



Billing Name:	Elora Ralidak	Name	Elora Ralidak-Goodnight
Pronouns	She/Her	Gender	Female
Client ID:	153056	DOB:	3/21/2015
Employee Name:	Liana Peeples , CMHS , LICSW , MSW , MHP	Date/Time - Duration:	5/2/2024 9:04 AM to 10:25 AM - 81
Service Type:	Assessment		

TELEHEALTH

Was this session provided via telehealth? (Telehealth includes phone, audio without camera, and video): No

CLIENT INFORMATION

Client's Chosen Name:
Elora Ralidak-Goodnight

Client's Pronouns:
She/Her

Client's Gender (as identified by client):
Female

PRESENTING PROBLEM

County of service: *Snohomish

Are other participants present in this session: Yes

Presenting Problem

Click here to enter notes

Client is a 9 year old female presenting for an assessment in the Child Advocacy Program following disclosure of sexual abuse allegedly perpetrated by a peer, Makayla Woodle, age 10. Client was accompanied to the assessment by her mother, Veronika Goodnight, and her father, Mathew Ralidak. The parents both reported that they are currently in the middle of a contentious custody battle. Because of this, clinician met with all parties separately.

Clinician initially met with client's mother 1:1. Regarding the allegations, mother stated: "On March 24th or 25th, she went to dad's for the weekend. I got her Sunday night. Monday night, I put the kids to bed. She came out of bed and said, 'There's something that I want to talk to you about. I went over to my friend Makayla's house.' She said, 'I was playing with Makayla on Sunday but she's come over to my house before.' I asked if there was something concerning about the playdate. She said, 'We were playing in the backyard, and she tried to kiss me. Then she pulled up my shirt to try to see my belly button.' I asked if she (client) liked it, and she said no, 'I was just really uncomfortable.' I said thanks for telling me, and I told her you could use your voice."

Mother continued, "I said I need to write your dad an email. I need to let your father know that that was happening during his weekend and that you felt uncomfortable." Mother reported that they made a plan and sent client back to bed. Mother stated, "She later came back out and said, 'I can't sleep because there's more.'" Mother reported that client then described a situation where client's friend, Makayla reportedly told her own father that she and client were going to draw. Mother stated that she felt Elora had a strange look at that, so asked, what does drawing mean? Mother stated, "She (client) said it means that she (Makayla) was going to start kissing [client] and touching [client]. She said, 'I felt really uncomfortable and just froze.' She said, 'Makayla told me to touch her pussy. She told her to touch her pussy and let her touch my pussy.' She said there was another time when Makayla pulled her pants and underwear down. She demonstrated that somehow Makayla was holding her wrists to keep her from pulling her pants back up. She said, I really don't like that she said that she was drawing. We didn't do any drawing." Mother expressed concern about the use of the word "pussy" and stated that she believed this indicated "learned behavior."

Mother stated that after the disclosure, mother sent father an email detailing the allegations of the abuse. Mother stated that she felt the client's father did not take adequate steps to follow up on the concerns, and therefore made a police report. Mother provided the police report to this clinician, confirming a report was made to King County Sheriff's Office (Case #C24010592). The report by Officer Mark Walker-Rittgers indicates a similar incident is alleged to have occurred involving Makayla and another child.

Mother also noted a source of stress in the family's life is the ongoing custody battle. Mother stated that the parents have another trial for custody that is set for May 28th, 2024, and that this will be the second trial.

When asked how she believed Elora was impacted by the alleged incidents with Makayla, mother stated, "There aren't any big changes. She's kind of gone into a shell a little bit. She just froze. She keeps saying 'I didn't know how to get out of the freeze.'"

Clinician then met with client's father 1:1. Regarding the allegations, father stated, "On March 24th, Elora was under my residency. Sunday we go to church. Usually Elora asks to have a playdate with usually Mercy or Makayla. After church usually Makayla comes over to our house or Elora goes over to Makayla's house. That week, Elora [went to Makayla's house] came home to me at 3. Makayla's dad dropped Elora off. Makayla's dad came up and talked to me because Elora had scraped her toe and...banged her finger because the brother jumped on her finger on the trampoline. She also bit her lip while playing. She told me all those things, and Makayla's dad said the same things. They left, and then from about 3-5:45, Elora was with us at our home. I didn't notice anything different about her. There wasn't anything cause for concern. She's pretty good about saying to us (father and his wife, Monica), 'Hey guys, I need to talk to you.' She really trusts Monica. They go to their mother's Sunday evening, Monday passes, then Tuesday morning, I read an email from Veronika about some things that happened at Makayla's house with Elora. I found that concerning because Elora didn't say anything about it."

Father continued, "There was an incident a few summers ago, with a friend she met where the friend tried to kiss her, and she was uncomfortable about it. She came back to the camp and told us right away." Father reported that because of this, he found it odd that client did not disclose the alleged abuse with Makayla to father or father's partner, Monica.

Father continued regarding the email sent by Veronika: "The email was alleging that Makayla molested her or held her down or forced her to do stuff. Makayla is the same size or slightly smaller than Elora. Some of the stuff just felt very...I don't know. There was a lot there. So when I read that, I reached out to Veronika and said thanks for this info, Elora didn't mention any of this, and I'll reach out to Doug and find out what the story is. I think that's what should happen at 9 years old, so that's what I did."

Father reported that he called Makayla's father and expressed the allegations. Father reported that he hadn't had a chance to talk with client at that point because client was in mother's custody at that time. Father reported that Makayla's father stated that his wife would talk with Makayla once Makayla's mother came home.

Father stated, "During that time was when Veronika called the police to file something. I only say that I think that was too far at some point because I didn't have all the information. And that was my same thing with [the intake appointment at Dawson Place]. I didn't have all the information. I called Doug and talked to him, but she (Veronika) thought that wasn't enough. She called the police and didn't give me any information, and this goes back to the parenting plan with unilateral decision making. I would hope that both parents would be involved with something like this."

Father continued, "Karla (Makayla's mother) called me back about a day later, and said that she had a conversation with Makayla, and said that maybe they were playing just a little too handsy. I had lunch with Elora later that week, and she said that she felt uncomfortable with the game they were playing because Makayla was grabbing her hips and that Makayla was maybe trying to kiss her. Veronika said that Makayla held her down and touched her pussy. Veronika used some words in her email that our daughter doesn't know and doesn't use in her verbage. Veronika was saying that she (Makayla) was using code words, and saying 'don't tell anyone.'"

Father also noted, "Veronika has also used a lot of the same language in other allegations against me."

When asked how he feels client has been impacted by the events, father stated, "I feel like something happened. Nine or 10 year old girls explore their bodies and there could be some inappropriate behavior that happens. The way Elora has acted after, at our house there's no difference. When we've gone to church, she uses language that her mother uses (referencing client and her family). She says that person is unsafe. She says that whole family is unsafe. She's being told things that I think are too heavy and too above her in my opinion."

Clinician then met with client 1:1. When asked if she knew why she was talking with this clinician, client stated, "Because of Makayla." Clinician asked client if she could say more about Makayla. Client stated, "We were going to do drawing. But she didn't do drawing. She just wanted to kiss me and touch me inappropriately. I just froze and didn't know what to do." When asked what she meant by "touch me inappropriately," client stated, "Like she was touching me where she wasn't supposed to. My privates and my butt." Client reported that Makayla had allegedly tried to kiss her on more than once occasion, but stated, "She didn't touch me inappropriately [before], this was the first time she touched me inappropriately."

When asked where this happened, client stated, "Her house. We were in her room because now she gets her own room. She was lying to her parents because she was like, 'We're drawing up here, and she would go out to see if the coast was clear. Then she would bring me up to her bed and lay on top of me and kiss me. She was pulling my pants down with my underwear down sometimes. She would pull my underwear off me when she was on top of me. And she got mad at me when I wanted to go play with her brothers, because she just wanted to go to her room and touch me and kiss me inappropriately." When asked how she felt about this, client stated, "It was uncomfortable and I didn't know what to do and I froze, so I just let her do it. I don't want to be friends with Makayla."

When asked how she felt now, client reported that she felt unsure and "unsafe" and also stated, "I also feel like I can't trust her brothers," but was unable to express a reason why she did not feel safe with them.

Problem List

Anxiety (general, panic, phobia, OCD)

Client reported that she feels anxious when going to church, stating that she does not want to be around Makayla or be friends with her, and that Makayla continues to attend the same church as her.

Isolation/Withdrawal

Mother reports that client has been more withdrawn since the alleged incidents.

School or work challenges

Father expressed some developmentally appropriate challenges with friends, stating, "She very much takes to heart what people say and do in class. She comes home and she's upset about this girl in class taking another friend from her. I think it's all age appropriate things. She has a lot of friends. School-wise, she's done a good job making up in the past couple years. She's under grade level in reading and writing. I have some additional help for her on Thursdays after school." Mother also reported that client has previously had tutoring help while in her care.

Father stated that client has "a lot of unexcused absences when at mother's home. Last year she had almost 30 days of missed school. Elora has about 14 absences this year."

Sleep

Client stated that she occasionally has trouble falling asleep.

Trauma/Abuse/DV

See presenting problem.

Other major life events/past events that are still affecting client

Client's parents are in an ongoing custody dispute.

ADDITIONAL HEALTH INFO**Behavioral Health Treatment History**

Previous Diagnostic History (Enter the diagnoses here and the dates and places of previous/current treatment in Service Information below.)

Service Information**Outpatient Mental Health Treatment**

Provider/Agency: Father reported that client has previously attended some therapy with a school based provider.

Requested ROIs for treatment occurring within the last 5 years: N/A

The following sections cover much more than a client's mental health. Clients may wonder why we are asking questions about areas of their lives beyond their mental health and may find the questions sensitive in nature and/or uncomfortable to discuss. It may be helpful to take a moment to explain to clients that in order to have better mental health, it is important to ensure overall well-being and that their physical health, relationships, living situation, etc. may be impacting and/or impacted by their mental health. Gathering this additional information can help us gain better understanding and provide more effective services. Even if the client indicates there is not a relationship between their mental health and other areas of their lives, we may be able to offer resources that they may find helpful.

HEALTH & MEDICAL

Allergies: No allergies reported

Primary Care Physician: Dr. Bowker, Cedar Avenue Integrative Medicine

Medications: No medications reported

Medical Conditions: No medical conditions reported

Any additional information regarding medical conditions or concerns with physical health (e.g. aches, pains)?: No

For youth, Any concerns with wetting/soiling?: No

Is this client currently enrolled in Developmental Disabilities Administration (DDA)?: No

Sexual/Reproductive Health**Nutrition**

Eats at least 2 nutritious meals, including fruits and vegetables, each day?: Yes

****2 or more irregular responses indicate a need for further assessment. Irregular responses = No on Question 1, Yes on Question 2-5.**

Strengths/Resources or Obstacles to Recovery - Health: Accesses healthcare when needed, Desires to lead a healthy lifestyle, Positive engagement with health care providers, Refrains from high risk health behaviors, Able to articulate healthy

lifestyle goals

DEVELOPMENTAL HISTORY

Developmental History

Age Range: Child/Youth

Complete for the current age range of the child/youth.

Ages 6-12

Reads: Yes

Socializes w/ children: Yes

Follows rules: Yes

Problem-solving skills: Yes

Personal hygiene: Yes

PSYCHOSOCIAL

Culture:

Select here to enter Cultural Information

All parties reported that client attends church with her father weekly. Client is the oldest of two siblings who all reside in a split household.

Strengths/Resources or Obstacles to Recovery - Ethnic/Cultural: Utilizes religious/spiritual support, Tolerant of individual differences, Able to access ethnic/cultural activities

Current Family/Living Situation:

Name and/or Relationship: Veronika Goodnight (mother)

Living with Client?: Yes

Name and/or Relationship: Colin Derieg (mother's fiance)

Living with Client?: Yes

Name and/or Relationship: Aidan (brother), Raina (sister)

Age (if a minor): 7, 5

Living with Client?: Yes

Name and/or Relationship: Mathew Ralidak (father)

Living with Client?: Yes

Name and/or Relationship: Monica Galarneau (mother)

Living with Client?: Yes

Current housing situation (safety, type of housing, length of residence, and any risk of displacement)? (Select to expand and enter narrative response.)

Client lives in two different homes.

Are there any visitation/custody issues? For children/youth, if there is a parenting plan, request a copy.: Yes

Parents report that there is an ongoing custody dispute, and that the second custody trial is set for May 28th. Mother stated that she is requesting full decision making at this trial. Parents reported that the current custody arrangement is 50/50 during the summer. Father noted the children spend the 1st, 3rd, and 4th weekends from Thursdays after school until Sunday evenings with him.

Strengths/Resources or Obstacles to Recovery - Family: Supportive, Engaged in client's treatment, Participates in activities in support of client, Talks or visits with on a regular basis, Accepting of client's illness

Education and Employment

Currently in school?: Yes

Which school?: Cascadia Elementary

Client/natural support perception of how they are doing in school (attendance, completion of assignments, any behavioral or learning challenges): Both parents noted that client is behind grade level in math and reading and has received extra support in those areas.

Currently on IEP?: No

Currently employed?: No

Previous employment history?: No

Any employment concerns/needs?: No

If not attending school or employed, does the client feel productive and satisfied with current role (homemaking, volunteering, caregiving, etc.): N/A

Daily Activities

Daily activities in the last 30 days. If documentation includes information beyond 30 days, document this clearly.

Time Management:

Follows a regular routine/daily schedule most days (e.g. follows schedule for bedtime, wakeup, meal times, getting to activities/responsibilities on time)?: Yes

Sleeps 5-9 hours most nights?: Yes

Feels rested most days?: Yes

Hygiene/Grooming/Dress:

Independently/age-appropriately able to bathe/shower, brush teeth?: Yes

Able to eat, chew, drink without pain or discomfort?: Yes

General appearance is neat and clean (e.g., hair brushed, shaven, hands/nails clean)?: Yes

Clothing is weather appropriate, clean, and in good repair?: Yes

Money Management:

Regular source of income?: No

For adults - able to independently manage money, meet basic bills/expenses such as food, shelter, clothing?: N/A

For youth - able to independently/age-appropriately manage allowance/rewards/money earned and take care of belongings/'their stuff'?: Yes

Problem Solving:

Strengths/Resources or Obstacles to Recovery - Daily Living & Role Performance: Stable Housing, Doing well academically, Manages activities of daily living

SOCIAL

In the last 30 days; if documentation includes information beyond 30 days, document this clearly.

Communication:

Listens to others and understands what they are saying?: Yes

Able to express needs and wants in a positive manner?: Yes

Leisure Activities:

Activities or hobbies client is interested/engages in: Per father, "She loves talking about reading, talking about the friends she has, she likes being on the student council, she's very involved at school."

Energy/focus/interest in their favorite activities in the last month?: Yes

Community Resources/Involvement:

Utilizes resources in the community (e.g. church, school/community clubs and programs, support groups)?: Yes
Client attends church regularly.

Strengths/Resources or Obstacles to Recovery - Social: Involved in community activities/hobbies/sports, Utilizes natural supports, Has supportive friends

Legal History and Current Status

Is there a legal guardian/dependency?: No

Abides by laws and/or resides in community without conflict and/or respects the rights of others (last 30 days)?: Yes

Loss of control, aggression, or violence with others or property? In the last 30 days?: No

Any significant legal history?: No

Charges pending?: No

On probation/parole/diversion?: No

Currently court-ordered to treatment? If yes, explain and request copy of court order.: No

History of Trauma

Has the client experienced trauma?: Yes

Sexual: Yes, explain below

See presenting problem.

SUBSTANCE USE DIS. SCREEN

Review GAIN-SS if applicable. If client did not complete GAIN-SS yet, complete with them. Score of 1 or more on the SDS subscale indicates need for further assessment.

GAIN-SS SDS Subscale Score of 1 or greater?: N/A

Client is a Youth age 9 or older and GAIN-SS not completed and/or additional screening is warranted.: No

STOP if all above answers are 'Never'. Otherwise, please **CONTINUE**:

Any responses other than Never need follow up (e.g., provide cessation advice, reduce use/risky behavior, and/or facilitate linkage for substance use assessment).

History of Substance Use/Addictive Behavior

Distinguish between use within the last 30 days and history beyond 30 days

None

RISK ASSESSMENT

Clearly distinguish between factors within the last 30 days and history beyond 30 days

Danger (Risk Factors) to Self: (Must include details about when, how, where, etc.): None

Self-Harm: (Must include details about when, how, where, etc.): None

Danger (Risk Factors) to Others: (Must include details about when, how, where, etc.): None

Which of the following potential risk factors currently apply for this client (check all that apply): History of trauma/victimization (sexual abuse, domestic violence, etc.), Stressors/triggering events

Protective Factors

Family involvement: Yes

Sense of hope: Yes

Prohibitive belief: No

Strong social support: Yes

No known risk factors requiring a referral for provision of emergency/crisis services consistent with WAC 246-341-0640.

RECOVERY ENVIRONMENT

Individual/Family Expectations:

Initial Treatment Plan - Include at least one goal for treatment as identified by client and/or family use quotes: +

Parents both agreed that therapy could be beneficial and would initially focus on increasing client's body safety and ability to advocate for her personal boundaries.

Strengths/Resources or Obstacles to Recovery - Emotional: Expresses hope, Able to articulate goals, Working towards meeting life goals (job, relations), Utilizes healthy coping skills

Recovery Readiness

Motivated for Change/Articulates Goal(s): Yes

Accepting of Treatment: Yes

Positive Treatment History: N/A

Comments: (required for ALL yes answers): .

Client and family are accepting of treatment.

Stage of Change

Clinician's assessment of client's stage of change for:

Mental health issues: Might be a problem; might consider change (Contemplation)

Substance use issues: No problem and/or no interest in change (Pre-contemplation)

RECOMMENDATIONS

Recommendations: .

Client to begin services in the Child Advocacy Program with Clinician Anjali D'Souza.

The following services are medically necessary*:

Services Ordered/Referrals (if checked, include frequency)

Individual Psychotherapy/Behavioral Health Counseling
1x/week

Comprehensive Community Support
As needed

Family Therapy
2x/month or as needed, to involve both parents, separately.

Primary Care Physician - Name/Location
Client to continue with Dr. Bowker at Cedar Ave. Integrative Medicine.

***Medically necessary services are reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the client that endanger life, or cause suffering or pain, or result in an illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. There is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the client requesting the service. 'Course of treatment' may include mere observation or, where appropriate, no medical treatment at all.**

Interactive complexity present in this service?: Yes

Type of interactive complexity: Evidence or disclosure of a sentinel event and mandated report to third party (e.g., abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants.

A CPS call and police were made as a result of this assessment.

DX CAUTION: DO DX TAB 1ST

Diagnosis

Diagnosis:

Effective Date : 04/02/2024

1 (309.9 / F43.20) Adjustment disorders, Unspecified

Diagnosed By : Liana Peebles, MSW, LICSW, CMHS, MHP

Diagnosed Date : 5/2/2024

Onset Date : **Previous Onset Date :**

Onset Prior to Admission: Yes

R/O: No

Notes: Client's symptom self-assessment scores were as follows:

Child and Adolescent Trauma Screen (CATS), client self-reported a score of 17, when 15 is considered clinically significant.
Screen for Child Anxiety Related Disorders (SCARED), client self-reported a score of 2 for anxiety, when 3 is clinically significant.

Moods and Feelings Questionnaire (MFQ), client self-reported a score of 5, when 11 is considered clinically significant.

Client's symptom assessment scores completed by father were as follows:

Child and Adolescent Trauma Screen (CATS), caregiver reported a score of 10, when 15 is considered clinically significant.

Screen for Child Anxiety Related Disorders (SCARED), caregiver reported a score of 1 for anxiety, when 3 is clinically significant.
Moods and Feelings Questionnaire (MFQ), caregiver reported a score of 1, when 11 is considered clinically significant.
Pediatric Symptom Checklist (PSC-17), caregiver reported a score of 3 internalizing, 3 attention, and 6 externalizing for a total of 12.

Client's symptom assessment scores completed by mother were as follows:
Child and Adolescent Trauma Screen (CATS), caregiver reported a score of 25, when 15 is considered clinically significant.
Screen for Child Anxiety Related Disorders (SCARED), caregiver reported a score of 2 for anxiety, when 3 is clinically significant.
Moods and Feelings Questionnaire (MFQ), caregiver reported a score of 4, when 11 is considered clinically significant.
Pediatric Symptom Checklist (PSC-17), caregiver reported a score of 3 internalizing, 3 attention, and 0 externalizing for a total of 6.

During assessment, client disclosed experiencing an incident of sexual abuse. Following the incident, client endorsed avoidance of trauma reminders and occasional low mood. Mother also reported that client has "turned inward" and is withdrawn at times. Client's symptoms impact social and familial functioning, are not better explained by another mental health condition, and are not due to the effects of a substance. Client is therefore diagnosed with (F43.20) Adjustment disorders, unspecified.

Date Updated: 05/03/2024

SNOMED: -

2 (Resolved)(F99) Mental disorder, not otherwise specified

Diagnosed By : **Diagnosed Date :**

Onset Date : **Previous Onset Date :**

Onset Prior to Admission:

R/O: No

Notes:

Date Resolved: 05/02/2024

Date Updated: 05/03/2024

SNOMED: -

WHODAS 2.0 General Disability Assessment Date:

Raw Score: **Avg Score:**

Cognition:

Mobility:

Self-care:

Getting along:

Life activities:

Participation:

Psychosocial/Environmental Problems - Primary: Problems related to the social environment

Employee Signature



5/3/2024 3:19 PM

Liana Peeples - 2832

CMHS , LICSW , MSW , MHP