OptumTERM

Psychotherapy Treatment Provider Application

Writing Sample Packet

Psychotherapy Treatment

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Re: Optum TERM Applicant Writing Sample Process

Dear TERM Panel Applicant:

Thank you for your interest in joining the Optum Treatment and Evaluation Resource Management (TERM) provider network. The Optum TERM mission is to improve the quality and appropriateness of mental health services provided to the clients of HHSA Child and Family Well Being (CFWB) and Juvenile Probation.

Clients of CFWB are children who are current and/or past victims of child abuse or neglect and their families. Both children in the dependency system and their parents may receive treatment and/or formal psychological evaluations. Due to the forensic nature of therapy in Child and Family Well Being cases, providers on the Optum TERM therapist panel are required to provide treatment reports on a regular basis to facilitate formal communication with Child and Family Well Being and the Court. The Juvenile Court requires the providers of services in these cases to be pre-approved by Optum TERM as experts in abuse-related issues.

Because of the potential impact of treatment documentation on legal proceedings and case decision making, applicants are required to submit a sample treatment plan or evaluation report (depending on the type of service for which you are applying). The writing sample process is intended to ensure that documentation meets established quality standards for services rendered within this legal context. Please see the attached enclosures for specific writing sample instructions.

Best Regards,

Optum TERM Team

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TERM Psychotherapy Treatment Writing Sample Instructions

Included are two hypothetical TERM case family vignettes. Please select ONE client from ONE of the vignettes and submit ONE written individual therapy treatment plan for the client. Family X includes Mr. X, Mrs. X, and male minors ages 15 and 3 years old. Family Y includes Mr. Y and female minor age 7. Please take into consideration the following instructions when developing your sample treatment plan.

- The writing sample treatment plan should be completed on the Child and Family Well Being (CFWB) forms. Please complete the parent form if your chosen hypothetical family member is an adult, or the youth form if your chosen hypothetical family member is a child. The treatment plan templates can also be accessed on the Optum San Diego website: www.optumsandiego.com. Once on the site, hover over the menu title for 'BHS Providers' and select 'TERM Providers' from the drop-down menu. Once redirected to the TERM Providers page, select the tab titled 'CFWB Treatment' and the forms can be located under the 'CFWB Treatment Plan Forms' header.
- **All sections of the CFWB Treatment Plan Form must be completed, otherwise your writing sample will be considered incomplete.**
- The writing sample treatment plan should specify the vignette client for which the plan was developed (Mr. X, Mrs. X, minor age 15, minor age 3, or Mr. Y and minor age 7).
- Based on review of the vignette's presenting clinical concerns for your chosen client, please identify at least three **focus of treatment areas** from the dropdown menus on the Treatment Progress section of the CFWB Treatment Plan Form for Parents or Youth that you would address in treatment.
- Writing samples must include an Initial Assessment and First Update in the Treatment Progress section of the form (Note: The First Update reflects progress at 12 weeks of treatment). Your progress note documentation should include interventions utilized in the course of your Initial Assessment and First Update, as well as a description of how client has responded to the identified interventions. This section should illustrate your clinical assessment and treatment interventions.
- The sample plan should reflect your competence in treating Child and Family Well Being clients.
- If additional information is needed to meet clinical documentation standards, you will receive written communication from TERM staff requesting an update for your submitted writing sample. One opportunity will be given to update your writing sample.
- For additional information to aid with the writing sample, you can locate resources using the guidance available on the Optum website, outlined above (e.g., TERM Provider Handbook, TERM Treatment Plan Documentation Resources).

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Thank you for your time completing the TERM application and writing sample process and for your shared commitment to delivering quality services to the clients of San Diego County Child and Family Well Being Department.

Important:
The Writing Sample must be typed. Handwritten forms will not be accepted. Please submit your Writing Sample on the provided CFWB forms.

Hypothetical TERM Family Case Vignettes

Option 1: X Family

Names/ages of each family member: Mr. X (father) age 38, Mrs. X (mother) age 35, Minor (male) age 15, Minor (male) age 3.

Safety Threats and Risk Factors: General Neglect, Physical Abuse, Intimate Partner Violence, Mental Health Concerns and Substance Abuse

Services Are: Court-ordered

Incident that brought the family to CFWB attention: On XX/XX/XX, the hotline received a child abuse report stating Mrs. X was using methamphetamine in the presence of her children. On investigation, a bag of methamphetamine and drug paraphernalia was found in an area accessible to the minors. Mrs. X was arrested for possession of methamphetamine, drug paraphernalia and felony child endangerment, and was sent to Las Colinas jail. The father, Mr. X, was not home and unable to be located during the time of the incident. The minors were removed from their parents' care due to the mother's current drug use and inability of both parents to adequately care for and protect their children.

Upon further investigation, Mrs. X reported several intimate partner violence altercations with Mr. X in the last year. Mrs. X reported that Mr. X has punched her on the head and strangled her. The children also identified Mr. X as the primary aggressor. In addition, children reported they are often babysat by random neighbors while the parents used illegal substances.

The children are currently residing with the paternal grandparents. The children have unsupervised visits with Mrs. X, and supervised visits with Mr. X once per week. Mother is residing in a sober living facility. Mother may initiate conjoint therapy with the 3-year-old in the near future.

Prior CFWB referrals:

(3 years ago) General Neglect Substantiated. Minor age 3 was taken into protective custody and became a dependent of Juvenile Court. He tested positive for methamphetamine at birth. The family participated in services and was successfully reunified. The case was closed.
Why is this service being requested at this time:

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- Mrs. X (Mother): Mrs. X has a childhood history of involvement with the Child and Family Well Being Department due to neglect and substance abuse in her family of origin. Mrs. X has a long history of unsuccessful treatment of drug abuse. She was recently released from jail and is residing in a sober living facility. Mother has been previously diagnosed with Stimulant Use Disorder, R/O PTSD, and Major Depressive Disorder. At the time of referral, mother has also recently reported difficulty sleeping, having trouble concentrating, reported having crying spells, and irritability. Mother was hospitalized 2 years ago due to suicidality.

  First Update: Mrs. X has completed a total of 15 therapy sessions and is currently reporting feeling depressed and embarrassed because her children are in the system and going through the same experiences she faced as a child. She takes accountability for the violence in the home and has shared she instigated Mr. X to get angry and fight. She continues to experience sleep disturbance and crying spells.

- Mr. X (Father): Mr. X has a long history of depression and has been hospitalized with two past suicide attempts; he recently acknowledges worsening of depressive symptoms since his children were removed and has endorsed passive suicidal ideation without plan or intent. He has a childhood history of physical abuse, neglect, and exposure to domestic violence in his family of origin. Mr. X reports to have used methamphetamines with his wife at home and states he drinks alcohol at least 5x a week after work. Father has been previously diagnosed with Mood Disorder NOS, Alcohol Use Disorder, and Stimulant Use Disorder. Mr. X reported to have been prescribed Zoloft in the past but to have not been compliant with medications. Mr. X is currently attending AA groups and reports to have been sober for a month. Per Mr. X he has had unsuccessful treatment for drug use in the past.
  First Update: Mr. X has completed only a total of 6 therapy sessions and has cancelled 6 appointments. He is reporting feeling sad and frustrated due to family separation and CFWB involvement. He has discussed how it is unfair to be in this situation due to his wife's anger issues. He shared he finds support in his AA meetings to not use alcohol to cope with his marital problems and his childhood memories

- 15-year-old: The grandparents report that the 15-year-old youth is extremely disrespectful, screams profanity when his grandmother attempts to punish him for misbehavior, threatens to hit her, destroys objects in the home when angry, and was reported to bully peers and his 3-year-old sibling. The 3-year-old sibling is reported to be scared when his brother behaves in this manner. The grandparents report that whenever the youth attends school, he exhibits significant difficulties, including hyperactivity, disorganization, lack of attention, and a general disregard for school rules. He has been suspended from school multiple times and is failing most of his classes. The grandparents report that the youth may be abusing drugs, as they recently found drug paraphernalia in his room. The minor refuses to speak about the violence he witnessed between his parents. His grandparents recently found grisly drawings the minor completed in which he depicts multiple nightmares he has had in recent months. The minor's caregivers report that they do not know how to deal with the minor's difficulties and would like assistance in understanding and managing his behavior.

  First Update: The teenager has completed 6 therapy sessions out of 17 scheduled appointments as he inconsistently logs in to the telehealth appointments. School has reported a

slight improvement with his hyperactivity and shared he began to follow some rules. Caregivers reported he isolates in his room and becomes very angry when requested to participate in family meals or complete chores.

- 3-year-old: Grandparents report that the 3-year-old is withdrawn and often isolates himself. The child shows indications for developmental delays (does not speak) and is under-responsive to efforts to engage him (often seems withdrawn). The social worker has noticed a change in affect when in the presence of his mother during visitation. Child appears to increase in irritability and mouths his hands in excess. In addition, Mother does not attempt to engage him but does appear to enjoy taking pictures of him on her cell phone. He shows no preference for adults and prefers to self-soothe. Child is reported to hide food in his mouth for hours and appears distressed when it is discovered. Services are being requested to address concerns related to the child's social- emotional, developmental, and psychosocial domains of functioning. CA Early Start services will end soon due to age cutoff. CFWB is recommending conjoint therapy, if appropriate, to support reunification. Conjoint therapy with grandparents may be clinically appropriate at this time to address issues related to disrupted primary relationships, exposure to parental substance abuse, untreated parental mental health concerns, and exposure to domestic violence.

  First Update: 3-year-old and grandparents have attended a total of 17 therapy sessions and caregivers have reported the 3-year-old has become “clingy” and cries when grandparents are not in the room with him. Caregivers report he is now able to say three words, but they are expressing concerns about increased tantrums after he returns from unsupervised visits with mother. Toddler was reported to no longer store food in his mouth, but caregivers have concerns about his increased food intake.

Option 2: Y Family

Names/ages of each family member: Mr. Y (father) age 42, Minor (female) age 7

Safety Threats and Risk Factors: General Neglect, Serious Mental Illness

Services Are: Voluntary

Incident that brought the family to CFWB attention: On or about XX/XX/XXXX, the hotline received a report from the minor’s school (age 7) reporting inconsistent and sporadic attendance over the last 6 weeks. On the same day, a concerned neighbor contacted the hotline stating that Mr. Y has recently been observed outside the residence “at all hours” pacing rapidly, yelling profanities, and has reportedly been heard making suicidal statements. A welfare check was initiated to dispatch SDPD Officers to the family’s home. Upon entering the home, officers observed the residence to be cluttered with piles of clothing, books, and children’s toys. Officers found only limited food items in the refrigerator and cupboards. Empty and outdated prescription bottles were scattered throughout the home.

A PERT Clinician located Mr. Y outside the residence and spoke with Mr. Y. In talking with the PERT Clinician, Mr. Y detailed recent exacerbation in stress given the death of his wife 5 months ago and noted difficulties managing the numerous household responsibilities, working, supporting his daughter’s

schooling, and keeping consistent with his mental health treatment. Mr. Y divulged that he ran out of his psychiatric medications two months prior and has not yet requested a refill. Mr. Y shared that he has not been able to sleep for approximately 3 or 4 days. He shared that he has never had suicidal ideation prior to the last few weeks and attributed his current feelings of hopelessness to difficulties coping with the death of his wife. Mr. Y agreed to be transported for voluntary psychiatric hospitalization.

The minor resided with her maternal aunt and similar aged cousins while Mr. Y received inpatient treatment. Upon the father's discharge from the hospital, the Agency agreed to extend Voluntary services to the family and allowed the minor to return to Mr. Y's care.

Prior CFWB referrals: (2 years ago) Sexual Abuse Substantiated. It was reported that a neighbor who babysat for the minor (age 5 at the time) had inappropriately touched her genital region. The neighbor was arrested. The case was closed.

Why is this service being requested at this time:

- Mr. Y (age 42): Mr. Y has a history of previous legal involvement stemming from his prior history of violence and drug possession with intent to sell. Mr. Y reports he received treatment for substance use during previous legal proceedings and this eventually led to him being referred to a psychiatrist who diagnosed him with Bipolar I Disorder.

  Prior to being diagnosed and treated, Mr. Y had recurrent manic episodes in which he experienced command hallucinations and delusions of grandeur, believing he was 'sent by god to bring justice to wrong doers.' During these episodes, Mr. Y was involved in several violent altercations. He has a history of incarceration, two involuntary hospitalizations for danger to others, and the most recent voluntary hospitalization for danger to self. Mr. Y reports he previously utilized methamphetamine and heroin to manage his untreated mental health needs. He participated in multiple substance use treatment episodes and reports he has maintained sobriety for the last 5 years. Currently, he participates in Narcotics Anonymous twice weekly, where he has a longstanding relationship with his sponsor. Mr. Y has submitted to drug tests for the Agency and all his tests have been negative. Substance use disorder treatment services are not on Mr. Y's case plan at this time.

  Per records, Mr. Y is diagnosed with Bipolar I Disorder, with mood congruent psychotic features, Stimulant Use Disorder, in sustained remission, and Opioid Use Disorder, in sustained remission. Discharge records from his recent inpatient hospitalization reflect one additional diagnosis of Adjustment Disorder with depressed mood. He reports a previous diagnosis of Post Traumatic Stress Disorder. Mr. Y was previously stable on Seroquel. Since the start of the case, Mr. Y has re-engaged with his psychiatrist through his private insurance and resumed Seroquel and has now started taking Prazosin. Mr. Y noted that he is no longer experiencing suicidal ideation, and his sleep has started to return to baseline.

  Mr. Y has not participated in mental health therapy for 5 years but is willing to engage in services at this time, stating he wants to "learn tools to help my daughter through all of this." Mr. Y admits that it can be difficult to know how to best meet his daughter's needs and struggles setting limits with her. Mr. Y shared that he has felt even less effective as a parent since the death of his spouse. Mr. Y reports recent sleep difficulties (which have improved with medications), fatigue during the day, feelings of guilt, difficulty concentrating, lack of motivation, crying spells, increased irritability, and some intrusive memories of both his late wife and his

own childhood experiences. To his credit, Mr. Y has been forthright in sharing that he has noticed increased cravings for substance use in the midst of current stressors, but states he discusses this openly with his sponsor.

First Update: Mr. Y has completed a total of 20 therapy sessions and continues to maintain sobriety. He reported struggling with medication side effects that sometimes impact his compliance. Mr. Y shared he continues to experience lack of motivation and intrusive memories. He identifies benefiting from learning parenting strategies and has begun to integrate learned parenting skills during supervised visitation with child.

- 7-year-old: According to Mr. Y, the 7-year-old minor is struggling with her mood and having behavioral problems. Services are being requested for emotional and behavioral concerns for the 7-year-old. When the child was attending school consistently, the minor was having trouble following directions, was disruptive in class and did poorly with her schoolwork. At home, youth is withdrawn, anxious of strangers, having crying spells, temper tantrums, bedwetting, and nightmares. The client refuses to talk about her feelings related to her mother's death. When asked about her mother, the client will either 'shut down' or change the topic of the conversation. Client was diagnosed with Adjustment Disorder with depressed mood in the past. Two years ago, minor disclosed to a schoolteacher that a neighbor who babysat for her had inappropriately touched her genital region on multiple occasions. At the time, minor kept getting into trouble because she was trying to touch the genital region of boys in the classroom. She attended a few therapy sessions after the sexual abuse incident was reported to Child and Family Well Being. Minor has no current contact with offender

  First Update: Minor Y has completed 12 therapy sessions. School is reporting behavioral improvements, but minor continues to do poorly with her schoolwork. Caregivers shared she is still presenting with temper tantrums and is withdrawn. Minor has started to talk about random memories of mother. She has not engaged in inappropriate touching of boys at school but presents sexualized behaviors while playing. Bedwetting has decreased, but minor Y was reported to still experience anxiety around male strangers.