

Community Mental Health for Central Michigan
Behavior Treatment Committee Review Form

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|-----------------------|------------------|----------------------|--|
| Consumer Name: | Jane Doe | Case Number: | 11111111 |
| Date of Birth: | 9/99/9999 | Review Date: | 12/4/2018 |
| Age: | 99 | County: | Isabella |
| Caseholder(s): | Renee Raushi | Primary Dx: | F33.1 Major depressive disorder, Recurrent episode; Moderate |
| Supervisor: | Jennifer McNally | Secondary Dx: | Sec F43.10 Posttraumatic stress disorder (DSM-5) |

Medications: Latuda 60MG Tablet
 Take 1 tablet by mouth Once a day
 Lexapro 20MG Tablet
 Take 1 by mouth Once a day
 Prazosin HCl 1MG Capsule
 Take 1 by mouth Twice a day
 Trazodone 50MG Tablet
 Take 1 by mouth At bedtime
 Vistaril 25MG Capsule
 Take 1 by mouth Twice a day as needed
 for anxiety. (may take additional capsule if initial capsule ineffective)
 Vitamin D 5000IU Tablet
 Take 1 by mouth Once a day
 Vyvanse 50MG Capsule
 Schedule II
 Take 1 by mouth Once a day
 do not fill for 18 days
 Vyvanse 50MG Capsule
 Schedule II
 Take 1 by mouth Once a day
 **You can copy and paste medications here
 **If consumer is on psychotropic medications, the committee may request a prescriber report form after initial BTC review.

**If consumer is on psychotropic medications, BTC may request prescriber report form be completed in addition to this form.

Reason for BTC Review:

New Behavior Plan: restrictive positive support plan only (non-restrictive) ABA plan
 Date of plan that was originally approved: _____

Quarterly Review
 No Behavior Plan

Check ALL interventions proposed to be implemented:

Intrusive: Yes No

***Any item checked below must include a behavior treatment plan**

| | | | |
|--|--|---|--|
| <input type="checkbox"/> Periodic monitoring | <input type="checkbox"/> Line of Sight (waking hours 24/7) | <input type="checkbox"/> Arm's reach | <input type="checkbox"/> Physical prompt |
| <input type="checkbox"/> Planned ignoring | <input type="checkbox"/> Restore environment | <input type="checkbox"/> Planned inquiry | <input type="checkbox"/> Overcorrection |
| <input type="checkbox"/> Protective device | <input type="checkbox"/> Anatomical/physical support Rx MD/PT/OT | <input type="checkbox"/> Special clothing | |
| <input type="checkbox"/> Other (describe): _____ | | | |

Restrictive: Yes No

***Any item checked below must include a behavior treatment plan**

Freedom of Movement

- limit access to activity, environment therapeutic de-escalation (required relaxation)
 Other (describe): _____

Property Rights

- restrict access to property restrict access to money search and seizure restitution/response

Communication Rights

- limit access to phone limit access to visits limit access to mail

Entertainment

- restrict access to viewing, listening, etc.

Communication Rights

- limit access to other persons
 Other (describe): _____

Behavior Treatment Plan: Yes No

Please give details:

Evidence Based Practice: Yes No

- PMTO DBT TF-CBT Family Therapy ABA Therapy MST
 Other (describe): _____

Progress

List the target behaviors:

Behavior has improved (describe): Per family, behaviors (skipping school, verbal aggression toward siblings) has improved.

*There needs to be an explanation here, and not just a checked box

Behavior has escalated (describe):

Summarize current treatment: Jane has been working with therapist for several months, and attendance has been consistent for Jane and family. Therapist is using TF-CBT model. Per most recent psychiatric medication review, medications will be decreased given that there is more stability within the home and at school.

Plan Approval Effective Until: _____

BTC Approval: Approved Denied

Committee Feedback: BTC will provide you feedback here about next review (if appropriate). If there are any questions, please do not hesitate to reach out.

Discharged from BTC review (BTC review may become necessary if conditions change)

BTC Chairperson/Designee Signature

Date