



# EXAMPLES FOR COMPLETING THE SPECIALTY ADD-ON REQUEST

## Example 1

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**MNC:** Teddy is an 11-year-old male. His IQ is in the 65-70 range and he has been diagnosed with RAD, ADHD and PTSD. He gets explosive and will tear up items and attack others when frustrated or anxious. He has a history of several inpatient stays, including two this past year which were at least four months in length. He does not play well with others and has on at least one occasion inappropriately touched another patient while in a facility. Most recently he attacked his adoptive mother with a hammer when he did not get his way. Three other facilities have refused him for this stay stating he is too disruptive and difficult for their milieu at this time.

### Plan:

- His room will be the one closest to the nurse station and will continue to remain a single. Other patients will have to be relocated to other rooms if the room closest to the nurse station is occupied.
- Teddy's plan of care will be modified from the norm to show that he will receive the 9.5 hours of electives as individual electives rather than group due to his inability to function in group without becoming aggressive to others. His assigned tech will document those electives on group notes with the same documentation requirements as if he were in a regular group.
- Teddy's plan of care will be modified to show that he will receive three hours of IT with a LBHP in lieu of process group since he cannot function well in a group. These will be in addition to the already one hour that is required. The therapist will have specialized training in RAD and trauma informed care.

## **Example 2**

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**MNC:** Member is a 16-year-old male with SAO behavior and aggression. He has been diagnosed with PTSD and RAD. He has had multiple hospitalizations and has not been able to successfully stay in TFC. He has multiple holds daily and consistently needs a 1:1 to keep him and others in the facility safe. He has had at least five holds daily since his admission to the unit.

**Plan:**

- He will get IT three to four times weekly by a licensed therapist who has extensive skills in dealing with trauma.
- He will have Individual rehab 2-3 times daily to help learn anger management techniques by a tech trained in providing trauma-informed services.
- He will be seen by the physician a minimum of two times weekly to check the effectiveness of his medications.

### Example 3

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**MNC:** 12-year-old female, Diagnosis of PTSD and RAD, History of acting out sexually and self-harming behavior, five inpatient stays in past 12 months, previous inpatient providers refuse to readmit due to member's excessive sexual and self-harming behaviors.

**Plan:**

- In addition to 1:1 observation for safety of self and others (requested separately), the following specialty treatments will be provided to foster successful inpatient treatment and ability to transition back into the home and community:
- Family sessions will be provided twice per week for 1.5 – 2 hrs/session to provide ample time to work on developing appropriate attachment, boundary setting, etc. At least one of these sessions will be face-to-face with caregivers and patient present.
  - DBT certified therapist will be contracted to provide individual and family therapy services focused on reducing self-harming behaviors and to address issues related to past sexual trauma.
  - MST certified therapist will be contracted to provide family therapy services focused on the reduction of sexually inappropriate behavior and risk of recidivism for sexual offenses. MST FT will be modified as needed for application in the inpatient setting.
- Group therapy will not be used for this patient due to persistent disruptive behavior that prevents other members from benefitting. These hours will be covered by the increased FT and IT services.
- DBT and MST therapists will provide two hours of training with facility staff on ways to successfully interact with patient, support the goals of therapy and decrease the need for S/R to manage patient's inappropriate behaviors.

#### **Example 4**

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**MNC:** 13-year-old female has been diagnosed with RAD and Autism which places her in a specialty need situation. In addition, has extreme SAO including paraphilic sexual behaviors, wanting to have sex with her father, wanting to murder her stepmother so that she can be with her father sexually, smearing her menstrual blood on walls, hiding knives so that she can kill her stepmother or herself at night, and being manipulative. Despite being on 1:1 and other precautions at STAR in OK, she was still not able to progress in her treatment and function at a level in which she could go home, etc. At this time, STAR was the only in-state option and that did not work.

**Plan:**

- Three hours of offender specific therapy per week by LCSW, LPC, LMFT trained in offender specifics.
- 1.75 hours of psychoeducational trauma specific therapy per week by trauma focused CBT trained LBHP.

## Example 5

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**MNC:** 15 year old male with a 57 IQ. His diagnosis is PTSD, ADHD and MDD. He reports having auditory hallucinations. He is physically aggressive, and staff have required medical treatment as a result of his aggression. He has multiple s/r as a result.

### Plan:

- He will have IT three to four hours weekly by a fully licensed therapist trained in EMDR and experience in working with the developmentally delayed. The therapy will help him deal with his trauma and emotions and will be in a language he can understand. If he leaves the sessions early the time will be made up in shorter sessions.
- He will have two hours of IR daily by a staff trained in trauma informed care and that has experience dealing with the developmentally delayed. The rehab will be focused on learning to control his anger and emotions and will be in a language he can understand.
- He will receive a doctor's visit two to three times per week to assure his medications are effective.



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#### WEBSITES

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