



**NORTHERN LAKES COMMUNITY MENTAL HEALTH  
BEHAVIOR TREATMENT COMMITTEE  
INTERIM APPROVAL FORM**

Completion of this form allows qualified NCCMH professionals to authorize immediate, on-going use of restrictive, intrusive, minor or major aversive behavior interventions. Qualified mental health professionals identifying the need for any of these interventions who are not trained in applied behavior analysis must first (i.e. before implementation) consult with a Supervisor with the clinical authority to approve these interventions. The psychologist retains final authority as to whether an intervention is required on an interim basis.

**RECIPIENT'S NAME** \_\_\_\_\_ **CASE NUMBER** \_\_\_\_\_

**INTERIM PLAN DATE** \_\_\_\_\_

Specify in detail why the restrictive intervention needs to be implemented right away.

Specify in detail what the restrictive intervention is and what target behaviors will evoke the use of the intervention.

The Case Manager or Supports Coordinator for the recipient will be responsible for obtaining immediate verbal consent by the guardian. This will be documented. Signature below means interim approval has occurred and consent has been obtained. A formal behavior treatment plan will be developed within 30 working days and presented to the BTC.

**PSYCHOLOGIST'S SIGNATURE AND DATE** \_\_\_\_\_

**DATE OF IMPLEMENTATION** \_\_\_\_\_

**DATE OF BEHAVIOR TREATMENT PLAN** \_\_\_\_\_

Original to recipient's file and a copy to BTC.

**NORTHERN LAKES COMMUNITY MENTAL HEALTH**

**CONDITIONAL APPROVAL OR DISAPPROVAL SHEET  
FOR BEHAVIORAL INTERVENTION**

RECIPIENT'S NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_  
\_\_\_\_\_

BEHAVIOR TREATMENT PLAN: \_\_\_\_\_  
\_\_\_\_\_

PLAN DATE: \_\_\_\_\_

I have been informed of the methods of treatment involved and to be used and of the potential risks and possible benefits in a manner that I understand. I am giving consent voluntarily. I understand that I may withdraw my consent at any time without penalty. I conditionally approve/disapprove (circle one) of the implementation of the behavior treatment program for the following reasons:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

The following changes must be made before I give my consent:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NORTHERN LAKES COMMUNITY MENTAL HEALTH**

**CONSENT FOR BEHAVIORAL INTERVENTION**

I, \_\_\_\_\_, give my approval for the implementation of the \_\_\_\_\_ program dated \_\_\_\_\_, and written by \_\_\_\_\_ for \_\_\_\_\_ as described.

(recipient's name)

I have been informed of the methods of treatment involved and to be used and of the potential risks and possible benefits in a manner that I understand. I am giving consent voluntarily. I understand that I may withdraw my consent at any time without penalty.

Signed \_\_\_\_\_  
Signature of recipient, parent if a minor or empowered guardian

Date \_\_\_\_\_

\_\_\_\_\_ I do not consent to the above-mentioned program.

The following changes must be made before approval is granted:

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

I withdraw my consent voluntarily to this program.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**NORTHERN LAKES CMH**  
Behavior Treatment Committee Agenda/Minutes Format

I. Minutes

Committee members present, plans/quarterlies reviewed, policies and procedure approved, etc.

II. Items from the Group

(This would include changes in forms, policies, communication procedures, membership issues, etc.)

III. Case Reviews

(Identified by Name, Case No., Report Date, Residence &/or Program)

A. Behavior Treatment Plan

B. Quarterlies

C. Miscellaneous

(This would include answers to BTC questions re programs, rationale from physician progress notes regarding psychotropic medication prescriptions, behavior charts, etc.)

IV. Determine Next Meeting