



An Overview: I-TABS Assistance in Creating a “Behaviorally-Based Treatment Plan” (BBTP)

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Woodward Resource Center

Iowa’s Technical Assistance and Behavior Supports

I-TABS

Iowa's Technical Assistance and Behavior Supports

Provides:

“Technical assistance and behavior supports to stakeholders who support Iowans who are Medicaid-eligible.”

BEFORE the Consultation

- Contacting I-TABS:
 - ssmith7@dhs.state.ia.us (preferred)
 - phone: 515/438-3309
 - Voicemail: please talk slowly and clearly when leaving your phone number and name
- “Background Information” form
- Scheduling
- Who should attend

DURING the Consultation

- Scope of I-TABs services
- Responsibilities of both parties
 - Agency: Provide relevant information, evaluate viability and social validity of ideas generated; review plan with their patient/guardian; ensure written consent has been obtained before implementing.
 - I-TABS: Provide consultative/educational assistance to the facility as they design a BBTP.
- Professional/Ethical conduct and opportunity for feedback

DURING the Consultation

- Accurate/current diagnoses
- “Choosing Wisely” APA
 - Five Things Physicians and Patients Should Question
- **Don't prescribe antipsychotic medications to patients for any indication without appropriate initial evaluation and appropriate ongoing monitoring.**
- **Don't routinely prescribe two or more antipsychotic medications concurrently.**
- **Don't use antipsychotics as first choice to treat behavioral and psychological symptoms of dementia.**
- **Don't routinely prescribe antipsychotic medications as a first-line intervention for insomnia in adults.**
- **Don't routinely prescribe antipsychotic medications as a first-line intervention for children and adolescents for any diagnosis other than psychotic disorders.**

DURING the Consultation

- Values, preferences, sensitivities
- Clinically relevant behavior (CRBs)
- Functional assessment
 - What does the person acquire
 - What does the person avoid/escape

DURING the Consultation

- Current Strategies that may impact outcome
- Additional Strategies
 - Routine
 - Crisis
 - E.g. Validation; Acceptance/Change; What NOT to do, etc.

DURING the Consultation

- Evaluating the effectiveness of the treatment
 - Comparing “before” with “after”

AFTER the Consultation

- Handouts will be forwarded, if relevant
- 1st Consultation
- Subsequent Consultations from the same agency
- Feedback/Evaluation form

Work-In-Progress

- Modifications in the process may occur as the process evolves
- E.g. Forms updates; phone / on-site; content, etc.

Feedback and suggestions are welcome!