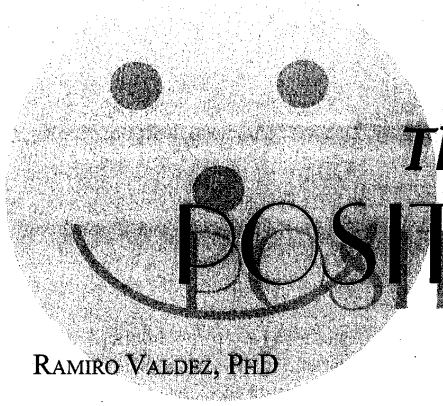

The behavior contract as a POSITIVE patient experience

RAMIRO VALDEZ, PHD

Behavior contracts are being used more and more in renal settings as a way to address problematic patient behavior (for an example of a behavior contract see Rau-Foster, 1999). While behavior contracts can be very effective tools, their incorrect or inappropriate use may lead to a patient's refusal to cooperate, which in turn may cause continued or even greater problematic behavior. On the other hand, appropriate use of a behavior contract can be a positive learning experience that could contribute to mutual understanding and improved relations between patients and staff.

Appropriate and effective behavior contracts set a goal for a change in problematic behavior. Problematic behavior is defined as any behavior that is self-injurious or creates a hostile environment in the clinic. It includes areas such as signing off dialysis early and skipping treatments. The contract names the parties involved which, in the dialysis setting, are the patient, the physician, and the clinic staff. Additionally, the contract specifies the role each party plays in achieving the goal, and it establishes a time line.

Behavioral Terms

The desired change in the patient's behavior is stated in positive, observable behaviors. "Will show up for every treatment" is better than "will not skip treatments." Care is taken to not insult the patient. Several items may be included in the contract, but the staff is aware that the patient may feel overwhelmed if too many are written. The goal is to modify a problematic behavior, not to make this person the best patient in the clinic.

Desired change is stated as the goal to achieve—not the behavior to discontinue. Positive phrases include "will speak in a normal voice" or "will address complaints to the nurse instead of other patients." These goals are more effective than "will not yell" or "will not insult staff members."

Clinic Responsibility

Contracts are statements of responsibility or tasks that each party will perform in order to achieve a goal. Thus, after a behavior contract points out the role of the patient, it will also specify the role of the clinic in achieving the goal. Just as the clinic addresses areas where the patient needs to improve, the patient also points 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 probably will not. They have no way of knowing they have this right. The staff must inform the patients that they are entitled to make as many suggestions for improvement as the clinic has made of them. A behavior contract that calls for the patient to make changes in behavior while no action is required of the clinic is placing the patient in a losing situation. It is largely because of this singular omission that behavior contracts sometimes may not work.

Naming a Staff Monitor

The good 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; the dietitian can help the patient be more compliant, and so on. It is important that the patient become aware that the staff assumes some responsibility to achieve the goal. A staff member "on the side of the patient" will avoid an "us versus them" situation. The staff monitor will document intervention efforts by all staff members, him/herself included. This person also works with the clinic manager to ensure the clinic keeps their end of the agreement.

Time Frame

Behavior contracts are in effect for a specified time. Usually six weeks is sufficient for a patient to learn the basics of what s/he must do, and enough time for the clinic to hold a workshop or two. Longer than 12 weeks is often counterproductive; a lengthy period makes it difficult for some patients to keep track of their goal, and could result in loss of interest. Ultimately, the time frame is arbitrary: It should reflect a comfortable agreement between the patient and clinic.

However, not specifying a time frame could make the patient feel like s/he 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.

***Dr. Valdez** is Director of Patient Services for the ESRD Network of Texas in Dallas, Tex. He has 20 years experience as a consultant and renal social worker. The opinions expressed here are the author's own and do not necessarily reflect the policy or position of the ESRD Network of Texas.*

Monitoring

The staff monitor documents any progress (or lack thereof) 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 efforts such as "30-minute session on anger control."

The monitor also notes whether or not the clinic is keeping its end of the agreement. S/he reminds the clinic manager of the agreement if no effort has been made to keep it. Just as the monitor is a resource for the patient, s/he is also a resource for the clinic. This means s/he can help schedule the workshops, find a speaker, or even serve as the speaker at a workshop. All staff is required to attend the workshops, which may require some repetition so that staff from different shifts can participate. Some clinics will make staff members watch an educational film about patient sensitivity or cross-cultural communication. This is not as effective as a live workshop, but sometimes this is all that is available. It is the monitor's responsibility to ensure the film actually achieves the goal specified in the behavior contract.

Review at Specified Time

Once the specified time 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 a resolution between the two parties. A celebration of the achievement is unnecessary, but a hand-shaking ceremony is acceptable if the parties involved desire one. Conversely, a big celebration may make the patient feel that s/he achieved the goal alone, while it was actually a big effort on the part of many people. 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 a behavior contract the first time is no reason to discontinue its use. Modifying human behavior is seldom a matter of one effort, or one straight line from point A to point B. It is more often a matter of repeated efforts: a zigzag line with many setbacks along the way. This is true for 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 patients at risk is unacceptable. 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 the clinic staff feels that there is any option other than dismissal, it 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 to 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 to 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—for the short time they are in the clinic—we can help them change their behavior in such a way that they will meet us half way.

NN&I

References

Foster, MR. Dealing with challenging dialysis patient situations: A practical handbook of expert guidance. Brentwood, Tenn., Foster Seminars and Communications LLC, 1999