Behavior contracts are being used more and more in renal settings as a way to address problematic patient behavior. While behavior contracts can be very effective tools for modifying self-destructive or aggressive behavior, a poorly written or implemented behavior contract may lead to a patient’s refusal to cooperate and/or continued or increased problematic behavior. Appropriate use of a behavior contract can, however, be a positive learning experience leading to mutual understanding and improved relations between patients and staff. In fact, a well written, mutually agreed upon contract could be the singular most effective way to help a patient change behavior.

Appropriate and effective behavior contracts set a goal of a change in problematic behavior. Problematic behavior is any behavior that is self-injurious or creates a hostile environment in the clinic and can include such behaviors as signing off dialysis early and skipping treatments.

An effective behavior contract incorporates all parties working together to achieve mutual goals. In the dialysis setting, the parties are the patient, the physician and the clinic staff. Each has a role to play in order to achieve the goal. Essential components of a behavior contract include statements of responsibility from the patient and the clinic, the use of positive behavioral terms, statements of responsibility from the patient and the clinic, utilization of a staff monitor, a specified time frame, monitoring and review.

Behavioral Terms

- **The goal is stated as the desired behavior, NOT as the behavior to be stopped.** Asking for desired behaviors is more effective than listing undesirable behaviors. For example, “will show up for every treatment” is better than “will not skip treatments.”
- The desired change in the patient’s behavior is stated in POSITIVE, OBSERVABLE behaviors. Examples of positive phrases include “will speak in a normal voice” or “will address complaints to the nurse instead of other patients.” Care is taken not to insult the patient.
- Several items may be included in the contract, but the patient may feel overwhelmed if too many behavior changes are included. **The goal is to modify behavior, not make this person the best patient in the clinic!**
- The physician, administrator, social worker and nurse manager should meet with the patient in private to discuss mutual responsibilities and develop the behavior contract. Include a member of the patient’s family if requested by the patient.
- All parties involved in fulfilling terms of the contract should sign the contract.
- The behavior contract should never be written without patient input and then forced on the patient.
- Staff/patient or staff/staff conversations about the behavior contract are confidential and should be held in private (i.e., not in front of other patients).

Clinic Responsibility

- A contract is a statement of responsibility or tasks that both parties will perform in order to achieve a goal. A behavior contract points out not only the role of the patient, but the role of the clinic in achieving desired goals.
- The patient is given an opportunity to point out areas where the clinic needs to make some changes. The areas that most patients suggest are greater patient sensitivity, professional behavior and cross cultural communication.
- If patients are not specifically asked to make suggestions, they will probably not speak up. They don’t know they have this right. Staff should inform patients they have the right to make suggestions for improving the clinic.

- **A behavior contract that calls for the patient to make changes in behavior while not requiring action from the clinic, places the patient in a losing situation.**

- **It is largely because of this one omission that behavior contracts may not work.**
Naming a Staff Mentor

• A strong behavior contract will also identify a member of the staff to help the patient reach or accomplish the goal and to monitor progress. This person is often the social worker, but may be the dietitian, the nurse or a patient care technician.

• The staff monitor can also serve as a resource or “sounding board” for the patient. For example, the social worker can help the patient learn ways to control anger or the dietitian can help the patient learn how to be more compliant with diet and fluids, etc.

• It is important that the patient knows the staff have assumed some responsibility in achieving the goal. A staff member “on the side of the patient” will avoid a “me versus them” situation.

• The staff monitor will document intervention efforts by all staff members, him/herself included. He/she also ascertains that the clinic keeps its end of the agreement.

Time Frame

• Behavior contracts are in effect for a specified time. The time frame is arbitrary and can be whatever the patient and clinic agree it should be, as long as both are comfortable with it.

• Usually six weeks is sufficient time for a patient to learn the basics of what he/she must do and enough time for the clinic to hold a workshop or two for the staff. Longer than twelve weeks is often counter-productive because this is too long a period for most people to keep track and could result in loss of interest.

• Not specifying a time frame could make the patient feel like he/she will always be “on probation.” This kind of feeling could result in a lack of commitment to a relationship. And – behavior contracts are certainly about relationships!

Monitoring

• The staff monitor documents any progress (or lack of it) in the patient’s chart on a routine basis. Usually once a week is best.

• Progress notes reflect intervention efforts on the monitor’s part, as well as efforts by other staff members. Monitoring notes should be brief and to the point, indicating such efforts as “Thirty minute session on anger control” and no more than this.

• The monitor also notes whether or not the clinic is keeping its end of the agreement. He/she reminds the clinic manager of the agreement if no effort is made to keep it.

• Just as the monitor is a resource for the patient, he/she is also a resource for the clinic. This means he/she can help schedule staff workshops, find a speaker or even serve as a speaker at the workshop.

• All staff should be required to attend workshops given to fulfill the facility’s responsibilities in the behavior contract. The workshop may need to be repeated so that all staff from all shifts can participate.

Review at Specified Time

• Once the time specified in the behavior contract has expired, the parties review the behavior contract.

• If the patient has achieved a change in behavior for the specified time and the clinic has kept their end of the agreement, the behavior contract is discarded. This indicates all is forgiven between the two parties.

• A celebration of the achievement is not called for, but if both parties want to have a hand-shaking ceremony, that is fine. No more than this should be planned, since a big celebration may make the patient feel he/she achieved the goal alone, when it was a big effort on the part of many people. Plus, the clinic also achieved a goal and to reward one party without rewarding the other is ineffective.

• If either the clinic or the patient did not keep their end of the agreement, the contract has not been met.

• At this time, the two parties can agree to extend the contract, amend it or write another.

• Failure to achieve results with a behavior contract the first time is no reason to discontinue its use. Modifying human behavior is seldom a matter of one effort, one straight line from point A to point B. It is more often a matter of repeated efforts and a zigzag line with many setbacks along the way. This is true of all of us, not just renal patients. Thus, if the goals for the patient or for the clinic are not met, it is best to amend and extend the behavior contract at least once.
Failure of the Behavior Contract

- Even if all the above suggestions are strictly followed, it is still possible that the goals of the behavior contract may not be met. At this time the interdisciplinary treatment team reviews the situation and decides if the problematic behavior is something they can adjust to or a matter they cannot tolerate. Any behavior that places staff or patient at risk must never be tolerated. Those behaviors that create a hostile work environment must be modified. If the staff determines that the problematic behavior fits either of these two categories, dismissal of the patient may have to be considered since there is no other choice. But as long as clinic staff feel there is another option, any option besides dismissal, all options must be explored and attempted before dismissal is mentioned.

The ultimate goal of a behavior contract is to change a very specific problematic behavior, not change the entire patient. Some people live their entire lives on the edge, always about to fall into a chasm of erratic behavior. The goal of the behavior contract is to return them to the edge, not remove them from there. Drug abuse, violence, theft, alcoholism and habitual lying are a very real part of life for some patients and therefore will always be in the clinics. Renal settings cannot fix all the problems of all patients, but we can help them change their behavior in such a way that for the short time they are in the clinic they will meet us halfway.