



EHDN Prague 2010

The Behavior Signaling and Intervention Plan

A method to treat changing and challenging behavioral problems

Background:

Patients with HD may develop neuro-psychiatric symptoms and may show behavioral problems, such as agitation and aggression, depression, compulsive behavior, apathy, psychotic behavior. In Huntington Centre Topaz Overduin the 'Behavior Signaling and Intervention Plan' has been developed to provide the care givers and the patients a protocolled and tailor-made method for therapeutic interventions.

Methods:

The BSI-Plan describes the balanced behavior of the patient and provides both the patient and the multidisciplinary team with tools to influence changing and challenging behavior and prevent escalations. In each BSI-Plan there are composed tailor-made interventions, following the changing and challenging behavior.

The BSI-Plan is a result of discussion in the team and is regularly evaluated with the patient.

Name patient:		Date of birth:	
Consent patient: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date last evaluation: 00-00-0000		Date next evaluation: 00-00-0000	
Patient Profile			
A short description of the personality of the patient, living situation, social network, important medical information (DSM IV, allergy)			
Phase 0	Behavior : in balance		
Behavior patient		Interventions of the team	
		Mood and way of making contact	
The normal mood of a person. His/her own way of making contact and the way someone is able to communicate.		Open and respectful attitude. Take up the offered contact moments and create some contact moments yourself.	
		Activities	
Activities a person does by him- or herself. Important things that apply to this person in his daily life.		Only support a patient with activities he or she can't do him- or herself or when asked for help Be aware of them.	
Phase 1	Behavior : showing more agitation		
Behavior patient		Interventions of the team	
		Mood and way of making contact	
Keywords are: impotence and/or agitation. Non verbal signals give away the patients mood. 0Searches contact with his/her surroundings, in his own way.		Try to get the temper back to phase 0. Commit verbal and non verbal interventions, like entering into a conversation.	
		Activities	
Things are not as easily anymore. There's a sort of impatience in the activities. The patient doesn't always recognize his changed behavior		Recognize, observe and try to bend this situation by interventions. It doesn't always need to be a conversation. A game or physical activity may just as well.	
Phase 2	Behavior: showing verbal and physical aggression		
Behavior patient		Interventions of the team	
		Mood and way of making contact	
In this phase, behavior and its manifestations escalate. Both verbal and non verbal the patients behavior has changed a lot. It's impossible to engage contact in an accepted way.		Interventions are more clearly focused on preventing an escalation and could contain measures restricting liberty. Verbal directed intervention is necessary.	
		Activities	
There's a destructive element in all actions. It's mainly verbal and could be directed at oneself or others. Describe the elements/principles which might trigger the patient.		Sometimes intervene directly with physical contact. Presence must be clear and inevitable. Do that which is known to work.	
Phase 3	Behavior: showing serious and dangerous physical aggression		
Behavior patient		Interventions of the team	
		Mood and the way of making contact	
Destructive behavior. Only makes contact to achieve this destructive behavior.		Verbally, set boundaries. Take safety standards into account for all involved.	
		Activities	
Is aimed at achieving the destructive purpose. The patient is aware of how caretakers can intervene. He's also known with the severity of the intervention..		This destructive purpose should not be achieved and therefore one must take clear and immediate action against it. Pay attention to legislation and regulatory. Act to it.	
Evaluate and rewrite this Behavior Signaling and Intervention Plan every six months			



Results:

The BSI-plan helps the care givers to describe the behavior and to know how to intervene in situations of challenging behavior of their patients leading to a more balanced and stable behavioral pattern. The BSI-Plan offers the patient and the care givers a firm guideline in situations of changing behavior. The BSI-Plan is rewritten every six months, following the progressions of the Huntington's Disease.

Conclusion:

The Behavior Signaling and Intervention Plan, as used in Huntington Centre Overduin, is an useful instrument, which provides care givers and the patients tailor-made interventions in changing and challenging behavior.

Planning: The BSI-Plan is now further developed for behavioral problems.