

Notes Shared by Your Providers

Progress Notes

Rebecca Owen Ruid, PhD at 6/6/2022 15:00

Psychological Services Psychotherapy Progress Note

Name: Leila J Flanagan
MRN: 0014829279
DOB: 6/4/2009

Date of Service: 6/6/2022
Referring Provider: Paul Jon Parker, MD
Primary Care Provider: Parker, Paul Jon, MD (General)
Diagnosis Code: 1. Anxiety

Start Time: 3:00 PM
End Time: 3:30 PM
Duration of Session: 30 minutes
Session Type: 90832: Psychotherapy, 16-37 minutes with patient
..TELEMEDICINE VIDEO VISIT

Today's visit was provided through telemedicine video conferencing secondary to the Covid-19 crisis:

The location of the patient : Home
The following individual(s) participated in today's visit:
Patient

The location of the provider: VT home office
The following staff and their role did participate in today's encounter visit:
Rebecca Owen Ruid, PhD

Subjective:
"I'm ok."

Objective:
Appearance: Healthy and Well-groomed
Behavior: appropriate and Other: distracted
Speech: of normal rate, tone and volume
Mood: down
Affect: congruent with reported mood
Thought Process: logical and organized
Thought Content: is free of evidence for psychosis and contains no expressed suicidal thoughts
Cognitive (MMSE if indicated): WNL

Assessment:

Leila presents as a pleasant pre-adolescent that has struggled with significant parental discord and the impacts of this on her splitting her time between two homes. Anxiety in multiple forms appears present perhaps related to, or independent, of family stresses.

Summary of Goals:

Goal 1: decrease anxiety

Goal 2: improve coping

Goal 3: Improve family relationships within and between homes

Session content:

Leila shared that she is "stressed" about a project she has that is due tomorrow. She shared that she has missed some of this class secondary to medical visits. Supported Leila in applying anxiety management strategies to this situation and she endorsed feeling this was helpful.

Leila shared that she has mixed feelings about the end of the school year. She shared reasons she is sad the year is ending as well as things she is looking forward to over the summer.

Leila has been speaking with her father over the phone regularly. She stated this most often "starts good", as they speak about general topics, "but then one of us ends up upset" when the topic shifts to visitation. Leila expressed mixed feelings about discussing visitation or not, sharing she feels badly talking about it but also not doing so. Leila would like to attend therapy with her father and Tina and stated that she has told him this. She said that he refuses. She is uncertain of why this is. Encouraged Leila to ask her father why he does not want to go to family therapy so she can better understand him and, hopefully, address concerns.

Plan:

1. Continue psychotherapy as described in treatment plan.
2. Patient and/or their family knows to contact me if needed.
3. Case discussed with Outpatient team, including the referring physician or qualified NPP.

Rebecca Owen Ruid, PhD
Licensed Psychologist - Doctorate
6/6/2022 15:31

Notes Shared by Your Providers

Progress Notes

Rebecca Owen Ruid, PhD at 5/23/2022 16:00

Psychological Services Psychotherapy Progress Note

Name: Leila J Flanagan
MRN: 0014829279
DOB: 6/4/2009

Date of Service: 5/23/2022
Referring Provider: Paul Jon Parker, MD
Primary Care Provider: Parker, Paul Jon, MD (General)
Diagnosis Code: 1. Anxiety

Start Time: 4:00 PM
End Time: 4:30 PM
Duration of Session: 30 minutes
Session Type: 90832: Psychotherapy, 16-37 minutes with patient
..TELEMEDICINE VIDEO VISIT

Today's visit was provided through telemedicine video conferencing secondary to the Covid-19 crisis:

The location of the patient : Home
The following individual(s) participated in today's visit:
Patient

The location of the provider: VT home office
The following staff and their role did participate in today's encounter visit:
Rebecca Owen Ruid, PhD

Subjective:

"My dad said I can't go there. I don't know what to do."

Objective:

Appearance: Healthy and Well-groomed
Behavior: appropriate and Other: distracted
Speech: of normal rate, tone and volume
Mood: down
Affect: congruent with reported mood
Thought Process: logical and organized
Thought Content: is free of evidence for psychosis and contains no expressed suicidal thoughts
Cognitive (MMSE if indicated): WNL

Assessment:

Leila presents as a pleasant pre-adolescent that has struggled with significant parental discord and the impacts of this on her splitting her time between two homes. Anxiety in multiple forms appears present perhaps related to, or independent, of family stresses.

Summary of Goals:

Goal 1: decrease anxiety

Goal 2: improve coping

Goal 3: Improve family relationships within and between homes

Session content:

Leila shared that she is unsure of what to do. She stated that she asked her father if she could stay with him during the day and go to her mothers home at night as she is "uncomfortable" in his home. He said this was not an option. When Leila went to his home, planning to do this regardless of his agreement or not, she was told to either stay for the duration of her time or have her mother pick her up. She chose the later. I shared that I am aware of this via email and it is my understanding that Leila's father is not willing to allow her to make decisions regarding where she will be and when she will be there. I am unsure of maternal thoughts as she ceased responding. Provided empathy and validation around Leila's feelings while maintaining a boundary that supports the family hierarchy.

Leila shared that she is not comfortable in her fathers home due to her bed feeling "unstable". Offered an immediate solution of requesting the mattress be moved to the floor and Leila stated "well I still wouldn't like that so it won't make me want to go". Reiterated that not wanting to go to her fathers home and not feeling safe in her fathers home are separate issues. Suggested that it is unlikely that comfort will increase, and anxiety will decrease, with avoidance.

Encouraged recognition that it may be most beneficial to speak about general anxiety as current family dynamics are not within Leila's control, nor her responsibility. Leila shared feeling a general increase in anxiety and dislike that she picks at her nails and scabs when experiencing this. Discussed the use of fidgets as incompatible behaviors and why this is recommended.

Plan:

1. Continue psychotherapy as described in treatment plan.
2. Patient and/or their family knows to contact me if needed.
3. Case discussed with Outpatient team, including the referring physician or qualified NPP.

Rebecca Owen Ruid, PhD
Licensed Psychologist - Doctorate
5/26/2022 11:14

THIS IS NOT TRUE
Her last e-mail had NO questions !
???

The email also stated that she (Rebecca) was NOT going to get involved in our conflict!

Fwd: Re: Hi Leila!**Ruid, Rebecca O.** <Rebecca.Ruid@uvmhealth.org>

Mon, May 23, 2022 at 9:36 AM

To: Nancy duMont <nancyjdumont@gmail.com>, "stoweseafood2@myfairpoint.net" <stoweseafood2@myfairpoint.net>

Hi Nancy and Ed,

I am not going to get involved in your conflict. What I can offer is that I have provided a consistent clinical recommendation in meeting with both of you, Leila, and all emails suggesting that all parties follow custody as per the legal agreement that I understand to be in place. The only time my recommendation to follow court determined scheduling changed was when DCF reports were allegedly made and it seemed in everyone's best interest to let findings of those reports be finalized. We discussed that temporary plan and all guardians seemed in agreement during that meeting. As of 5/20 all parties were to go back to the court determined custody schedule based on that meeting and I was not provided with any information suggesting otherwise (though I was aware that you, Nancy, had shared you were filing a motion).

Unfortunately I did not see either of you sending this consistent message to Leila on Friday. From what I observed, Ed, you gave Leila the option to go to Nancy's once you were emotionally triggered. If your stance is that Leila was going to be with you for the week a choice should not have been given regardless of what Leila wanted and was stating (you can listen with empathy and validation AND maintain a boundary). And, Nancy, I did not hear from you if court had changed the legal agreement and Ed was not given Leila's belongings. If you were supporting the plan for Leila to go with Ed, responding that this was the plan in a clear and direct manner would be necessary given that Leila was presenting different information. I can't be helpful when adults are not all following recommendations I provide (which is not to say you have to follow my recommendations - I support every individual's right to choose to ignore my recommendations - but I can't be helpful in the aftermath if you are choosing different ways of responding when Leila is struggling).

I did

Leila refused to pack her bag

I am hopeful this makes sense. I certainly hope you are able to sort this out for Leila.

Best,

Rebecca

[Quoted text hidden]

Fyi - Dr Tidman called Rebecca after speaking w/ Leila to ask that she STOP working w/ parents & ONLY focus ON LEILA. LET'S TALK MORE ABOUT THAT CONVO.

No questions in this email so I did not respond. Where, Rebecca ... is the question to insinuate that I now have stopped responding? CAN I question her on this? This lady is a nightmare!

Notes Shared by Your Providers

Progress Notes

Rebecca Owen Ruid, PhD at 5/16/2022 15:00

Psychological Services Psychotherapy Progress Note

Name: Leila J Flanagan
MRN: 0014829279
DOB: 6/4/2009

Date of Service: 5/16/2022
Referring Provider: Paul Jon Parker, MD
Primary Care Provider: Parker, Paul Jon, MD (General)
Diagnosis Code: 1. Anxiety

Start Time: 3:00 PM
End Time: 3:30 PM
Duration of Session: 30 minutes
Session Type: 90832: Psychotherapy, 16-37 minutes with patient
..TELEMEDICINE VIDEO VISIT

Today's visit was provided through telemedicine video conferencing secondary to the Covid-19 crisis:

The location of the patient : Home
The following individual(s) participated in today's visit:
Patient

The location of the provider: VT home office
The following staff and their role did participate in today's encounter visit:
Rebecca Owen Ruid, PhD

Subjective:
"I'm ok."

Objective:
Appearance: Healthy and Well-groomed
Behavior: appropriate and Other: distracted
Speech: of normal rate, tone and volume
Mood: good
Affect: congruent with reported mood
Thought Process: logical and organized
Thought Content: is free of evidence for psychosis and contains no expressed suicidal thoughts
Cognitive (MMSE if indicated): WNL

Assessment:

Leila presents as a pleasant pre-adolescent that has struggled with significant parental discord and the impacts of this on her splitting her time between two homes. Anxiety in multiple forms appears present perhaps related to, or independent, of family stresses.

Summary of Goals:

Goal 1: decrease anxiety

Goal 2: improve coping

Goal 3: Improve family relationships within and between homes

Session content:

Leila shared that she is scheduled to have dinner with her father and family tomorrow night and is feeling "nervous" about this though she plans to go. Processed why Leila is feeling anxious and role-played how she can respond to adult comments that are leading to anxiety. Encouraged recognition that Leila is not able to control what others say but can determine how she would like to respond.

Leila shared she is concerned about returning to the previous custody schedule. She feels she has not been in her fathers home for some time and this will be uncomfortable. Provided empathy and validation. Encouraged Leila to work with her father to determine things she can look forward to in his home.

Plan:

1. Continue psychotherapy as described in treatment plan.
2. Patient and/or their family knows to contact me if needed.
3. Case discussed with Outpatient team, including the referring physician or qualified NPP.

Rebecca Owen Ruid, PhD
Licensed Psychologist - Doctorate
5/18/2022 15:55

Notes Shared by Your Providers

Progress Notes

Rebecca Owen Ruid, PhD at 5/12/2022 14:00

Psychological Services Psychotherapy Progress Note

Name: Leila J Flanagan
MRN: 0014829279
DOB: 6/4/2009

Date of Service: 5/12/2022
Referring Provider: Paul Jon Parker, MD
Primary Care Provider: Parker, Paul Jon, MD (General)
Diagnosis Code: 1. Anxiety

Start Time: 2:00 PM
End Time: 3:00 PM
Duration of Session: 60 minutes
Session Type: 90846: Family psychotherapy (without the patient present), 26+ minutes - Today I interviewed parents, to assess the conflicts or impediments within the family and assist, through psychotherapy, the family members in the management of the patient.
..TELEMEDICINE VIDEO VISIT

Today's visit was provided through telemedicine video conferencing secondary to the Covid-19 crisis:

The location of the patient : Home
The following individual(s) participated in today's visit:
Patient

The location of the provider: VT home office
The following staff and their role did participate in today's encounter visit:
Rebecca Owen Ruid, PhD

Subjective:

"Both the school principal and gynecologist have filed reports with DCF." Mother
"Both offices told me that they have no concerns with Leila's safety in our home." Father

Objective:

N/A as pt not present

Assessment:

Leila presents as a pleasant pre-adolescent that has struggled with significant parental discord and the impacts of this on her splitting her time between two homes. Anxiety in multiple forms appears present perhaps related to, or independent, of family stresses.

Summary of Goals:

Goal 1: decrease anxiety

Goal 2: improve coping

Goal 3: Improve family relationships within and between homes

Session content:

Met with Leila's parents, Nancy and Ed. As has been consistently stated, addressing adult conflict by working through issues together continues to be recommended. Longstanding parental conflict appears to be the etiology of current MH concerns for Leila. Regardless, suggested that determining and conveying a consistent message across all adults is paramount to navigating Leila's escalating anxiety. At this time it appears recommendations are coming from many different adults and are contradictory. This is likely confusing to Leila. Suggested that conversations with adults engaged with Leila (eg, the school principal) include both parents at the same time to avoid miscommunication and confusion.

Nancy shared that it is her understanding that multiple individuals have filed reports with DCF. Ed is not aware of this. In light of possible safety concerns reported to DCF, and given that Leila just has one more night with Ed prior to transitioning back to Nancy should she agree to go tonight, recommended that Leila remain with Nancy until DCF has made a determination so that all adults can present a unified message to Leila. Recommended that times be established next week for Leila to connect with Ed and family to decrease anxiety around reconnecting with family members in that home. If DCF does not open a case or finds that there is not evidence that indicates safety concerns, Leila should resume the schedule beginning next Friday according to court agreement and all adults should work together toward that end. If DCF finds evidence/concern regarding safety they will be providing recommendations regarding custody and next steps. Both Ed and Nancy agreed that Leila will be picked up from school by Ed next week on Tuesday and Thursday to have dinner with family on that side. She will be returned to Nancy's home following dinners.

Nancy shared that she has filed an emergency motion with the court regarding custody. Clarified, as has been done in the past, that I am not in a position to speak to custody arrangements nor will my records provide information toward that end. I will continue to support Leila in navigating current anxiety.

Plan:

1. Continue psychotherapy as described in treatment plan.
2. Patient and/or their family knows to contact me if needed.
3. Case discussed with Outpatient team, including the referring physician or qualified NPP.

Rebecca Owen Ruid, PhD
Licensed Psychologist - Doctorate
5/12/2022 15:12

Notes Shared by Your Providers

Progress Notes

Rebecca Owen Ruid, PhD at 5/9/2022 15:00

Psychological Services Psychotherapy Progress Note

Name: Leila J Flanagan
MRN: 0014829279
DOB: 6/4/2009

Date of Service: 5/9/2022
Referring Provider: Paul Jon Parker, MD
Primary Care Provider: Parker, Paul Jon, MD (General)
Diagnosis Code: 1. Anxiety

Start Time: 3:03 PM
End Time: 3:20 PM
Duration of Session: 17 minutes
Session Type: 90832: Psychotherapy, 16-37 minutes with patient
..TELEMEDICINE VIDEO VISIT

Today's visit was provided through telemedicine video conferencing secondary to the Covid-19 crisis:

The location of the patient : Home
The following individual(s) participated in today's visit:
Patient

The location of the provider: VT home office
The following staff and their role did participate in today's encounter visit:
Rebecca Owen Ruid, PhD

Subjective:
"I'm ok."

Objective:
Appearance: Healthy and Well-groomed
Behavior: appropriate and Other: distracted
Speech: of normal rate, tone and volume
Mood: good
Affect: congruent with reported mood
Thought Process: logical and organized
Thought Content: is free of evidence for psychosis and contains no expressed suicidal thoughts
Cognitive (MMSE if indicated): WNL

Assessment:

Leila presents as a pleasant pre-adolescent that has struggled with significant parental discord and the impacts of this on her splitting her time between two homes. Anxiety in multiple forms appears present perhaps related to, or independent, of family stresses.

Summary of Goals:

Goal 1: decrease anxiety

Goal 2: improve coping

Goal 3: Improve family relationships within and between homes

Session content:

Leila shared that she is in the car on the way to a medical visit. When asked what would be helpful today Leila stated "I don't know". When asked what she would like for the outcome to be with regard to making a DCF report, a discussion that has repeatedly been raised by her mother, she stated "for my dad and Tina to listen to me". When asked if she feels unsafe with her father and Tina, and this is what she wants them to hear, she stated "It's a lot of different things that I want to change." Clarified that a DCF report indicates that a minor does not feel safe in an environment and often leads to investigation of this. Suggested that this is most often not the way to initiate discussion of general concerns. However, continue to make clear that if Leila feels unsafe in any environment a DCF report is appropriate and should be pursued. Leila stated that reception was poor (which did seem to be true) and that she did not have privacy as her mother was also in the car. Agreed to end the session early and meet again next week. Emailed parents recommended an adult session to discuss the above more clearly.

Plan:

1. Continue psychotherapy as described in treatment plan.
2. Patient and/or their family knows to contact me if needed.
3. Case discussed with Outpatient team, including the referring physician or qualified NPP.

Rebecca Owen Ruid, PhD
Licensed Psychologist - Doctorate
5/10/2022 9:33

I have no clue → what she means! I have only confirmed when asked! CAN I ask her what she is talking about or just leave it?

Notes Shared by Your Providers

Progress Notes

Rebecca Owen Ruid, PhD at 5/2/2022 15:00

Psychological Services Psychotherapy Progress Note

Name: Leila J Flanagan
MRN: 0014829279
DOB: 6/4/2009

Date of Service: 5/2/2022
Referring Provider: Paul Jon Parker, MD
Primary Care Provider: Parker, Paul Jon, MD (General)
Diagnosis Code: 1. Anxiety

Start Time: 3:00 PM
End Time: 3:30 PM
Duration of Session: 30 minutes
Session Type: 90832: Psychotherapy, 16-37 minutes with patient
..TELEMEDICINE VIDEO VISIT

Today's visit was provided through telemedicine video conferencing secondary to the Covid-19 crisis:

The location of the patient : Home
The following individual(s) participated in today's visit:
Patient

The location of the provider: VT home office
The following staff and their role did participate in today's encounter visit:
Rebecca Owen Ruid, PhD

Subjective:

"I'm ok. There is one thing I want to talk about."

Objective:

Appearance: Healthy and Well-groomed
Behavior: appropriate
Speech: of normal rate, tone and volume
Mood: good
Affect: congruent with reported mood
Thought Process: logical and organized
Thought Content: is free of evidence for psychosis and contains no expressed suicidal thoughts
Cognitive (MMSE if indicated): WNL

Assessment:

Leila presents as a pleasant pre-adolescent that has struggled with significant parental discord and the impacts of this on her splitting her time between two homes. Anxiety in multiple forms appears present perhaps related to, or independent, of family stresses.

Summary of Goals:

Goal 1: decrease anxiety

Goal 2: improve coping

Goal 3: Improve family relationships within and between homes

Session content:

Leila shared that she was unable to complete a homework task at her fathers house, as prescribed by her teacher, secondary to her caregivers beliefs about technology. Based on her report, Leila did an excellent job sharing information about the task, and her anxiety around it. She also engaged well in flexible thinking with the goal of compromise. However, she struggled to move forward when her caregivers did not concede. Discussed how Leila may revisit the conversation with the goal of problem solving and/or understanding their perspective.

Plan:

1. Continue psychotherapy as described in treatment plan.
2. Patient and/or their family knows to contact me if needed.
3. Case discussed with Outpatient team, including the referring physician or qualified NPP.

Rebecca Owen Ruid, PhD
Licensed Psychologist - Doctorate
5/2/2022 17:10

Notes Shared by Your Providers

Progress Notes

Rebecca Owen Ruid, PhD at 4/28/2022 14:00

Psychological Services Psychotherapy Progress Note

Name: Leila J Flanagan
MRN: 0014829279
DOB: 6/4/2009

Date of Service: 4/28/2022
Referring Provider: Paul Jon Parker, MD
Primary Care Provider: Parker, Paul Jon, MD (General)
Diagnosis Code: 1. Anxiety

Start Time: 3:00 PM
End Time: 3:30 PM
Duration of Session: 30 minutes
Session Type: 90832: Psychotherapy, 16-37 minutes with patient
..TELEMEDICINE VIDEO VISIT

Today's visit was provided through telemedicine video conferencing secondary to the Covid-19 crisis:

The location of the patient : Home
The following individual(s) participated in today's visit:
Patient

The location of the provider: VT home office
The following staff and their role did participate in today's encounter visit:
Rebecca Owen Ruid, PhD

Subjective:

"I feel like we do a lot of talking about the same thing at my dads."

Objective:

Appearance: Healthy and Well-groomed
Behavior: appropriate
Speech: of normal rate, tone and volume
Mood: good
Affect: congruent with reported mood
Thought Process: logical and organized
Thought Content: is free of evidence for psychosis and contains no expressed suicidal thoughts
Cognitive (MMSE if indicated): WNL

Assessment:

Leila presents as a pleasant pre-adolescent that has struggled with significant parental discord and the impacts of this on her splitting her time between two homes. Anxiety in multiple forms appears present perhaps related to, or independent, of family stresses.

Summary of Goals:

Goal 1: decrease anxiety

Goal 2: improve coping

Goal 3: Improve family relationships within and between homes

Session content:

Leila shared that she feels there are many conversations in her fathers home that occur repeatedly and she does not like this. Introduced the steps to problem solving. Leila responded well to these and agreed that resolution of an issue would eliminate these ongoing conversations. She asked that I email her parents problem solving steps.

Leila would like to redo her room at her fathers. She stated that she does not need new items but would like to "change the feeling" as she has not done so since she was much younger.

Identified how Leila can navigate anxiety about going to her fathers. She agreed that thinking of things she can look forward to will be helpful. Role-played how she can share this with her father and step-mother given their propensity for surprises.

Leila identified frustration about use of her phone at her fathers. She was able to easily share the rules in place, which she is accepting of. However, she feels that there was an agreement that caregivers would only look at her phone with her present and this was violated. To "test" this Leila changed her password (a rule violation) and caregivers then told her they learned she had done this after she went to bed. Encouraged Leila to engage in a discussion about this rule to obtain clarity.

Plan:

1. Continue psychotherapy as described in treatment plan.
2. Patient and/or their family knows to contact me if needed.
3. Case discussed with Outpatient team, including the referring physician or qualified NPP.

Rebecca Owen Ruid, PhD
Licensed Psychologist - Doctorate
5/2/2022 18:04

Notes Shared by Your Providers

Progress Notes

Rebecca Owen Ruid, PhD at 4/26/2022 9:00

Psychological Services Psychotherapy Progress Note

Name: Leila J Flanagan
MRN: 0014829279
DOB: 6/4/2009

Date of Service: 4/26/2022
Referring Provider: No ref. provider found
Primary Care Provider: Parker, Paul Jon, MD (General)
Diagnosis Code: 1. Anxiety

Start Time: 9:00 AM
End Time: 10:00 AM
Duration of Session: 60 minutes
Session Type: 90847: Family psychotherapy (conjoint psychotherapy) (with patient present), 26+ minutes - Today I interviewed the patient's father and stepmother, present with the patient, to observe and correct, through psychotherapeutic techniques, the patient's interaction with family members.
..TELEMEDICINE VIDEO VISIT

Today's visit was provided through telemedicine video conferencing secondary to the Covid-19 crisis:

The location of the patient : Home
The following individual(s) participated in today's visit:
Patient, pt's father, pt's stepmother

The location of the provider: VT home office
The following staff and their role did participate in today's encounter visit:
Rebecca Owen Ruid, PhD

Subjective:
"It's been hard."

Objective:
Appearance: Healthy and Well-groomed
Behavior: appropriate
Speech: of normal rate, tone and volume
Mood: anxious and worried
Affect: congruent with reported mood
Thought Process: logical and organized
Thought Content: is free of evidence for psychosis and contains no expressed suicidal thoughts

Cognitive (MMSE if indicated): WNL

Assessment:

Leila presents as a pleasant pre-adolescent that has struggled with significant parental discord and the impacts of this on her splitting her time between two homes. Anxiety in multiple forms appears present perhaps related to, or independent, of family stresses.

Summary of Goals:

Goal 1: decrease anxiety

Goal 2: improve coping

Goal 3: Improve family relationships within and between homes

Session content:

Leila, her father (Ed), and her stepmother (Tina) all engaged in today's session. All agree that the past week was challenging and transitions between homes concerning. Problem solved some recurring challenges including not physically forcing Leila to do something and instead offering consequences, allowing Leila to take space and indicate non-verbally when she is calm (as well as differentiating between when she is calm and when she is ready to re-engage), and providing something for Leila to look forward to when transitioning. Overall all three parties seemed to agree with solutions identified today and engaged actively in developing them. Encouraged some recognition that, as Leila gets older, it may be important to differentiate between mandatory family activities and those Leila can opt out of and spend time on her own.

Plan:

1. Continue psychotherapy as described in treatment plan.
2. Patient and/or their family knows to contact me if needed.
3. Case discussed with Outpatient team, including the referring physician or qualified NPP.

Rebecca Owen Ruid, PhD
Licensed Psychologist - Doctorate
5/3/2022 14:57

Notes Shared by Your Providers

Progress Notes

Rebecca Owen Ruid, PhD at 4/15/2022 10:00

Psychological Services Psychotherapy Progress Note

Name: Leila J Flanagan
MRN: 0014829279
DOB: 6/4/2009

Date of Service: 4/15/2022
Referring Provider: Paul Jon Parker, MD
Primary Care Provider: Parker, Paul Jon, MD (General)
Diagnosis Code: 1. Anxiety

Start Time: 10:00 AM
End Time: 10:55 AM
Duration of Session: 55 minutes
Session Type:

90846: Family psychotherapy (without the patient present), 26+ minutes - Today I interviewed parents, to assess the conflicts or impediments within the family and assist, through psychotherapy, the family members in the management of the patient.
..TELEMEDICINE VIDEO VISIT

Today's visit was provided through telemedicine video conferencing secondary to the Covid-19 crisis:

The location of the patient : Home
The following individual(s) participated in today's visit:
Patient

The location of the provider: Office
The following staff and their role did participate in today's encounter visit:
Rebecca Owen Ruid, PhD

Subjective:

Nancy: "I am very worried about Leila's mental health."
Ed: "I need Nancy to help Leila transition to our home."

Objective:

Pt not present to assess

Assessment:

Leila presents as a pleasant pre-adolescent that has struggled with significant parental discord and the impacts of this on her splitting her time between two homes. Anxiety in multiple forms appears present perhaps related to, or independent, of family stresses.

Summary of Goals:

Goal 1: decrease anxiety

Goal 2: improve coping

Goal 3: Improve family relationships within and between homes

Session content:

Met with Leila's parents, Ed and Nancy. Helped develop a plan for the upcoming transition from Nancy's home to Ed's home with a focus on consistent adult responses and messages. Suggested that Nancy is not likely to be able to be helpful with transitions for many reasons and that I can be available for support as needed. Also ensured contact information is available for crisis services should this be necessary.

Discussed concern with splitting that occurs when Leila is not allowed to openly communicate with each parent information she would like to share. Both parents endorsed understanding this. Ed shuts her down.

Responded to maternal concerns regarding issues when Leila is with Ed and shared that we will be meeting next week to address some of these issues. Reinforced that there is no reason at this time to be concerned with safety but, as has been stated in the past, parents are always welcome to reach out to appropriate authorities should they feel otherwise.

Nancy continued to express a desire for Ed to engage in therapy services around parenting, whether on his own or jointly with her. He denied interest in this at this time but did offer that he is willing to have more meetings with Nancy and this provider as warranted.

Plan:

1. Continue psychotherapy as described in treatment plan.
2. Patient and/or their family knows to contact me if needed.
3. Case discussed with Outpatient team, including the referring physician or qualified NPP.

Rebecca Owen Ruid, PhD
Licensed Psychologist - Doctorate
5/3/2022 20:17

Rebecca is NOT Ed's
counselor
DR TIDMAN SAID

THIS
SHOULD
END
IMMEDIATELY
& CALLED
Rebecca
WE
INCREASED
STRESS
ON
LEILA

Notes Shared by Your Providers

Progress Notes

Rebecca Owen Ruid, PhD at 4/1/2022 15:00

Psychological Services Psychotherapy Progress Note

Name: Leila J Flanagan
MRN: 0014829279
DOB: 6/4/2009

Date of Service: 4/1/2022
Referring Provider: Paul Jon Parker, MD
Primary Care Provider: Parker, Paul Jon, MD (General)
Diagnosis Code: 1. Anxiety

Start Time: 3:00 PM
End Time: 3:30 PM
Duration of Session: 30 minutes
Session Type: 90832: Psychotherapy, 16-37 minutes with patient
..TELEMEDICINE VIDEO VISIT

Today's visit was provided through telemedicine video conferencing secondary to the Covid-19 crisis:

The location of the patient : Home
The following individual(s) participated in today's visit:
Patient

The location of the provider: VT home office
The following staff and their role did participate in today's encounter visit:
Rebecca Owen Ruid, PhD

Subjective:

"I'm ok. I have had a hard week at my dads."

Objective:

Appearance: Healthy and Well-groomed
Behavior: appropriate
Speech: of normal rate, tone and volume
Mood: good
Affect: congruent with reported mood
Thought Process: logical and organized
Thought Content: is free of evidence for psychosis and contains no expressed suicidal thoughts
Cognitive (MMSE if indicated): WNL

Assessment:

Leila presents as a pleasant pre-adolescent that has struggled with significant parental discord and the impacts of this on her splitting her time between two homes. Anxiety in multiple forms appears present perhaps related to, or independent, of family stresses.

Summary of Goals:

Goal 1: decrease anxiety

Goal 2: improve coping

Goal 3: Improve family relationships within and between homes

Session content:

Leila shared that she had a difficult time at her father's home. Emailing me was somewhat helpful. However, she shared frustration that her fish died and her step-mother indicated that they were not initially going to tell her that, that she got 'hurt' a lot, and that she was not permitted to go for a walk by herself when requested. She feels this stress has led to increased skin picking. Encouraged Leila to continue to focus on increasing her communication with her father and step-mother as she often does not share relevant information or feelings and then becomes upset that they are unaware. Role-played how she may have asked to go on a walk and what information would have been beneficial to share. Discussed using fidgets and other incompatible behaviors to decrease skin picking.

Plan:

1. Continue psychotherapy as described in treatment plan.
2. Patient and/or their family knows to contact me if needed.
3. Case discussed with Outpatient team, including the referring physician or qualified NPP.

Rebecca Owen Ruid, PhD
Licensed Psychologist - Doctorate
4/1/2022 15:51

Notes Shared by Your Providers

Progress Notes

Rebecca Owen Ruid, PhD at 3/24/2022 11:00

Psychological Services Psychotherapy Progress Note

Name: Leila J Flanagan
MRN: 0014829279
DOB: 6/4/2009

Date of Service: 3/24/2022
Referring Provider: Paul Jon Parker, MD
Primary Care Provider: Parker, Paul Jon, MD (General)
Diagnosis Code: 1. Anxiety

Start Time: 11:00 AM
End Time: 11:30 AM
Duration of Session: 30 minutes
Session Type: 90832: Psychotherapy, 16-37 minutes with patient
..TELEMEDICINE VIDEO VISIT

Today's visit was provided through telemedicine video conferencing secondary to the Covid-19 crisis:

The location of the patient : Home
The following individual(s) participated in today's visit:
Patient

The location of the provider: VT home office
The following staff and their role did participate in today's encounter visit:
Rebecca Owen Ruid, PhD

Subjective:

"I'm ok. I have a few small things I want to talk about."

Objective:

Appearance: Healthy and Well-groomed
Behavior: appropriate
Speech: of normal rate, tone and volume
Mood: good
Affect: congruent with reported mood
Thought Process: logical and organized
Thought Content: is free of evidence for psychosis and contains no expressed suicidal thoughts
Cognitive (MMSE if indicated): WNL

Assessment:

Leila presents as a pleasant pre-adolescent that has struggled with significant parental discord and the impacts of this on her splitting her time between two homes. Anxiety in multiple forms appears present perhaps related to, or independent, of family stresses.

Summary of Goals:

Goal 1: decrease anxiety

Goal 2: improve coping

Goal 3: Improve family relationships within and between homes

Session content:

Leila shared that she is anxious about a performance she has tomorrow night. Discussed thoughts that are leading to anxiety and reviewed the cognitive triangle. As Leila seems to respond well to concrete information, provided the following steps to address this anxiety:

1. Problem solving (did this collaboratively in session)
2. Worst-case-scenario thinking (Leila demonstrated this in session)
3. Stop the cognitive spiral (introduced concept and discussed intervention)

Leila shared concern about communicating with her father. She stated she does not want to go to the store between school and concert tomorrow and would like help in how to ask him if this is allowable. Role-played. Leila also asked what she should do if he says she cannot do this - encouraged recognition of the importance of being able to ask to understand the response and then accept.

Plan:

1. Continue psychotherapy as described in treatment plan.
2. Patient and/or their family knows to contact me if needed.
3. Case discussed with Outpatient team, including the referring physician or qualified NPP.

Rebecca Owen Ruid, PhD
Licensed Psychologist - Doctorate
3/25/2022 11:50

Notes Shared by Your Providers

Progress Notes

Rebecca Owen Ruid, PhD at 3/17/2022 13:30

Psychological Services Psychotherapy Progress Note

Name: Leila J Flanagan
MRN: 0014829279
DOB: 6/4/2009

Date of Service: 3/17/2022
Referring Provider: Paul Jon Parker, MD
Primary Care Provider: Parker, Paul Jon, MD (General)
Diagnosis Code: 1. Anxiety

Start Time: 1:30 PM
End Time: 2:00 PM
Duration of Session: 30 minutes
Session Type: 90832: Psychotherapy, 16-37 minutes with patient
..TELEMEDICINE VIDEO VISIT

Today's visit was provided through telemedicine video conferencing secondary to the Covid-19 crisis:

The location of the patient : Home
The following individual(s) participated in today's visit:
Patient

The location of the provider: VT home office
The following staff and their role did participate in today's encounter visit:
Rebecca Owen Ruid, PhD

Subjective:

"I'm ok. I've been worried a lot about physical stuff."

Objective:

Appearance: Healthy and Well-groomed
Behavior: appropriate
Speech: of normal rate, tone and volume
Mood: good
Affect: congruent with reported mood
Thought Process: logical and organized
Thought Content: is free of evidence for psychosis and contains no expressed suicidal thoughts
Cognitive (MMSE if indicated): WNL

Assessment:

Leila presents as a pleasant pre-adolescent that has struggled with significant parental discord and the impacts of this on her splitting her time between two homes. Anxiety in multiple forms appears present perhaps related to, or independent, of family stresses.

Summary of Goals:

Goal 1: decrease anxiety

Goal 2: improve coping

Goal 3: Improve family relationships within and between homes

Session content:

Leila shared that she has been very concerned about physical symptoms she is experiencing. Reassurance from caregivers has not been helpful. Processed anxiety and developed a stepped plan that Leila will follow before reaching out to an adult for reassurance/care.

1. Calm body
2. Logical thinking
3. Any first aide that could help (ie, ice pack, cold water to drink)
4. Distraction
5. Seek adult support

Leila agreed to the above steps.

Plan:

1. Continue psychotherapy as described in treatment plan.
2. Patient and/or their family knows to contact me if needed.
3. Case discussed with Outpatient team, including the referring physician or qualified NPP.

Rebecca Owen Ruid, PhD
Licensed Psychologist - Doctorate
3/17/2022 14:08