

To Contract or Not to Contract ...

As the renal community begins to take a closer look at the impact of problem behaviors in the dialysis units, contracts are more frequently being used to address and manage those problems. The following guidelines can be used when approaching a behavior contract:

Do We Even Need a Behavior Contract?

Is the behavior changeable?

Consider whether or not there are precipitating factors that make a change in the behavior unreasonable.

EXAMPLE: Mr. Smith has mild mental retardation and cannot understand the terms or consequences of a contract to control his verbal outbursts during treatment.

Is the behavior measurable?

You can't tell whether or not a behavior contract was successful unless you have something to measure.

EXAMPLE: "Miss Jones is always disagreeable" (A behavior contract will not help her to improve in this area).

Is the behavior persistent?

Unusual circumstances that are not expected to recur might lead to inappropriate behavior from a patient.

EXAMPLE: Mr. Smith, normally a very passive person, recently became very angry and yelled profanities while sitting in the lobby. In a discussion with the Social Worker after the incident, it was discovered that he was under a great deal of stress due to a recent death in his family. Instead of using a contract, he was edu-

cated about the inappropriateness of his behavior and was referred for counseling.

Alternatives to Behavior Contracts:

Address the problem. Many problems can be resolved merely by bringing attention to them. This is especially true when a patient is unaware that his/her conduct is a problem--pointing it out may be the only solution needed.

Meet regularly. If bringing attention to an issue isn't enough, the team and/or parties involved should meet on a regular basis to validate, discuss, and follow up on problems.

Educate all patients. If an issue appears to affect more than just one patient, consider providing education to all patients through memos, meetings, bulletin boards, etc.

Educate the staff. Problematic behaviors in a dialysis unit can be challenging for all staff; dealing with these behaviors is an ongoing learning process. Determine whether or not staff would benefit from additional training and/or education with regards to a problem.

When Developing a Contract ...

Make the contract specific and individualized. The most important thing to keep in mind is that each patient and each situation is different.

EXAMPLE: The team met with Mr. Jones

to help him increase compliance with his treatment. After considering all of his barriers they came up with a contract that everyone considered fair and appropriate for him.

Get in the game early! Don't wait for inappropriate conduct to escalate into a difficult or even dangerous situation. It's important to educate all staff about what to do when a patient is displaying inappropriate, difficult, disruptive, abusive, noncompliant, or unwanted behavior.

EXAMPLE: Jane Doe has been yelling at staff during treatments for the past 3 weeks and has become increasingly loud and aggressive. To prevent further escalation, the team met with Jane and a contract was implemented that gave her a means to address her concerns with staff. It also spelled out consequences in the event that her behaviors continued.

Make the contract measurable and observable. Unless a contract is measurable, all parties will have difficulty knowing whether progress was made.

EXAMPLE: *Rather than:* "Mr. Smith will not be mean to staff."

Try this: "Mr. Smith will speak in a normal tone of voice and refrain from cursing at staff for 2 months."

Make the goal achievable and the expectations reasonable. Remember that the goal of a behavior change is to improve a behavior. Keep in mind that smaller steps allow both parties to share in the success when the goals are achieved.

EXAMPLE: *Rather than:* "Mr. Jones will not miss any of his treatments."

Try this: "Within the next 2 months, Mr. Jones will attend at least 11 treatments per month."

Keep it positive! Avoid using a behavior contract to threaten or intimidate a patient--this will not produce the long-term desired results. Also, avoid wording that is negative--never degrade a patient.

EXAMPLE: *Rather than:* "Jane does not follow the Doctor's orders; if she misses another treatment she will be discharged."

Try this: "If Jane attends her treatments 20% more

often for the next 3 months, her machine will be set up prior to her arrival at the dialysis unit."

Provide appropriate consequences. Consequences should not intimidate, but rather motivate change.

EXAMPLE: "Mr. Jones will refrain from cursing at the staff and patients for the next 6 weeks. If he curses during treatment, the Nephrologist will be notified and John's treatment will be discontinued for the remainder of the day."

Include the patient in the process. Being involved in the goal-setting process will allow a patient to assume responsibility for outcomes, and thus motivate him/her to achieve the goal. Consider having a confidential meeting with the medical team and the patient (including a support person, if the patient desires) in which the contract can be developed.

Don't wait for inappropriate conduct to escalate ...

EXAMPLE: “Jane has been late for treatments for the past several months. The team met with her and her husband to discuss the issue and to come up with a contract that worked for them and the facility.”

Include the staff in the process. A contract is an agreement between two parties, so consider ways that the staff can be involved in the patient’s process of change.

EXAMPLE: “Mr. Johnson will alert the Tech in a normal tone of voice if he is not feeling well during treatment. The staff will respond to Mr. Johnson within 2 minutes and will notify the Nurse if Mr. Johnson needs additional assistance.”

Rarely are patients the only ones involved in problematic behaviors ...

Provide the patient with appropriate ways to address concerns. Rarely are patients the only ones involved in problematic behaviors, so consider what the staff can do to make positive changes during the process.

EXAMPLE: “Ms. Smith will address her concerns to the Charge Nurse rather than complaining to the Techs. The Charge Nurse will talk with Ms. Smith to address her concerns at least once a week.”

Provide a time limit and regularly monitor the patient’s progress. All contracts should have a clear beginning and ending date. Likewise, it’s essential that the patient’s progress be monitored, through meetings, phone calls, correspondence, etc. Gauging a patient’s progress

throughout the contract period will encourage him/her to stay on course. A period of between 6 and 12 weeks is usually sufficient.

EXAMPLE: “John Smith will refrain from cursing in the lobby for the next 6 weeks. The Nurse Supervisor and Social Worker will meet with John every Wednesday after treatment to monitor his progress.”

Remember to document! Make sure that all of the team’s efforts and the patient’s progress are recorded, and include specific documentation in the patient’s record.

Adapted with permission from the Southeastern Kidney Council (Network #6.)