Not to dwell on them, but to externalize them. Get them out of your head and onto paper.

**[00:41:58]** Client: Like journaling?

**[00:42:01]** Provider: If that feels right. Or just jotting down phrases. Whatever works. The idea is to create some distance between you and the thoughts. They're thoughts you're having, not who you are.

**[00:42:16]** Client: I used to journal actually. Haven't in months.

**[00:42:21]** Provider: What was helpful about it when you did it?

**[00:42:26]** Client: It cleared my head. Helped me figure out what I was actually feeling versus what I was thinking.

**[00:42:35]** Provider: That's a great insight. Feelings and thoughts often get tangled up, especially when we're depressed. Would you be willing to try writing just once this week? Even just a paragraph?

**[00:42:50]** Client: Yeah, I could try that. No promises it'll make sense.

**[00:42:56]** Provider: It doesn't need to make sense. It just needs to be honest. Before we wrap up, is there anything else you want to make sure we talk about today?

**[00:43:09]** Client: I guess just... is this really going to help? Talking about it? Because right now I just feel raw.

**[00:43:19]** Provider: Feeling raw is actually a sign that we're touching on things that matter. It's like cleaning a wound - it hurts, but it's necessary for healing. The rawness won't last forever, and over time, talking about these things will feel less overwhelming.

**[00:43:39]** Client: I hope so. Because right now it all just hurts.

**[00:43:45]** Provider: I know it does. And I want to acknowledge how brave you've been today. You've shared so much - about your dad, your struggles, even the trauma of finding him. That takes incredible courage.

**[00:44:02]** Client: It doesn't feel brave. It feels like desperation.

**[00:44:08]** Provider: Sometimes bravery and desperation go hand in hand. You reached out for help when you needed it most. That's what courage looks like in real life.

**[00:44:21]** Client: I guess I never thought of it that way.

**[00:44:26]** Provider: We'll keep exploring new ways of thinking about things. That's part of the work we'll do together. Before we talk about scheduling, I'm wondering - what's your work situation like? Are they aware you're seeking help?

**[00:44:43]** Client: No, I haven't told anyone at work. I'm using my lunch break for this. Extended it a bit.

**[00:44:52]** Provider: How do you feel about keeping it private?

**[00:44:57]** Client: I don't know. Part of me thinks I should tell my boss, but I'm worried about how it'll affect my job. Like they'll think I can't handle my responsibilities.

**[00:45:09]** Provider: That's a valid concern. There's still stigma around mental health, though it's getting better. You don't have to make any decisions about disclosure right now. How supportive is your workplace generally?

**[00:45:26]** Client: They talk a good game about mental health. We have an EAP program. But I've never seen anyone actually use it.

**[00:45:36]** Provider: Have you looked into the EAP? Sometimes they offer additional resources that can complement our work here.

**[00:45:45]** Client: I glanced at it. They offer like three free sessions or something. But I figured I needed more than that.



**[00:45:54]** Provider: You're probably right that three sessions wouldn't be enough for what you're dealing with. But sometimes EAPs also have other resources - support groups, wellness programs, things like that. Might be worth exploring.

**[00:46:10]** Client: Maybe. I just don't want anyone at work to know how badly I'm struggling.

**[00:46:17]** Provider: That's understandable. Let me ask you something - if a colleague came to you and shared they were dealing with depression after losing a parent, what would you think?

**[00:46:30]** Client: I'd feel bad for them. Want to help somehow. Definitely wouldn't judge them.

**[00:46:37]** Provider: Interesting how we often extend compassion to others that we deny ourselves. But I respect your choice to keep this private for now. That may change over time, or it may not, and both are okay.

**[00:46:53]** Client: I just need to keep my job. It's the only stable thing right now. If I lost that too...

**[00:47:01]** Provider: I hear how important that stability is for you. Let's think about some strategies to help you maintain your work performance while you're healing. What time of day do you typically feel most alert?

**[00:47:17]** Client: Mornings are hardest. I'm better by afternoon usually. Except today, obviously, since I'm here.

**[00:47:26]** Provider: Could you structure your day to do less demanding tasks in the morning and save important work for when you're feeling more capable?

**[00:47:37]** Client: I never thought about that. I usually just try to power through whatever's on my desk.

**[00:47:44]** Provider: Working with your natural rhythms rather than against them can help conserve energy. Depression already takes so much energy - we want to be strategic about how you use what you have.

**[00:47:59]** Client: That makes sense. I could probably do emails and administrative stuff in the morning, save creative work for later.

**[00:48:09]** Provider: Exactly. Small adjustments like that can make a big difference. I'm also wondering about your eating habits during the workday. You mentioned forgetting to eat.

**[00:48:23]** Client: Yeah, I'll look up and it's 3 pm and I haven't had anything except coffee.

**[00:48:30]** Provider: Coffee on an empty stomach can actually increase anxiety and make you feel worse. What would help you remember to eat?

**[00:48:40]** Client: I don't know. Food just seems like too much effort. Nothing tastes good anyway.

**[00:48:48]** Provider: Loss of appetite and taste is common with depression. What if we thought about food as medicine right now? Not about enjoyment, but just fuel to help your brain and body function.

**[00:49:03]** Client: I guess I could set reminders on my phone.

**[00:49:08]** Provider: That's a great practical strategy. Even something small - a protein bar, some nuts, a piece of fruit. It doesn't have to be a full meal.

**[00:49:20]** Client: My dad used to make me these amazing sandwiches when I'd help him in the garage. I can't even look at deli meat now without thinking of him.

**[00:49:32]** Provider: Food memories can be particularly powerful. They're tied to care and nurturing. Is there any food that doesn't have strong associations with your dad?

**[00:49:45]** Client: Maybe smoothies? I started drinking those when I was training. He thought they were weird, all that kale and protein powder.

**[00:49:56]** Provider: That might be a good option then. Easy to make, nutritious, and not tied to painful memories. Do you still have your blender?

**[00:50:06]** Client: Yeah, somewhere. Haven't used it in months.

**[00:50:11]** Provider: Maybe that could be another small goal - making one smoothie this week. Again, not for enjoyment, just for nutrition.

**[00:50:22]** Client: I could try. Seems easier than cooking actual food.

**[00:50:28]** Provider: Exactly. We're looking for the path of least resistance right now. Speaking of which, I noticed you mentioned your sister lives across the country. How's your relationship with her?

**[00:50:42]** Client: We're close, but she has her own life. Two kids, busy job. I don't want to burden her with my stuff.

**[00:50:52]** Provider: Has she reached out since your dad's passing?

**[00:50:57]** Client: She calls every Sunday. I usually keep it short, tell her I'm fine.

**[00:51:04]** Provider: What do you think would happen if you were honest with her about how you're struggling?

**[00:51:11]** Client: She'd worry. Probably want to fly out here. She can't afford that, and she's got the kids.

**[00:51:20]** Provider: So you're protecting her too, just like your mom. Taking care of everyone else's feelings while carrying your own pain alone.

**[00:51:31]** Client: Someone has to be strong.

**[00:51:35]** Provider: Do they though? What if everyone is trying to be strong for everyone else, and you're all suffering in isolation?

**[00:51:45]** Client: I hadn't thought about it like that. You think my mom and sister are pretending too?

**[00:51:53]** Provider: It's possible. Families often create these patterns where everyone tries to protect everyone else. But genuine connection requires vulnerability.

**[00:52:06]** Client: My dad used to say our family wasn't good at talking about feelings. He was right.

**[00:52:14]** Provider: Yet here you are, talking about feelings with me. That's breaking the pattern.

**[00:52:22]** Client: I guess it is. It's easier with a stranger though. No history, no expectations.

**[00:52:30]** Provider: That's one benefit of therapy - it's a unique relationship. I'm wondering though, as you get more comfortable expressing feelings here, you might find it easier to do with others too.

**[00:52:46]** Client: Maybe someday. Right now it all just feels too raw.

**[00:52:52]** Provider: And that's perfectly okay. There's no rush. Michael, we're getting close to time, but I want to check in one more time about the suicidal thoughts. You mentioned wishing you wouldn't wake up. How frequent are those thoughts?

**[00:53:10]** Client: Not all the time. Mostly when I first wake up and realize I have to face another day. Or at night when I can't sleep.

**[00:53:21]** Provider: So mornings and nights are particularly vulnerable times. Do you have any weapons in your home?

**[00:53:30]** Client: No, no guns or anything like that. Just kitchen knives, but I wouldn't... I couldn't do that.

**[00:53:38]** Provider: I appreciate you being honest about this. It's important we talk about it. Do you ever have more active thoughts, like making a plan?

**[00:53:49]** Client: No, nothing like that. It's more just wishing I could disappear. Like if I could just fade away without hurting anyone, that would be easier.

**[00:54:01]** Provider: I understand. That's actually a really important distinction. You're in pain and want the pain to stop, but you're not actively planning to end your life. Is that accurate?

**[00:54:14]** Client: Yeah, exactly. I just want to stop hurting.

**[00:54:19]** Provider: And that's what we're going to work on together - finding ways to ease the pain that don't involve disappearing. You've already taken the first step by coming here today.

**[00:54:33]** Client: I hope this works. I really do.

**[00:54:37]** Provider: I have hope too. I've seen many people in similar pain find their way through. It takes time and work, but it's possible. Let's schedule for next week. Same time on Tuesday?

**[00:54:51]** Client: Yes, that works. Tuesday at 2 pm.

**[00:54:55]** Provider: Perfect. I'll see you then. Remember - mood tracking, maybe a short walk, possibly a text to Tom, and if you're up for it, some journaling. But above all, be kind to yourself.

**[00:55:11]** Client: I'll try. Thank you for listening. For not judging.

**[00:55:17]** Provider: That's what I'm here for. You're doing hard work, Michael. Take care of yourself this week.

**[00:55:26]** Client: Thanks again. See you Tuesday.

**[00:55:30]** Provider: See you Tuesday. Be well.

**[00:55:33]** Client: You too. Bye.

**[00:55:35]** Provider: Goodbye.

**[Session End: 00:55:37]**